

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	INITIAL COMMENTS  An annual survey was completed on 8/17/21. 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 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  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:  Review on 8/17/21 of Staff #2's record revealed: -Date of hire: 6/30/21; -HCPR check was completed: 8/16/21.  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."	V 131	Holy Angels currently has a policy (#210- Background Checks) and procedure in place regarding background checks which is inclusive of the Health Care Personnel Registry. The policy states all background checks will take place prior to employment. After review of the noted employee's file along with the 4 other employees who were hired on the same date and attended the same orientation. It was found that the Health Care Personal Registry had been accessed prior to employment and documentation was present for the other 4 employees.  Our conclusion regarding the employee noted in this report is that we failed to access the Health Care Registry prior to employment or it was misfiled or lost.  As a result, the policy (#210- Background Checks) has been revised to include a pre-employment checklist that will be signed off by the HR Director and the VPHR and an additional step will be added by saving a digital copy of the HCPR report within our secure HR software system. A hard copy will continue to be filed in the employee file.  Additionally, corrective action will be issued to the responsible employee(s) who failed to access the HCPR for the employee noted and note findings in the employee file according to G.S. 131E-256 HCPR.  All HR staff will be trained on updated policies and procedures.  Supporting documents: HR Policy #210-Background Checks Holy Angels New Hire Checklist	

DHSR - Mental Health  
SEP 3 2021  
Lic. & Cert. Section

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

*Regina D. Manly*

TITLE

President/CEO

(X6) DATE

8/31/2021

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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Section: EMPLOYMENT POLICY  
Title: 210 - BACKGROUND CHECKS  
Policy Number: 210  
Effective Date: JUNE 15, 1995  
Revision Date: OCTOBER 1, 1999  
Revision Date: JULY 1, 2004  
Revision Date: JULY 1, 2006  
Revision Date: JULY 1, 2007  
Revision Date: SEPTEMBER 15, 2010  
Revision Date: APRIL 23, 2018  
Revision Date: FEBRUARY 27, 2019  
Revision Date: AUGUST 26, 2021

DHSR - Mental Health

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## POLICY STATEMENT

It is the policy of Holy Angels that the employment or placement of all individuals who are eighteen (18) years of age or older, in both paid and voluntary positions, must satisfactorily complete pre-employment, pre-placement and continuing background checks. Background checks shall be conducted on all applicants for employment or volunteer service prior to working with the residents.

## PROCEDURE:

1. **BACKGROUND CHECK:** For the purposes of this policy, "Background Check" may include, but is not necessarily limited to:
  - a. Criminal Background Checks in states and counties where applicants have lived; Nationwide Supplemental Search;
  - b. Social Security Trace;
  - c. Sex Offender Registry Search;
  - d. North Carolina Nurse Aide I Registry, Medication Aide Registry, Health Care Personal Registry
  - e. National Criminal Record Checks for:
    - i. applicants who have lived less than five consecutive years in North Carolina prior to the date of their application; and
  - f. Motor Vehicle Driving Record Check (for positions requiring driving);
  - g. Office of Inspector General (OIG) List of Excluded Employees and Entities (LEIE).
2. **BACKGROUND CHECKS AND VENDORS:** Holy Angels will retain outside vendors, public services, or agencies, for the following background checks:
  - a. Criminal Background Checks, Nationwide Supplemental Search, Social Security Trace and Sex Offender Registry Search, will be performed by an approved vendor.
  - b. National Criminal Record Check fingerprinting is required for applicants who have not been a resident of NC for a minimum of 5 years.
  - c. Motor Vehicle Driving Record Check will be performed by the NC Department of Motor Vehicle or vendor chosen by Holy Angels; and
  - d. Those who perform the background checks will be expected to comply with all applicable laws, including the Fair Credit Reporting Act.
  - e. Office of Inspector General (OIG) List of Excluded Employees and Entities (LEIE).

