FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING 090-145 08/26/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2815 WALKUP AVENUE UNION DIVERSIFIED INDUSTRIES MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 8-26-20. The complaint was unsubstantiated (intake #NC 00167832). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Development Disabilities. Changes have been made to forms utilized during the pre-hire process to highlight the V 131 G.S. 131E-256 (D2) HCPR - Prior Employment 9/31/2020 V 131 requirement for prior employment Verification verification utilizing the Health Care Personnel Registry. G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY All hiring managers will be trained on the (d2) Before hiring health care personnel into a requirement and provided the proper tools health care facility or service, every employer at a to conduct such prior employment verification. health care facility shall access the Health Care Personnel Registry and shall note each incident The Executive Director or designee will be of access in the appropriate business files. responsible for revewing all pre-hire documentation. Review of pre-hire documentation will occur prior to hire date to ensure complaince. DHSR-Mental Health This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting 2 of 3 staff (Staff #1 and Staff #3). The Lic. & Cert. Section findings are: Review on 8/20/20 of Staff #1's record revealed: -Hire date was 4/16/20: -Employed as Direct Support Professional;

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Review on 8/20/20 of Staff #3's record revealed:

-HCPR check completed on 5/26/20.

Seative Director

(X6) DATE

STATE FORM

K4B311

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		090-145	B. WING		R 08/26/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
2845 WALKUR AVENUE						
UNION DIVERSIFIED INDUSTRIES MONROE, NC 28110						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 131	Continued From page 1		V 131			
	-Hire date was 6/18/18 -Employed as Direct S Driver; -HCPR check complet Interview on 8/24/20 w -He was not the hiring -The hiring manager w company; -Was not aware that th #1 and Staff #3 were in Staff #1 and Staff #3's -Will ensure all HCPR	Support Professional / sed on 6/20/18. with the Director revealed: manager for Staff #1; vas no longer with the the HCPR checks for Staff incomplete at the start of	V 131			
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