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: \_\_\_ B. WNG MHL084-097 04/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 619 MOUNTAIN PLACE MOUNTAIN PLACE ALBEMARLE, NC 28001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 4/22/21. The complaint was unsubstantiated (intake #NC176074). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 V 131 Verification 6/21/2021 G.S. §131E-256 HEALTH CARE PERSONNEL RHA Health Services will ensure all REGISTRY newly hired employees will have nothing (d2) Before hiring health care personnel into a listed on the Health Care Personnel health care facility or service, every employer at a Registry by completing HCPR checks health care facility shall access the Health Care on all new employees prior to their Personnel Registry and shall note each incident being hired. This will be monitored of access in the appropriate business files. through ongoing monthly Chart Reviews, bi-annual Quality Assurance Audits and annual Human Resoures Audits. This Rule is not met as evidenced by: Based on records review and interviews, the DHSR - Mental Health facility failed to ensure the Health Care Personnel Registry(HCPR) was accessed before hire for 3 of 3 staff (#1, #2, #3). The findings are: MAY 3 2021 Review on 4/13/21 of the facility license for 2021 revealed: Lic. & Cert. Section -change of ownership effective 3/1/21; -new licensee listed as RHA Health Services NC. LLC. Interview on with staff #1 revealed: -worked at this facility on and off for the past Division of Health Service Regulation

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

TITLE

(X6) DATE

**Director of Operations** 

4/29/2021

STATE FORM

KA3911

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING				
		MHL084-097	B. WING		04/	22/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
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moonin	T LAGE	ALBEMAR	LE, NC 2800	1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 131	Continued From page	1	V 131				
	several years under the started working regular facility on 4/5/21.  Interview on 4/14/21 we-worked at the facility several years under the several years under the several years.	ne prior licensee/owner; arly on first shift at this					
	work at the facility.	e took over, continued to					
	the prior licensee/owne	for the past 10 years under					
	-staff #1 was hired on a documentation of the Frecord. Documentation Care Sanctions" search present in the record; -staff 2 was hired on 3/documentation of the Fin the record. Documen "Health Care Sanctions present in the record; -staff #3 was hired on 3 documentation of the Frecord of the	HCPR check present in the of a completed "Health he dated 2/22/21 was 11/21 with no HCPR check was present notation of a completed so search dated 2/22/21 with no HCPR check present in the of a completed "Health					
	from a contracted comp	vealed: employees criminal cations at the same time					

Division of Health Service Regulation

PRINTED: 04/23/2021 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: \_\_\_ MHL084-097 B. WNG 04/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **619 MOUNTAIN PLACE** MOUNTAIN PLACE ALBEMARLE, NC 28001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 131 Continued From page 2 V 131 "Health Care Sanctions;" -this has been accepted by other agencies; -thought the "Health Care Sanctions" search included the HCPR checks: -will check to see if the completed "Health Care Sanctions" search included HCPR checks on staff #1, #2 and #3; -will complete the HCPR checks on staff #1, #2 and #3 immediately. Review on 4/14/21 of documentation presented by the HR staff revealed completed HCPR checks dated 4/14/21 on staff #1, staff #2 and staff #3. Interview on 4/15/21 with the Director of Operations revealed: -determined the "Health Care Sanctions" search did not include HCPR checks; -thought the "Health Care Sanctions" search included HCPR checks; -have completed the required HCPR checks on all staff.

Division of Health Service Regulation



## In-service Training

Date: 4/29/2021	Place Held: Albemarle Unit		
Title of Training: HCPR Checks			
Instructor's Name: Katherine Benton		Title: Director of	
		Operations	
Instructor's Name:		Title:	
Pur	nose/Outline of Training		

- 1) HR Training Coordinator, Business Office & Administrative staff are responsible for ensuring HCPR checks and criminal background checks are completed on an applicant prior to hiring that applicant or contractor.
- 2) The Director of Operations/Administrator must review each HCPR check and criminal record check and approve them prior to hiring the applicant.
- 3) The HR Coordinator/Business office is to ensure the Director of Operations/Administrator has reviewed and signed off on ALL HCPR and CRIMINAL BACKGROUND CHECKS prior to offering applicants any employment/position at RHA.
- 4) The HR Coordinator/Business office is to ensure that all HCPR and criminal background checks that are completed and approved by the Director of Operations/Administrator are placed in the employees' personnel files.
- 5) HR Coordinator/Business office are to follow the New Hire Flow Chart and Checklist during the New Hire process to ensure all steps are completed appropriately.

Instructor's Signature DOO	Inst	Instructor's Signature							
Attendance Roll									
Full Name	Shift	Signature	Home						
Katherine Benton	ist (	Xuluap Doo	All						
nendra Williams		Kenchel 1/10	p111						
			-						
			<del></del>						



April 29, 2021

Ms. Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-084-097 Mountain Place

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiency sited at the Mountain Place Group Home during your annual survey visit on 4/22/21. We have implemented the POC and invite you to return to the facility on or around 6/21/2021 to review our POC item.

Please contact me with any further issues or concerns regarding the Mountain Place Group Home (MHL-084-097).

Sincerely,

Kátherine Benton

Director of Operations

RHA Health Services, LLC

Kbenton2@rhanet.org

DHSR - Mental Health

MAY 3 2021

Lic. & Cert. Section