3. **AFFECTED GROUPS:** All applicants, employees, volunteers/interns, board members, medical and clinical services, designated committee members, consultants, contractors and maintenance at Holy Angels will be informed that background checks will be conducted in accordance with this policy.
4. **FREQUENCY:** Criminal Background Checks, Nationwide Supplemental Search, Social Security Trace, OIG LEIE, and Sex Offender Registry Searches will be conducted at minimum once every three years, or more frequent if required.
  - a. Motor Vehicle Driving Record Check will be conducted each year at the time of the annual evaluation of the authorized driver or at the time of the volunteer review.
  - b. The National Criminal Record Check will be performed at the time of employment only.
5. **TERMINATION:** Any applicant or volunteer who objects to or refuses a pre-employment or pre-placement background check will not be considered for employment or volunteer service. Any employee or volunteer who declines to authorize background checks will be subject to termination.
6. **RELEASE OF INFORMATION:** For applicants (employee and volunteer) background checks will be conducted only after the applicant executes an Authority for Release of Information form. Background checks cannot be initiated unless the form is completed, signed and dated by the individual and the requesting official. The Authority for Release of Information form will remain in effect throughout the course of employment, volunteer service, committee membership, or services provided by consultants, contractors or medical professionals.
7. **WORKING WITH RESIDENTS:** An applicant who accepts a conditional offer of employment or voluntary placement may not begin active employment working with the residents or volunteer activity working with the residents until the background check has been completed.
8. **HOLY ANGELS REFERENCE CHECKS:** Holy Angels reserves the right to conduct employer reference checks by contacting previous employers.
9. **BACKGROUND CHECK REQUESTS** must be submitted to the approved vendor or agency by Human Resources or authorized persons, using approved request forms and procedures.
10. **NON-DISCRIMINATION:** This policy will be implemented and applied in a non-discriminatory manner without regard to race, color, religion, national origin, age, sex, marital, disability, veteran status, political affiliation or sexual orientation or other protected class and with due regard for the dignity and privacy of all applicants, volunteers and employees.
11. **BACKGROUND CHECK RESULTS AND ADVERSE ACTION:** If a background check discloses derogatory information that does not meet acceptable guidelines, such as certain criminal conviction or sex offense, the applicant, employee or volunteer will be notified and given an opportunity to explain or rebut the derogatory information prior to any proposed adverse action being taken by Holy Angels. A copy of the report and the appropriate statement of rights under the Fair Credit Reporting Act will be supplied. After a reasonable period of time, Holy Angels will provide the notice of adverse action orally, written or in electronic form. Holy Angels reserves the right to take prompt adverse action for a criminal conviction or sex offense by immediate termination of employment or volunteer service, and by no longer considering the applicant for hire. Holy Angels may retain the services of an outside vendor to process proposed and pre-adverse action letters and documents required. Refer to Policy 222 – Criminal Acts by Applicants, Employees & Volunteers.

12. OFFICE OF INSPECTOR GENERAL has the authority to exclude individuals from federally funded healthcare programs. Hiring an employee on the List of Excluded Individuals and Entities (LEIE) may subject Holy Angels to monetary penalties. Employees and entities are not permitted to work for Holy Angels.
13. REBUTTAL CONSIDERATION: In considering explanations or rebuttals Holy Angels may consider, among other things:
  - a. the length of time since the conviction or other conduct,
  - b. the nature of the crime or other conduct,
  - c. the relationship between the applicant/employee/volunteer's responsibility and the conviction or other conduct,
  - d. rehabilitation efforts,
  - e. subsequent employment or volunteer history.
14. CONFIDENTIALITY: The results of all background checks shall be considered confidential and shall be used by Holy Angels only for employment-related or voluntary placement decisions. Confidential information shall not be disclosed to any persons other than those having a need to know for purposes of making employment or volunteer decisions. Any representative, employee or volunteer of Holy Angels who fails to comply with this policy or respect the confidentiality of background check results may be subject to disciplinary action, up to and including termination of employment or volunteer service.

Refer to Policy 222 – Criminal Acts by Applicants, Employees and Volunteers for additional information.

**Forms:**

Holy Angels New Hire Checklist

HB 2010

## Holy Angels NEW HIRE CHECK LIST

Employee: _____	Hire Date: _____	NHO Date: _____
Position: _____	Shift: _____	Location: _____

