Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL080087	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
SEDGEFII	ELD HOME		ARD STREET URY, NC 28144				
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		T	
PREFIX TAG	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 7/23/21. 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 Verification		V 131	V 131		9/21/2021	
	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.		RHA Health Services will ensure newly hired employees have been verified on the Health Care Person Registry (HCPR) as approved to prior to starting work in the facility. This will be monitored through on Chart Reviews, bi-annual Quality Assurance Audits and Annual Hur Resources Audits.	n nnel work going		
	facility failed to ensure Registry(HCPR) was of 3 staff (#3). The fine Review on 7/22/21 of revealed: -hire date of 8/14/20 v Support Professional) -documentation the He	ew and interviews, the e the Health Care Personnel accessed prior to hire for 1 dings are: staff #3's personnel record with job title of DSP(Direct iccord contains the contai		DHSR - Mental Head JUL 3 0 2021 Lic. & Cert. Section			
	8/17/20 present in the Interview on 7/22/21 v -started working at the	vith staff #1 revealed:					
ion of Healt DRATORY DI	h Service Regulation RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	
		IXII XIIXIX DOC)	Katherine Benton, Director of	Operatio	ons 7/26/20	

Katherine Benton, Director of Operations 7/26/2021

STATE FORM

WZBU11

If continuation sheet 1 of 2

PRINTED: 07/23/2021 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: A. BUILDING: _ COMPLETED MHL080087 B. WNG 07/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 BEARD STREET SEDGEFIELD HOME SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 131 Continued From page 1 V 131 -work 2nd shift during week and every other weekend. Interview on 7/23/21 with the Director of Operations and the Regional Administrator -will address the issue of the late HCPR check with Human Resources staff; -will do re-training.

Division of Health Service Regulation



July 26, 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

DHSR - Mental Health

JUL 3 0 2021

Lic. & Cert. Section

RE: MHL-080-087 Sedgefield Home

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiency sited at the Sedgefield Group Home during your annual survey visit on 7/23/2021. We have implemented the POC and invite you to return to the facility on or around 9/21/2021 to review our POC item.

Please contact me with any further issues or concerns regarding the Sedgefield Group Home (MHL-080-087).

Sincerely,

Katherine Benton

Director of Operations

RHA Health Services, LLC

Kbenton2@rhanet.org