## PRINTED: 07/27/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 07/21/2022		
		MHL011-428					
AME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
EBORAH	I STEWART HOME	19 EILEI LEICES	EN WAY TER, NC 28748				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMP O THE APPROPRIATE DA		
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 7/21/22. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
		ed for 3 and currently has a rvey sample consisted of ients.					
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131				
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident ropriate business files.					
	facility failed to acces Registry (HCPR) prio affecting 1 of 2 audit Professional). The fi	iew and interviews, the ss the Health Care Personnel or to an offer of employment ed staff (Qualified indings are: f the Qualified Professional's					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL011-428	B. WING		07	7/21/2022
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
EBORAH	I STEWART HOME	19 EILE LEICES	EN WAY TER, NC 28748			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTI TAG CROSS-REFERENCE		N OF CORRECTION (X5) E ACTION SHOULD BE COMPLE D TO THE APPROPRIATE DATE CIENCY)	
V 131	Continued From page 1		V 131			
	-HCPR accessed on 6/7/22.					
	revealed: -the QP was not wor first week; she was during her first week -there is a staff perso paperwork; they hav intakes. Interview on 7/21/22 Officer revealed: -the Quality Assuran staff did the HCPR c	on who completes new hire e a separate person for client with the Chief Executive ce/HR (Human Resources)				
	Ith Service Regulation					

6YBT11