	Document	Date completed	Staff Initial	Notes
Check if required	<b>The following items must be completed PRIOR to NHO</b>			
	Driver's License / Photo ID			
	Social Security Card / Birth Certificate			
	Education: Highest level of education and/or Primary License.			
	Direct Deposit Form			
	Offer Letter			
	Job Description with Employee Signature			
	PAF			
	Employee Record Form			
	Background Check			
	Healthcare/Nurse Aid Registry			
	Completed I-9			
	Conduct Drug Screen			
	NEGATIVE Drug Screen Date Confirmed			
	Immunization Record Review: TB Test COVID Vaccine FLU Vaccine			
Check if required	<b>IF APPLICABLE to Position</b>	Date completed	Staff initials	
	Fingerprint results (if not a NC resident for >= 5 years)			
	CPR/First Aid			
	Does position require MVR? If yes, add to background.			
	Primary Source License Verification (if licensed position)			

Verified by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
VPHR
Date
HR Manager
Date



### IN-SERVICE & TRAINING RECORD

EMPLOYEE NAME (Print): Kim Brand (On-site or Off-Site)

TRAINING TOPIC: HCPB

DATE: 8/31/2021

LENGTH OF TRAINING TIME: 30 min.

LOCATION:  Rose Room  Training Room  Area/Home): Donnie's office  
 Other  Off Campus: Location \_\_\_\_\_

TRAINING PRESENTATION: *please check any of the following that apply this training:*

- ON-SITE IN-SERVICE (for all in-house presentations)
  - Live Group Presentation
  - Live One-on-One
  - Video

RESIDENT SPECIFIC: Who \_\_\_\_\_  
What \_\_\_\_\_

TRAINING OFF CAMPUS

**LIST THREE IMPORTANT FACTS YOU LEARNED.**

1. run prior to employment
2. the signatures have been added to the form
3. Verification process and scanning now in place

**My signature below verifies that I have/was:**

- Attended the training indicated above.
- Provided the necessary paperwork/materials to complete this particular training.
- Given opportunity to ask questions and give feedback on new/revised procedures during this training.
- Reviewed the new/revised procedures and understand the expectations that are set forth of me as an employee of Holy Angels.

Kim Brand  
EMPLOYEE SIGNATURE

8/31/2021  
DATE

Donnie O. [Signature]  
INSTRUCTOR SIGNATURE (In-House Trainings Only)

8.31.2021  
DATE

COMMENTS (optional):

**VIDEO VIEWING VERIFICATION** I certify that the above named person viewed the subject stated above.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



### IN-SERVICE & TRAINING RECORD

EMPLOYEE NAME (Print): James Campbell (On-site or Off-Site)

TRAINING TOPIC: H CPR DATE: Aug. 31, 2021

LENGTH OF TRAINING TIME: 30 mins.

LOCATION:  Rose Room  Training Room  Area/Home): \_\_\_\_\_

Other DONNIE OFFICE  Off Campus: Location \_\_\_\_\_

TRAINING PRESENTATION: please check any of the following that apply this training:

ON-SITE IN-SERVICE (for all in-house presentations)

Live Group Presentation  Live One-on-One  Video

RESIDENT SPECIFIC: Who /  
What \_\_\_\_\_

TRAINING OFF CAMPUS

#### LIST THREE IMPORTANT FACTS YOU LEARNED.

- H CPR HAS TO BE RUN PRIOR TO THE DAY THE EMPLOYEE STARTS.
- TWO SIGNATURES HAVE BEEN ADDED TO THE FORM
- VERIFICATION + SIGNATURES WILL BEZIN AS BACK UP.

#### My signature below verifies that I have/was:

- Attended the training indicated above.
- Provided the necessary paperwork/materials to complete this particular training.
- Given opportunity to ask questions and give feedback on new/revised procedures during this training.
- Reviewed the new/revised procedures and understand the expectations that are set forth of me as an employee of Holy Angels.

EMPLOYEE SIGNATURE [Signature]

DATE 8/31/2021

INSTRUCTOR SIGNATURE (In-House Trainings Only) [Signature]  
COMMENTS (optional): \_\_\_\_\_

DATE 8/31/2021

VIDEO VIEWING VERIFICATION I certify that the above named person viewed the subject stated above.  
Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_





HOLY ANGELS  
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**PERFORMANCE CORRECTIVE ACTION FORM**

**Section:** EMPLOYEE CONDUCT  
**Title:** CORRECTIVE ACTION SYSTEM  
**Policy Number:** 502 (HB # 5002)

**I. Employee Name:** Kim Brand

**II. Position:** HR Manger      **Shift:** 1st      **Date of Hire:** 10-23-2019

**III. Type of Action:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Counseling                                    | <input type="checkbox"/> Final Written Warning     |
| <input type="checkbox"/> Verbal Warning   | <input type="checkbox"/> Disciplinary Suspension   |
| <input type="checkbox"/> Written Warning  | <input type="checkbox"/> Administrative Suspension |
| <input type="checkbox"/> Termination  |  |
| <input type="checkbox"/> Other (e.g. Extension of CEP, Probation, Demotion, etc.) |  |

**IV. Incident:** Describe the incident (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), people involved, witnesses, and effects of incident on employee's work and/or other employees, all other relevant circumstances or contributing factors. Be specific in stating observable behaviors and comments whenever possible.

