

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601442	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JEFFERS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WRANGLER LANE CHARLOTTE, NC 28213
---	--

(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 9-20-21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living Alternative Family Living.</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 interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting 1 of 3 staff (Staff #2). The findings are:</p> <p>Review on 9-16-21 of Staff #2's record revealed: -hired as a Direct Support Professional on 1-15-16; -HCPR check completed 3-2-16; -started providing Alternative Family Living back up staffing on 4-2-20.</p> <p>Interview on 9-17-21 with the Qualified Professional (QP) revealed:</p>	V 131	<p>Quest Provider Services will have the areas of concern corrected on or before November 28, 2021. To ensure that this error does not occur in the future, the provider agency will implement a 2-step verification process when conducting HCPR checks. The provider agency will essentially conduct the check prior to hire. The agency will have one administrative human resource staff conduct the initial HCPR check and an additional human resource staff verify that the check was done prior to employment.</p> <p>Maruja Peralta, Chief Administrative Officer will ensure that the plan of correction is implmneted as intended.</p> <p style="text-align: center;">RECEIVED OCT 06 2021 DHSR-MH Licensure Sect</p> <p>DocuSigned by: <i>Amy Laughhead, QP, MS</i> 65F6684EDC0C464...</p> <p>9/29/2021 6:11:57 PM PDT</p>	

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601442	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER JEFFERS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WRANGLER LANE CHARLOTTE, NC 28213
---	--

(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 131	<p>Continued From page 1</p> <p>-was not sure why the HCPR for Staff #2 had not been completed when he was hired; -all HCPR checks are completed prior to hire for all staff.</p> <p>interview on 9-16-21 with the Chief Development Officer revealed: -could not locate the original HCPR for Staff #2; -was certain that it had been completed prior to his employment; -"it is completed before staff are hired;" -the agency would continue to conduct HCPR checks for all employees prior to employment.</p>	V 131	<p>DocuSigned by: <i>Amy Langhead, AP, MS</i> 65F6684EDC0C464...</p> <p>9/29/2021 6:11:57 PM PDT</p>	



September 29, 2021
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey completed 9-20-21
Jeffers Home, 3315 Wrangler Lane, Charlotte, NC 28213
MHL # 060-1442

Dear Ms. Goff:

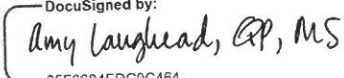
Thank you for conducting the annual survey of the Jeffers Home on 9-20-2021. We are in receipt of the completed review and have noted the cited deficiencies. To ensure that the facility follows the North Carolina Mental Retardation, Developmental Disabilities and Substance Abuse Facilities and Services guidelines, specifically, G.S. 131E-256 (D2) HCPR - Prior Employment Verification/G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY the provider agency will work to correct the cited deficiencies.

Quest Provider Services will have the areas of concern corrected on or before November 28, 2021. To ensure that this error does not occur in the future, the provider agency will implement a 2-step verification process when conducting HCPR checks. The provider agency will essentially conduct the check prior to hire. The agency will have one administrative human resource staff conduct the initial HCPR check and an additional human resource staff verify that the check was done prior to employment.

Maruja Peralta, Chief Administrative Officer will ensure that the plan of correction is implmneted as intended.

If you have any additional questions, please do not hesitate to contact me.

Regards,

DocuSigned by:

65F6684EDC0C464...
Amy Laughead, MS, QP
Chief Development Officer
Quest Provider Services
alaughead@questnc.com
704-537-4730

9/29/2021 | 6:07:35 PM PDT
Chief Development Officer
Quest Provider Services, LLC

RECEIVED
OCT 06 2021

DHSR-MH Licensure Sect