Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			71. 501251110.							
MHL028-013		MHL028-013	B. WING		03/0	03/02/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ROANOKE TRAIL FACILITY 185 ROANOKE TRAIL MANTEO, NC 27954										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE				
V 000	INITIAL COMMENTS		V 000							
	A complaint survey was completed on March 2, 2023. The complaint was unsubstantiated (intake #NC00197758). A deficiency was cited.									
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.								
		sed for 6 and currently has a survey sample consisted of clients.								
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131							
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a personnel in								
	Based on record re failed to complete I Registry (HCPR) ch audited current staf Coordinator) and fo The findings are:	et as evidenced by: eview and interview the facility Health Care Personnel necks prior to hire for 2 of 4 ff (staff #2 and the Habilitation or 1 of 2 former staff (FS#3). of staff #2's personnel record								

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL028-013	B. WING		03/0	03/02/2023					
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	1 03/0	212023					
ROANOKE TRAIL FACILITY 185 ROANOKE TRAIL MANTEO, NC 27954											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE					
V 131	- Hire date 3/16/22, Professional HCPR check date Review on 3/01/23 revealed: - Hire date 6/29/22, Professional; date 6/29/22, Professional; date 6/29/23, Coordinator's personal coordinator co	title Direct Support ad 3/22/22. of FS #3's personnel record title Direct Support of separation 1/27/23. ad 12/14/22. of the Habilitation onnel record revealed: ad 2/27/23. In 3/01/23 and 3/02/23 the nal stated: ecks for facility staff. ICPR checks were to be done a HCPR checks were done	V 131								

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