

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/29/2022
NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107		
(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 11-29-22. The complaint was substantiated (intake #NC00194267). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Individuals 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 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 reviews and interviews, the facility failed to ensure that a Health Care Personnel Registry (HCPR) check was completed prior to an offer of employment for 2 of 2 current audited staff (# 1 and # 2) and 1 of 1 former staff (FS # 10) The findings are:</p>	V 131		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/29/2022
NAME OF PROVIDER OR SUPPLIER BOTTOM UP OUTREACH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 554 BEDFORD KNOLL DRIVE WINSTON SALEM, NC 27107		
(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 131	<p>Continued From page 1</p> <p>Review on 11-22-22 of personnel file for staff # 1 revealed: Hire date: 2-11-21 HCPR date: 2-17-21</p> <p>Review on 11-22-22 of personnel file for staff # 2 revealed: Hire date: 6-10-19 HCPR date: 8-24-21</p> <p>Review on 11-22-22 of personnel file for FS #10 revealed: Hire date: 7-12-22 HCPR date: 7-18-22</p> <p>Interview on 11-22-22 with the Administrative Assistant revealed: - The group home would bring new staff into the home to "shadow" for a few days then send the new hire information to her (Administrative Assistant) to complete the required checks. -Sometimes there was a delay in getting new hire information to her from the group home. -She completed all the required checks on the date the group home informed her of a new hire.</p> <p>Interview on 11-23-22 with the Qualified Professional revealed: -New staff were brought in to shadow and complete an orientation. -If the decision was made that they are a good fit and if they wanted employment, new hire information was sent to the Administrative Assistant for processing.</p>	V 131		