## PRINTED: 05/28/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING ADDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED 05/28/2021	
		MHL096-019				
					03/	03/20/2021
	ES H MCGLONE DEV	ELOPMENTAL CE 2010 HIC	GHWAY 117, NC	ORTH BYPASS		
		GOLDSE	BORO, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on May 28, 2021. The complaint was unsubstantiated (intake #NC00177313). A deficiency was cited.					
	categories: 10A NO Developmental and Individuals with Dev	sed for the following service CAC 27G .2300 Adult I Vocational Programs for velopmental Disabilities and vay Activity for Individuals of Al	I			
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.	3			
	failed to complete H Registry (HCPR) ch audited staff (staff and Qualified Profe	view and interview the facility Health Care Personnel hecks prior to hire for 3 of 3 #1, Habilitation Specialist #1, ssional #1). The findings are:				
	Review on 5/27/21 revealed: - Hire date 1/24/11.	of staff #1's personnel record				

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Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL096-019	B. WING		05/	28/2021
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
R JAMI	ES H MCGLONE DEV		GHWAY 117, NC BORO, NC 275	ORTH BYPASS 30		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 131	Continued From page 1		V 131	DEFICIENC	51)	
	- Title Habilitation Technician. - HCPR check dated 3/25/11.					
	<ul> <li>He had been emp about 10 years.</li> <li>He worked at one</li> </ul>	5/27/21 staff #1 stated: bloyed by the Licensee for of the Licensee's group bvided direct services at the				
	Review on 5/27/21 personnel record re - Hire date 7/09/12 - Title Lead Habilita - HCPR check date	ition Specialist.				
	<ul><li>#1 stated:</li><li>He had been emp about 8 years.</li><li>He monitored service</li></ul>	5/27/21 Habilitation Specialis bloyed by the Licensee for vices provided to clients at the ect contact with the clients.				
	Review on 5/27/21 (QP #1) personnel - Hire dated 4/12/2 - Title of Qualified F - HCPR check date	1. <sup>P</sup> rofessional.				
	<ul> <li>She had worked f</li> <li>2021.</li> <li>She was the QP f</li> <li>homes, but she model</li> </ul>	a 5/27/21 QP #1 stated: for the Licensee since April for one of the Licensee's group onitored services provided to y and had direct contact with y.				
	Officer/Clinical Dire	5/27/21 the Chief Executive ector stated management ICPR checks were completed				

OBCZ11

If continuation sheet 2 of 3

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.				
		MHL096-019	B. WING		05/	28/2021	
AME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE			
R JAME	ES H MCGLONE DEV		GHWAY 117, NO				
(X4) ID	SUMMARY ST		BORO, NC 275	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLET DATE	
V 131	Continued From page 2		V 131				
	prior to hire for future employees.						

OBCZ11