

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/23/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENT LIVING GROUP HOME AT OLD SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127</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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 3/23/2021. The complaints were unsubstantiated (intake #NC 174392 &amp; NC174395). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the Health Care Personnel Registry prior to hiring 1 of 1 former staff (FS #4). The findings are:</p> <p>Review on 3/19/2021 of FS #4's employee file revealed: - Hire date: 11/23/2020 - Termination dated: 1/6/2021 - Documentation that the HCPR was not accessed until 12/1/2021.</p>	V 131		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>03/23/2021</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENT LIVING GROUP HOME AT OLD SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127</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>Interview on 3/23/2021 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- He thought that he had accessed the HCPR prior to FS #4's hire date, but may have misplaced the printout;</li> <li>- He took responsibility for not having documentation of the pre-hire HCPR check for FS #4.</li> </ul> <p>Interviews on 3/19/2021 and 3/23/2021 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- The QP would have been the person to access the HCPR for FS #4;</li> <li>- She understood that the HCPR had to be accessed prior to hiring staff;</li> <li>- She would check with the QP about why FS #4's HCPR check was completed late.</li> </ul>	V 131		