PRINTED: 04/18/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-061 MHL044-061			(X2) MULTIPLE C	UNSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING				
				04	04/13/2022		
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
BALSAM F	ROAD HOME		SVILLE, NC 28786				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIV TAG CROSS-REFERENCE		N OF CORRECTION (X5) ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE IENCY)		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 4/13/22. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
	The survey sample c current clients.	onsisted of audits of 3					
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131				
	 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. 						
	failed to access the H Registry (HCPR) price	as evidenced by: ew and interview, the facility lealth Care Personnel or to hiring 3 of 3 audited staff d the Qualified Professional).					
	revealed:	f Staff #1's employee file rect Support Professional. eted 8/5/21.					

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			A. BUILDING:				
		B. WING		04/13/2022			
IAME OF PRO	VIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
BALSAM RO	DAD HOME		IFER BRAE LANE SVILLE, NC 28786				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE AC		CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
V 131 (Continued From page 1		V 131				
r - - - - - - - - - - - - - - - - - - -	evealed: Originally hired 10/1: Direct Support Prof Original HCPR chec check was dated 3/17 Review on 4/13/22 of employee file reveale Originally hired 6/25. Original HCPR chec check was dated 3/4/ Professional and the evealed: They would ensure h	k 10/15/19 and the re-hire 7/22. f the Qualified Professional's ed: /20 and re-hired 3/3/22. k 6/29/20 and the re-hire /22.					

DKFT11