

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl-059036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEBO SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 OLD HWY #10 EAST NEBO, NC 28761
---	--

(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 and follow up survey was completed on 12/28/21. 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 Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</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 reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 3 staff audited staff (Staff #2 and the Qualified Professional). The findings are:</p> <p>Review on 12/10/21 of Staff #2's personnel record revealed: -date of hire was 10/26/20 -hired as a paraprofessional -HCPR accessed on 10/30/20</p>	V 131		

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: mhl-059036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEBO SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 OLD HWY #10 EAST NEBO, NC 28761
---	--

(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>-the last 4 digits of Staff #2's social security number did not match the last 4 digits of the HCPR results filed in Staff #2's personnel file.</p> <p>Review on 12/9/21 of the Qualified Professional's (QP) personnel record revealed: -date of hire was 7/12/21 -HCPR accessed on 7/14/21.</p> <p>Interview on 12/10/21 with the Director of Operations (DOO) revealed: -she was not aware that the last 4 digits on the HCPR results did not match Staff #2's social security number and she will look into it.</p>	V 131		