

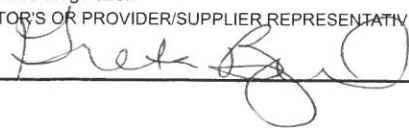
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BALSAM ROAD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 AQUIFER BRAE LANE WAYNESVILLE, NC 28786</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 4/13/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>APR 27 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (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 interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 3 of 3 audited staff (Staff #1, Staff #2 and the Qualified Professional). The findings are:</p> <p>Review on 4/13/22 of Staff #1's employee file revealed: -Hired 8/5/21 as a Direct Support Professional. -HCPR check completed 8/5/21.</p>	V 131	<p>All HCPR checks will be completed prior to the date of hire effective immediately.</p> <p>The HR Director will change practice of doing them on date of hire.</p> <p>The Executive Director will monitor new hire reports monthly to insure practice has been changed <sup>from current</sup> For <del>previous</del> employees the date of change of practice will be noted on the HCPR checks</p>	

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



TITLE

*Executive Director*

(X6) DATE

*4/21/22*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BALSAM ROAD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 AQUIFER BRAE LANE WAYNESVILLE, NC 28786</b>
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V 131	<p>Continued From page 1</p> <p>Review on 4/13/22 of Staff #2's employee file revealed: -Originally hired 10/15/19 and re-hired 3/17/22 as a Direct Support Professional. -Original HCPR check 10/15/19 and the re-hire check was dated 3/17/22.</p> <p>Review on 4/13/22 of the Qualified Professional's employee file revealed: -Originally hired 6/25/20 and re-hired 3/3/22. -Original HCPR check 6/29/20 and the re-hire check was dated 3/4/22.</p> <p>Interview on 4/13/22 with the Qualified Professional and the Executive Director at exit revealed: -They would ensure human resources was aware the HCPR checks needed to be done prior to hire.</p>	V 131		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

April 21, 2022

Greta Byrd, Executive Director  
Liberty Corner Enterprises, Inc.  
119 Tunnel Road, Suite 120  
Asheville, NC 28805

Re: Annual Survey completed April 13, 2022  
Balsam Road Home, 35 Aquifer Brae Lane, Waynesville, NC 28786  
MHL # 044-061  
E-mail Address: [jbrock@lcewnc.org](mailto:jbrock@lcewnc.org)

Dear Ms. Byrd:

Thank you for the cooperation and courtesy extended during the annual survey completed April 13, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is June 12, 2022.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.
- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov • TEL: 919-855-4619 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 21, 2022  
Greta Byrd, Executive Director  
Liberty Corner Enterprises, Inc.

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Sonia Eldridge, Mountains Team Leader, at 828-200-6605.

Sincerely,

A handwritten signature in cursive script that reads "Sally Thayer, MSW".

Sally Thayer, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
Pam Pridgen, Administrative Supervisor

*Life. Community. Everyone.*

Liberty Corner Enterprises  
119 Tunnel Road Suite 120  
Asheville, NC 28805  
Phone: (828) 254-9917  
Fax: (828) 251-5373  
www.lcewnc.org

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4/21/2022

Sally Thayer, MSW

Mental Health Licensure Certification Section

NC Division of Health Services Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

RE: Balsam Home – MHL-044-0641

Sally:

**DHSR - Mental Health**

**APR 27 2022**

**Lic. & Cert. Section**

Please find the Corrective Action for the above referenced home. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Greta Byrd

Executive Director