

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMERHILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303</b>
---	--

(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	<b>INITIAL COMMENTS</b>  A complaint survey was completed on June 26, 2020. The complaints were unsubstantiated (Intakes #NC00165361, NC00165560). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.	V 000		
V 131	<b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b>  <b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (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: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 1 former staff (FS#5) audited. The findings are:  During interview on 6/24/20 the Qualified Professional (QP) stated: - There was no personnel record for FS#5.  Interview on 6/24/2020 Staff #1 stated: -He had worked at the facility for about 8-9 years. -When new staff were hired they first "shadowed"	V 131		

DHSR - Mental Health

JUL 17 2020

Lic. & Cert. Section

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

*[Handwritten Signature]*

TITLE

*[Handwritten Title]*

(X6) DATE

*[Handwritten Date]*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMERHILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303</b>
---	--

(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 131	<p>Continued From page 1</p> <p>in the home for a couple of hours. -He recalled "a couple of months ago" a "lady" arrived while he was on duty to "shadow." -He had worked the prior night shift and had to "stay over" that morning because his relief staff was late. -He had worked the night shift and was the only staff on duty until he was relieved by the (QP) and Staff #3.</p> <p>Interview on 6/24/2020 Staff #3 stated: -He typically worked the day or evening shifts. -He had worked with a woman not long ago who was in the home to "shadow." -During her time on site she was involved with clients, games and activities. -He showed her some of the client's books where they document what they were doing with the clients, and the "communication logs." -She did not look at the medication administration records.</p> <p>Interview on 6/25/2020 the QP stated: -FS#5 was on site during 1 shift to "shadow." Staff #1 was present when FS#5 arrived. -The QP arrived on site about 5 minutes after FS#5 arrived. -FS#5 had not been hired; therefore, they had not accessed the HCPR. -All prospective employees "shadow" in the home before they are hired. -The facility did not access the HCPR until after they decided to hire someone.</p> <p>Interview on 6/25/2020 the Chief Executive Officer (CEO) stated: -She suspected a disgruntled former employee (FS#5) was making false statements about the facility. -FS#5 had been hired for the "Operations</p>	V 131		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUMMERHILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303</b>
---	--

(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 131	<p>Continued From page 2</p> <p>Manager" position.</p> <ul style="list-style-type: none"> <li>-After FS#5 had been in the facility, it was determined she was not a "good fit" based on feedback from staff.</li> <li>-FS#5 was offered another position because they had hired her and had to give her 90 days of employment. FS#5 declined the other position.</li> <li>-The typical process of hiring new staff was to complete a video interview, followed by a face-to-face interview, a "shadowing experience" in the facility. The interview process may be halted at any step if the decision is made to not hire the applicant. The decision to hire was made following the "shadowing experience."</li> <li>-FS#5's hiring process did not follow the typical process. She was offered a position before she entered the home to shadow and was mailed the hiring packet.</li> <li>-Prospective employees sign a confidentiality statement before they are allowed to shadow in the facility.</li> <li>-They did not obtain the hiring packet from FS#5 so they did not get a signed confidentiality statement.</li> <li>-The HCPR was not accessed prior to FS#5's offer of employment.</li> <li>-FS#5 had been contacted to submit her hours for pay because they had offered her a job.</li> <li>-FS#5 did not submit her time, therefore, they did not pay her.</li> </ul>	V 131		

Findings	Corrective Measures	Preventive Measures	Responsible Party	Time frame
G.S 131E-256 Healthcare Personnel Registry	Upon hire, a healthcare registry is completed on all staff once they have been identified as a permanent staff	We will continue to complete a healthcare registry once we identify that a staff will be permanent hired and their information is received	Admin Staff	60 Days

DHSR - Mental Health

JUL 17 2020

Lic. & Cert. Section