Division of Health Service Regulation

T OF DEFICIENCIES OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
					R-C				
MHL034-288		B. WING		03/23/2021					
ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
INDEPENDENT LIVING GROUP HOME AT OLD SALISI									
CLIMMADY CT	ATEMENT OF DEFICIENCIES	WINSTON-							
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE					
0 INITIAL COMMENTS		V 000							
on 3/23/2021. The counsubstantiated (intak NC174395). A deficient This facility is licensed category: 10A NCAC	mplaints were se #NC 174392 & ency was cited. d for the following servi 27G .5600C Supervise	ce d							
1 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131							
REGISTRY (d2) Before hiring health care facility or health care facility shall be personnel Registry are	ulth care personnel into service, every employe all access the Health C and shall note each incid	a r at a are							
Based on record reviefacility failed to access Registry prior to hiring The findings are: Review on 3/19/2021 revealed: - Hire date: 11/23/202 - Termination dated: 1 - Documentation that	ew and interviews, the s the Health Care Pers g 1 of 1 former staff (FS of FS #4's employee file) of FS #4's employee file) the HCPR was not	S #4).							
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER PROBLEM PROB	MHL034-288 ROVIDER OR SUPPLIER DENT LIVING GROUP HOME AT OLD SALISI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION OF LSC IDENTIFYING INFORMATION	MHL034-288 ROVIDER OR SUPPLIER DENT LIVING GROUP HOME AT OLD SALISI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey was completed on 3/23/2021. The complaints were unsubstantiated (intake #NC 174392 & NC174395). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. 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: 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: 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	MHL034-288 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 2415 OLD SALISBURY R WINSTON-SALEM, NC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey was completed on 3/23/2021. The complaints were unsubstantiated (intake #NC 174392 & NC174395). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. 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: 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: 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	ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127 SUMMARY STATEMENT OF DETICIENCIES ((EACH DEPICIENCY WISE BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey was completed on 3/23/2021. The complaints were unsubstantiated (intake #NC 174392 & NC174395). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 276, 5600C Supervised Living for Adults with Developmental Disability. G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. 8,131E-256 HEALTH CARE PERSONNEL REGISTRY (22) Before hiring health care personnel into a health care facility or service, every employer at a health care facility and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interviews, the facility findial access the Health Care Personnel Registry prior to hiring 1 of 1 former staff (FS #4). The findings are: 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				

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

(X6) DATE TITLE

PRINTED: 03/25/2021 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
			B. WING		R-C				
		MHL034-288	B. WING		03/23/2021				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLETE				
V 131	Interview on 3/23/202 Professional (QP) rev - He thought that he r prior to FS #4's hire d misplaced the printou - He took responsibilit documentation of the FS #4. Interviews on 3/19/20 Director revealed: - The QP would have the HCPR for FS #4; - She understood that accessed prior to hirir	11 with the Qualified realed: had accessed the HCPR ate, but may have t; ty for not having pre-hire HCPR check for 21 and 3/23/2021 with the been the person to access the HCPR had to be no staff; the the QP about why FS #4's	V 131						

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