Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPL	TIED	
MHL084-096		B. WING		04/23/2021			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
LOWDER	REUNION GROUP HOMI		DER REUNIO LE, NC 28001	N ROAD			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENTS		V 000				
	The complaints were	as completed on 4/23/21. substantiated (intake 880, and #NC176020). A					
	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 sha	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 ensure Registry (HCPR) was	as evidenced by: ews and interviews, the e the Health Care Personnel accessed before hire for 3 ff #1, Staff #2, Staff #3).					
	revealed: -change of ownership	the facility license for 2021 effective 3-1-21; s RHA Health Services NC,					

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

TITLE (X6) DATE Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33973 LOWDER REUNION ROAD ALBEMARLE, NC 28001 PREDIX SUMMARY STREETS OF DESCRIPTION OR SUPPLIES THAN OF CORRECTION. (SACH DESCRIPTION OR LIST COMMAND AND ALBEMARLE, NC 28001 PREDIX SUMMARY STREETS OF DESCRIPTION OR SUPPLIES THAN OF CORRECTION. REPOLICATION OR LIST CIDENTIFYING INFORMATION) PREDIX REPOLICATION OR LIST CIDENTIFYING INFORMATION) V 131 Continued From page 1 Attempted interview on 4-15-21 and 4-19-21 with Former Staff (FS) #1 was unsuccessful due to no answer and a voicemail message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Return call from FS #1 on 4-19-21 and said she was "at the beach and I am trying to get down my kids for a nap and I can't talk right nowwill give you a call back." Attempted call on 4-20-21 was unsuccessful due to no answer and an emssage that said, "the person you are trying to reach has a voicemail that has not been set up yet." Interview on 4-15-21 with Staff #2 revealed: -had been employed with the prior licensee/owner for 11 years: -worked 1st shift at the facility as a part time staff member. Interview on 4-16-21 with Staff #3 revealed: -had been employed with the prior licensee/owner for a year; -worked 2nd shift at the facility as a full time staff member. Review on 4-13-21 of personnel records revealed: -FS #1 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #3 was hired on 3-1-21 with no	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
CASH D SUMMARY STATEMENT OF DEFICIENCIES	MHL084-096		B. WING			04/23/2021		
CAMPID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDER'S PLAN OF CORRECTION AND SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DANKE	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	·		
Interview on 4-15-21 with Staff #3 revealed: -had been employed with the prior licensee/owner for 1 years; -worked 2nd shift at the facility as a full time staff member. Review on 4-13-21 of personnel records revealed: -FS #1 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record;	LOWDER	DELINION GROUP HOME	33973 LO	WDER REUNION	ROAD			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 131 Continued From page 1 Attempted interview on 4-15-21 and 4-19-21 with Former Staff (FS) #1 was unsuccessful due to no answer and a voicemail message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Return call from FS #1 on 4-19-21 and said she was "at the beach and I am trying to get down my kids for an ap and I can't talk right nowwill give you a call back." Attempted call on 4-20-21 was unsuccessful due to no answer and a message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Attempted call on 4-20-21 was unsuccessful due to no answer and a message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Interview on 4-15-21 with Staff #2 revealed: -had been employed with the prior licensee/owner for 11 years; -worked 1st shift at the facility as a part time staff member. Interview on 4-16-21 with Staff #3 revealed: -had been employed with the prior licensee/owner for a year; -worked 2nd shift at the facility as a full time staff member. Review on 4-13-21 of personnel records revealed: -FS #1 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record;	LOVVDER	REUNION GROUP HOWI	ALBEMAI	RLE, NC 28001				
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documentation of the HCPR check present in the record. Interview on 4-14-21 with the Human Resources	V 131	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 11 Continued From page 1 Attempted interview on 4-15-21 and 4-19-21 with Former Staff (FS) #1 was unsuccessful due to no answer and a voicemail message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Return call from FS #1 on 4-19-21 and said she was "at the beach and I am trying to get down my kids for a nap and I can't talk right nowwill give you a call back." Attempted call on 4-20-21 was unsuccessful due to no answer and a message that said, "the person you are trying to reach has a voicemail that has not been set up yet." Interview on 4-15-21 with Staff #2 revealed: -had been employed with the prior licensee/owner for 11 years; -worked 1st shift at the facility as a part time staff member. Interview on 4-16-21 with Staff #3 revealed: -had been employed with the prior licensee/owner for a year; -worked 2nd shift at the facility as a full time staff member. Review on 4-13-21 of personnel records revealed: -FS #1 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #2 was hired on 3-1-21 with no documentation of the HCPR check present in the record; -Staff #3 was hired on 3-1-21 with no documentation of the HCPR check present in the record;		V 131				

Division of Health Service Regulation

STATE FORM 6899 CO7X11 If continuation sheet 2 of 3

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
MHL084-096		B. WING	B. WING		04/23/2021				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LOWDER	LOWDER REUNION GROUP HOME 33973 LOWDER REUNION ROAD ALBEMARLE, NC 28001								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 131	-had requested all en and other verification contracted company; -the contracted comp titled "Health Care Sathought the "Health Cincluded HCPR check of the serious of the	any completed a search anctions;" Care Sanctions" search ks; if the completed "Health ch included HCPR checks; HCPR checks on all staff with the Director of alth Care Sanctions" search achecks; Care Sanctions" search	V 131						

Division of Health Service Regulation

STATE FORM 6899 CO7X11 If continuation sheet 3 of 3