Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL010-077	A. BUILDING: _____ B. WING _____	12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENYA AFL	800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479

(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	INITIAL COMMENTS An annual survey was completed on December 30, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living. The facility is licensed for 3 and currently has a census of 3 clients. The survey sample consisted of audits of 3 current clients.	V 000	DHSR - Mental Health JAN 19 2023 Lic. & Cert. Section	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 1 of 3 staff (#2). The findings are: Review on 12/29/22 of Staff #2's personnel record revealed: -Hire date: 3/31/22 -Position: Direct Support Associate -The HCPR was accessed on 4/21/22.	V 131	**V131 G.S. 131E-256 (D2) HCPR-Prior Employment** This rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) Prior to hire for 1 of 3 audited staff #2. **Plan of Correction** RHA HR/Training Coordinator will ensure that Prior to hire a Health care Personnel registry check is complete on each potential employee. Monitoring of this process will be the responsibility of RHA Office Manager/Administrator and will take Place at least quarterly/as needed. Completion Date for #2: 2/28/23	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL010-077	A. BUILDING: _____ B. WING _____	12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENYA AFL	800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479

(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	Continued From page 1 Interview on 12/30/22 the Administrator stated: -Staff #2 was brought in to begin trainings and the personnel process on 3/31/22. -Staff #2's official hire date should have been changed from 3/31/22 to the date which corresponded to the completion of trainings and background clearances. -Moving forward, she would review the hire date process with applicable parties.	V 131	**V 752 27G. 0304 (b) (4) Hot Water Temperatures**	
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation on 12/29/22 at approximately 12:00pm revealed: -The hot water temperature in the kitchen was 120 degrees Fahrenheit. -The hot water temperature in the client bathroom in the hallway was 121 degrees Fahrenheit.	V 752	**10 A NCAC 27 G .0304 FACILITY DESIGN AND EQUIPMENT** This rule is not met as evidenced by: Based on observation and interview, the facility Failed to maintain the water temperature Between 100- and 116-degrees Fahrenheit. **Plan of Correction:** RHA Benya AFL will ensure water temperature Is adjusted so the temperature is between 100-116. Benya AFL will put a new process in place To accurately measure water temperatures. Monitoring of this process will be the responsibility of RHA Benya AFL/ Direct Support and Qualified professional And will take place at least monthly/as needed. Completion Date 2/28/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL010-077	A. BUILDING: _____ B. WING _____	12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENYA AFL	800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479

(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 752	Continued From page 2 Interview on 12/29/22 the Licensee stated: -She would have the hot water heater/thermostat checked.	V 752		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 6, 2023

Sheri Benya, Licensee
800 Joseph Willetts Drive SE
Winnabow, NC 28479

Re: Annual Survey completed December 30, 2022
Benya AFL, 800 Joseph Willetts Drive SE, Winnabow, NC 28479
MHL # 010-077
E-mail Address: sbenya@atmc.net
mdeegan@rhanet.org

Dear Ms. Benya:

Thank you for the cooperation and courtesy extended during the annual survey completed December 30, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is February 28, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,

Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor