

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
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NAME OF PROVIDER OR SUPPLIER RAINBOW OF SUNSHINE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 307 CEDARWOOD STREET SPRING LAKE, NC 28390
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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, complaint and follow up survey was completed on June 10, 2022. The complaint was unsubstantiated (intake #NC00188780). 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 Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. 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 review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for one of two audited paraprofessional staff (staff #2). The findings are: Review on 6/10/22 of staff #2's personnel record revealed:</p>	V 131		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Date of hire: 12/1/21. -Job Title: Paraprofessional. -HCPR accessed for staff #2 on 12/10/21. <p>Interview on 6/9/22 staff #2 stated:</p> <ul style="list-style-type: none"> -She worked at the facility for 6 months. <p>Interview on 6/10/22 the Director stated:</p> <ul style="list-style-type: none"> -There was no verification the HCPR was accessed prior to employment for staff #2. -She understood the HCPR needed to be completed prior to employment. 	V 131		