

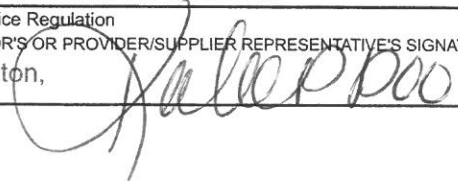
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2022
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NAME OF PROVIDER OR SUPPLIER BEARD STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 BEARD STREET SALISBURY, NC 28144
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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 06/29/2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. 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 records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 3 Staff (#2). The findings are:</p> <p>Review on 06/28/2022 of Staff #1's personnel record revealed: -Hire date of 12/16/2020. -Job Title of Direct Support Associate (DSA). -HCPR accessed on 12/17/2020.</p>	V 131	<p>V 131</p> <p>RHA Health Services will ensure all HCPR checks are completed prior to hiring all new employees. The Director of Operations will in-service the HR Training Coordinator to ensure all HCPR checks are completed prior to hiring any new employee. This will be monitored by ongoing Human Resources Audits and Quality Assurance Audits by the HR and QA staff annually.</p>	8/27/2022

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



TITLE
Director of Operations

(X6) DATE
8/12/2022

AUG 17 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 131	<p>Continued From page 1</p> <p>Interview on 06/29/2022 with Staff #1 revealed: -Employed with Licensee since 12/16/2020. -Served as a DSA.</p> <p>Interview on 06/29/2022 with the Qualified Professional (QP) revealed: -Human Resource (HR) Coordinator was responsible for HCPR checks.</p> <p>Interview on 06/29/2022 with the HR Coordinator revealed: -Not sure why HCPR was accessed late for Staff #1. -Process was for HCPR to be accessed prior to hire.</p>	V 131		
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August 12, 2022

Ms. Curnisha L. Leak
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-080-086 Beard Street

Dear Ms. Leak:

Please see the enclosed Plan of Correction (POC) for the deficiency sited at the Beard Street Group Home during your annual survey visit on 6/29/2022. We have implemented the POC and invite you to return to the facility on or around 8/27/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Beard Street Group Home (MHL-080-086).

Sincerely,

A handwritten signature in black ink that reads "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org