

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2020
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NAME OF PROVIDER OR SUPPLIER MAYFAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 8 MAYFAIR ROAD LEXINGTON, NC 27292
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An Annual Survey was completed on February 28, 2020. A deficiency was cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: The facility failed to access the Health Care Personnel Registry and note that access in the appropriate personnel file for 2 (staff #1 and the Group Home Manager) of 3 staff surveyed, before hiring those staff to work in a health care facility. The findings are: Review on 2-26-20 of the personnel record for staff #1 revealed:	V 131	The Office Manager will complete the Health Care Personnel Registry check prior to hiring all staff. Documentation of this check will be placed in the personnel file. Each quarter, a sample of personnel files will be audited as a part of the QA/QI process to ensure that Health Care Personnel Registry checks are completed in a timely manner. DHSR-Mental Health MAR 17 2020 Lic. & Cert. Section	3/11/20

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Regional Director

3/11/20

Division of Health Service Regulation

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V 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> - she was hired 6-25-19 - her position was direct care para-professional - the Health Care Personnel Registry (HCPR) was accessed 6-28-19 <p>Review on 2-26-20 of the personnel record for the Group Home Manager revealed:</p> <ul style="list-style-type: none"> - she was hired 8-19-19 - her position was Group Home Manager - the HCPR was accessed 8-30-19 <p>Interview on 2-26-20 with the Administrative Assistant/Trainer (AAT) revealed:</p> <ul style="list-style-type: none"> - she was responsible for completing the HCPR for all staff hired - "I ' m not gonna lie, I don ' t know what to say (as to why they were completed late)" - "...I just haven ' t been able to keep up ... I have so much on me." - "We ' ve been approved to hire a part-time assistant, so I ' m sure that ' ll make everything better." <p>Interview on 2-28-20 with the Qualified Professional/Regional Director (QP/RD) revealed:</p> <ul style="list-style-type: none"> - the AAT was very upset about the HCPR checks being late - additional staff will be hired that should help - HCPR checks will be completed prior to hiring staff in the future 	V 131		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL029062	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/2/2020
NAME OF FACILITY ARLINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 216 AGNER LANE LEXINGTON, NC 27292	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0112	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/02/2020	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 3-2-20
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/3/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



Ambleside

Creative Solutions... Caring Professionals

670 C Radio Drive

Lexington, NC 27292

March 11, 2020

Scott M. Walton
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey completed on February 28, 2020
Mayfair, 8 Mayfair Rd., Lexington, NC 27292
MHL# 029-054

Dear Mr. Walton:

Enclosed you will find our plan of correction from the annual survey completed on February 28, 2020. We appreciate your feedback as we strive to improve the quality of our services. Please let me know if you have further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Osborne".

Elizabeth Osborne, BS, QP
Regional Director