

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLY ANGELS, INC - LAKEWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 GREENWOOD PLACE BELMONT, NC 28012</b>
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 8/17/21. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment for 1 of 3 audited staff (#2). The findings are:</p> <p>Review on 8/17/21 of Staff #2's record revealed: -Date of hire: 6/30/21; -HCPR check was completed: 8/16/21.</p> <p>Interview on 8/17/21 with the Chief Operating Officer revealed: -There is a policy and procedure in place to address HCPR and "[staff #2] may have fallen through the cracks."</p>	V 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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