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Division of Health Service Regulation

	ROVIDER OR SUPPLIER	IDENTIFICATION NUMBER: MHL080-095	A. BUILDING: _			
NEWSOME		MHL080-095	B WING		1	
NEWSOME			D: ************************************		04/25/2022	
	- DOAD	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID	ROAD		OME ROAD RY, NC 28144			
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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on 4/25/22. The complaint was substantiated(Intake #188039). A deficiency was cited.					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities				
	-	d for 3 and currently has a rey sample consisted of ents.				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	facility failed to ensure Personnel Registry(H staff(Qualified Profess Residential Team Lea	iew and interviews, the e access the Health Care CPR) prior to hire for 2 of 4				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		MHL080-095	B. WING		04	/25/2022				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
NEWSOME ROAD SALISBURY, NC 28144										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE				
V 131	accessed on 7/22/21; -the RTL was hired or Support Associate), w 6/22/20 and the HCPl Interview on 4/19/22 y has been in her positi	n 2/18/19 as a DSA(Direct vas promoted to RTL on R was accessed on 2/19/21. with the QP revealed she	V 131							

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STATE FORM 6899 HUL111 If continuation sheet 2 of 2