Division	of Health Service Regu	ulation			FOR	WAFFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-433 B. WING				08/31/2022
NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STA	TE, ZIP CODE		
STEWART	HOME	35 EILEI LEICES	EN WAY FER, NC 28748			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	OULD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 8-31-22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 5600F Supervised Living for Alternative Family Living.					
V 131	census of 2. The surv audits of 2 current clie	d for 3 and currently has a ey sample consisted of ents.	V 131	V131 CCHC prides ourselves in completing all required documentation prior to		
	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.			employment. The Human Resources staff was having a baby that week and it slipped her mind to complete the HCPR before orientation. CEO will work with HR on setting up a system of checks and balances to ensure that this error does not happen in the future. This was caught on a previous Annual Survey for another home.		9/20/2022
	Registry (HCPR) prior affecting 1 of 2 audited Professional). The find	ws and interviews, the the Health Care Personnel to an offer of employment distaff (Qualified lings are:		SCANNED SEP 26 2022)	
	Review on 8-30-22 of the Qualified Professional's (QP) personnel record revealed:			MHL & C Section	n	

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

-Hire date of 6-6-22. -Job title was QP.

(X6) DATE

9/13/2022

STATE FORM

PRINTED: 09/01/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL011-433 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **35 EILEEN WAY** STEWART HOME LEICESTER, NC 28748 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 131 V 131 Continued From page 1 -HCPR accessed on 6-7-22. Interview on 8-31-22 with the Office Assistant revealed: -Aware the start date for the QP doesn't match the HCPR. -There are two people who complete HCPR checks, one for new hires and one for yearly checks. Interview on 8-31-22 with the CEO revealed: -Aware the QP had been cited before during a survey at a sister facility. -They have two people in Human Resources that complete HCPR checks, one for new hires and one for yearly checks.

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