

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2022
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NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NC HIGHWAY 751 DURHAM, NC 27713
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on April 22, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 beds and currently has a census of 2. The survey sample consisted of audits of 2 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 review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (Staff #1). The findings are:</p> <p>Review on 4/22/22 of Staff #1's personnel records revealed: -Hire date of 12/27/21. -She was hired as a Behavioral Health Associate I.</p>	V 131	<p>The Healthcare Personnel Registry was completed for all applicable staff and results have been added to their personnel files. HR Department will monitor and complete the Healthcare Personnel Registry for all applicable staff upon hire, which will be kept in their personnel files.</p>	4/22/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

 CEO, Carolina House

4/22/2022

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V 131	<p>Continued From page 1</p> <p>-HCPR check for Staff #1 was completed on 4/22/22.</p> <p>Interview on 4/22/22 with the Manager revealed:</p> <ul style="list-style-type: none"> -He started working June of 2021. -He was not aware that the HCPR check up had to be completed for staff prior to hiring. -He was responsible for completing all required documentation on new employees prior to employment. -He confirmed the HCPR was not assessed prior to employment for Staff #1. 	V 131		

 , CEO, Carolina House

4/22/2022