

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/02/2023
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NAME OF PROVIDER OR SUPPLIER ROANOKE TRAIL FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 185 ROANOKE TRAIL MANTEO, NC 27954
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on March 2, 2023. The complaint was unsubstantiated (intake #NC00197758). A deficiency was 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 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAR 13 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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 review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 2 of 4 audited current staff (staff #2 and the Habilitation Coordinator) and for 1 of 2 former staff (FS#3). The findings are: Review on 3/01/23 of staff #2's personnel record revealed:</p>	V 131		<p>To be in compliance with rules, Life, Inc. will employ the following:</p>

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

Reha Shenander BA QP II

TITLE

Program Manager

(X6) DATE

3/8/2023

Division of Health Service Regulation

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V 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Hire date 3/16/22, title Direct Support Professional. - HCPR check dated 3/22/22. <p>Review on 3/01/23 of FS #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 6/29/22, title Direct Support Professional; date of separation 1/27/23. - HCPR check dated 12/14/22. <p>Review on 3/01/23 of the Habilitation Coordinator's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 2/23/23. - HCPR check dated 2/27/23. <p>During interviews on 3/01/23 and 3/02/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She did HCPR checks for facility staff. - She understood HCPR checks were to be done prior to hire. - She would ensure HCPR checks were done prior to hire for new staff. 	V 131 #1	<p>HCPR checks will be completed by the Qualified Professional for all new hires. Record of the HCPR will be maintained in personnel records. Qualified Profession will document completion of the check on the New Hire Required Paperwork form and the New Hire Training List.</p>	3/8/2023

New Hire REQUIRED Paperwork

___ Health Care Registry Personnel check completed by QP

___ Driver's License

___ Social Security Card

___ High School Diploma or Equivalent

___ Proof of Car Insurance

___ Voided Check for Direct Deposit

___ Social Security numbers and DOB's for Beneficiaries

___ Three References (Written letters)

___ TB Skin test or Proof that it has been done and must be read.

___ Has new staff been vaccinated? If so, what are dates of each shot? If not, do they plan to?

****Each New Hire MUST have these BEFORE any paperwork will be done****

New Hire

Required Paperwork & Trainings

Pre-Hire

- Application
- NC Driver's License
- Social Security Card
- Criminal & DMV Check (w/consents)
- Healthcare Registry

Once job is offered request:

- Three References
- High School Diploma/GED
- Covid Vaccine
- TB Test Results
- Auto Declaration Page
- Direct Deposit info (voided check or official document from bank that includes routing and account number)

Accounting Clerk

- I-9
- W-4
- NC-4
- Payroll Transmittal
- Direct Deposit Form
- ACA Compliance Notice
- Retirement Beneficiary Form
- Navigator Enrollment (Blue Cross/Blue Shield)
- Healthcare Registry (if not completed)
- Sleep Agreements
- Enrollment Therap/MITC

Orientation with Supervisor

- Position Description
- LIFE Inc. Employee Handbook
- General Orientation
- Contract Services Orientation
- HIPAA/Confidentiality Agreement & Training
- Staff Credentials

- Staff Privileges
- Staff Education/Experience
- Medical TB Assessment
- Hepatitis Vaccine Acceptance/Declination Form
- Procedures for Call-in
- Bloodborne Pathogens
- Fire Safety
- Fire Extinguisher Training
- Promotion of Consumer Well-being
- Providing a Safe and Healthy Environment
- Evacuation of Facilities
- Clients Rights
- Disaster Preparedness
- Incident Reporting
- Cultural Diversity
- Code of Conduct
- Corporate Compliance Deficit Reduction Act '05
- CAP Core Competencies
- Coaching the Van Driver
- Drug Test
- Supervision Contract
- Documentation (Therap)
- Timesheets (MITC)

Nurse

- Medication Administration Training
- Drug Test (if not completed)

Other Required Trainings

- Mandt
- First Aid/CPR Training



Re: Complaint Survey Completed 3/02/2023
Roanoke Trail Facility, 185 Roanoke Trail, Manteo, NC 27954
MHL# 028-013
Email Address: tbowser@lifeincorporated.com
Intake #NC00197758

Dear Ms. Anderson,

Attached is the plan of correction for the survey completed on March 2, 2023. Please advise if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra J. Provencher".

Debra J. Provencher, BA, QPII
Program Manager