PRINTED: 04/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
			A. BUILDING:				
MHL084-097		MHL084-097	B. WING		04/22/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
MOUNTAI	N PLACE		TAIN PLACE LE, NC 28001				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000				
	The complaint was ur #NC176074). A defici	ency was cited.					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.					
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh	alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.					
	facility failed to ensur Registry(HCPR) was of 3 staff (#1, #2, #3).	iew and interviews, the e the Health Care Personnel accessed before hire for 3 The findings are:					
	revealed: -change of ownership	the facility license for 2021 effective 3/1/21; ss RHA Health Services NC,					
	Interview on with staf -worked at this facility	f #1 revealed: on and off for the past					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BOILDING.				
MHL084-097		B. WING	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE			
MOUNTAI	N DI ACE	619 MOU	NTAIN PLACE				
MOUNTAI	N PLACE	ALBEMA	RLE, NC 28001				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
V 131	1 Continued From page 1		V 131				
	several years under the prior licensee/owner; -started working regularly on first shift at this facility on 4/5/21. Interview on 4/14/21 with staff #2 revealed: -worked at the facility since 10/2019 under the prior licensee/owner; -when the new licensee took over, continued to work at the facility. Interview on 4/16/21 with staff #3 revealed: -worked at this facility for the past 10 years under the prior licensee/owner; -continued to work at this facility when the new licensee took over; -worked third shift.						
	-staff #1 was hired on documentation of the record. Documentation Care Sanctions" sear present in the record; -staff 2 was hired on documentation of the in the record. Docume "Health Care Sanction present in the record; -staff #3 was hired on documentation of the record. Documentation	HCPR check present in the on of a completed "Health ich dated 2/22/21 was 3/1/21 with no HCPR check was present entation of a completed ins" search dated 2/22/21 at 3/1/21 with no HCPR check present in the on of a completed "Health ich dated 2/22/21 was					
	records and other ver from a contracted cor	revealed: al employees criminal ifications at the same time					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL084-097	B. WING		04/22/2021	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
MOUNTAI	N PLACE		ITAIN PLACE RLE, NC 28001			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 131	-thought the "Health (included the HCPR clawill check to see if the Sanctions" search included #1, #2 and #3; -will complete the HC and #3 immediately. Review on 4/14/21 of by the HR staff reveal checks dated 4/14/21 staff #3. Interview on 4/15/21 of Operations revealed: -determined the "Health (included HCPR check)	red by other agencies; Care Sanctions" search hecks; le completed "Health Care bluded HCPR checks on PR checks on staff #1, #2 documentation presented led completed HCPR on staff #1, staff #2 and with the Director of Ith Care Sanctions" search ic checks; Care Sanctions" search	V 131			

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