Per policy 210- Background Checks, Holy Angels is to insure that all background checks occur before a candidate is offered a position to work in any capacity. Among these required checks is the Health Care Personnel Registry which required to be run on every candidate. During an audit that occurred at our Lakewood residence, it was discovered that an employee hired on 6-30-2021 did not have the HCPR check run, and it was not located in the file, nor was it checked off on the checklist. Efforts to find the document were unsuccessful, and resulted in a finding on the report. Part of the finding is correcting this action and retraining responsible staff on the process.

**V. Plan of Improvement:** What specific actions are to be taken; what time frame is to be allowed to improve the behavior/performance; who is responsible for follow up, how often, how long?

Staff will be retrained on the New Hire Checklist, and new verification measures will be put in place to insure that this happens.

**VI. Consequences:** What will happen if employee fails to meet the goals set within the designated time frame?

Specific Consequences in addition to that stated below:

Failure to follow the above plan of improvement to the satisfaction of the supervisor and the administration will result further corrective action up to and including termination of employment.

**VII. Authorized Signatures:**

Campus Manager _____	Date _____
Department Head _____	Date _____
Chief Program Officer _____	Date _____
Director of HR <u><i>Dominic O. Shu</i></u>	Date <u>8/31/2021</u>
Executive VP <u><i>Karen Nassems</i></u>	Date <u>8/31/2021</u>
Pres/CEO <u><i>Ryan M. ...</i></u>	Date <u>8/31/2021</u>

**VIII. Employee's Comments:** My supervisor has reviewed the incident with me and my comments are as follows \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX. Employee's Signature**

I UNDERSTAND that my signature indicates that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.

Employee Signature: *Kim Brand* \_\_\_\_\_ Date: 8/31/2021



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**PERFORMANCE CORRECTIVE ACTION FORM**

**Section:** EMPLOYEE CONDUCT  
**Title:** CORRECTIVE ACTION SYSTEM  
**Policy Number:** 502 (HB # 5002)

**I. Employee Name:** Jennifer Campbell  
**II. Position:** Admin Coordinator **Shift:** 1st **Date of Hire:** 2-10-2015

**III. Type of Action:**

- Counseling
- Verbal Warning
- Written Warning
- Termination
- Other (e.g. Extension of CEP, Probation, Demotion, etc.)
- Final Written Warning
- Disciplinary Suspension
- Administrative Suspension

**IV. Incident:** Describe the incident (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), people involved, witnesses, and effects of incident on employee's work and/or other employees, all other relevant circumstances or contributing factors. Be specific in stating observable behaviors and comments whenever possible.

Per policy 210- Background Checks, Holy Angels is to insure that all background checks occur before a candidate is offered a position to work in any capacity. Among these required checks is the Health Care Personnel Registry which required to be run on every candidate. During an audit that occurred at our Lakewood residence, it was discovered that an employee hired on 6-30-2021 did not have the HCPR check run, and it was not located in the file, nor was it checked off on the checklist. Efforts to find the document were unsuccessful, and resulted in a finding on the report. Part of the finding is correcting this action and retraining responsible staff on the process.

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Campus Manager \_\_\_\_\_

Date \_\_\_\_\_

Department Head \_\_\_\_\_

Date \_\_\_\_\_

Chief Program Officer \_\_\_\_\_

Date \_\_\_\_\_

Director of HR Janice O. [Signature]

Date 8.31.2021

Executive VP Kevin C. [Signature]

Date 8.31.2021

Pres/CEO [Signature]

Date 8/31/2021

**VIII. Employee's Comments:** My supervisor has reviewed the incident with me and my comments are as follows \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. Employee's Signature**

I UNDERSTAND that my signature indicates that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.

Employee Signature: [Signature]

Date: 8/31/21