

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2022
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NAME OF PROVIDER OR SUPPLIER
TURNER 5

STREET ADDRESS, CITY, STATE, ZIP CODE
**353 TURNER STREET
LINCOLN, NC 28092**

(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 August 15, 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 Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107	<p>RECEIVED</p> <p>AUG 29 2022</p> <p>DHSR-MH Licensure Sect</p>	

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

Mary E. Costner

TITLE

Administrative

(X6) DATE

8/24/22

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER TURNER 5	STREET ADDRESS, CITY, STATE, ZIP CODE 353 TURNER STREET LINCOLNTON, NC 28092
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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p style="text-align: center;">RECEIVED</p> <p>This Rule is not met as evidenced by: Based on record review, the facility failed to maintain a complete personnel record for 1 of 3 audited staff (Staff #1). The findings are:</p> <p>Review on 8/11/22 and 8/15/22 of Staff #1's personnel record revealed: -No specific date of hire. -Documentation indicating cardiopulmonary resuscitation (CPR) training had been conducted on 3/31/22. -There was no CPR certificate on file.</p>	V 107	<p>V 107</p> <p>In the future Human Resources will ensure hire date is specific; as this employee worked at 2 RHA facilities and Transferred to Gastonia. CPR Instructors will ensure CPR cards with QR codes are received timely following CPR classes and understand going forward CPR certificates or rosters created by the CPR instructor are not acceptable.</p>	



Mary Costner, MA, EdS
Administrator
Gastonia Unit

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RHA Health Services
1564-D Union Road
Gastonia, NC 28054

www.rhahealthservices.org

August 24, 2022

Maria Smith

Nurse Consultant I

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Dear Ms. Smith:

Please find the attached plan of correction for the deficiencies cited in your recent survey on August 15, 2022 of Turner Street 5, located at 353 Turner Street, Lincolnton N.C. 28092. We thank you and your staff for your continued dedication to quality services. Please do not hesitate to call if you have any questions regarding the attached plan of correction.

Regards,

A handwritten signature in black ink that reads "Mary E. Costner, Administrator". The signature is written in a cursive style.

Mary E. Costner

Administrator

RHA Health Services, LLC

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Gastonia NC 28054

704-864-3450