PRINTED: 08/31/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/24/2023	
		MHL090-205				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE			
SOUTHW	OOD PLACE GROU	PHOME 1	T AVENUE E, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COM O THE APPROPRIATE D	
∨ 000	INITIAL COMMEN	TS	V 000			
	An annual survey was completed on August 24, 2023. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		sed for 3 and currently has a urvey sample consisted of clients.				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility health care facility Personnel Registry	EALTH CARE PERSONNEL nealth care personnel into a pr service, every employer at a shall access the Health Care and shall note each incident propriate business files.	a			
	Based on record re facility failed to ens Registry (HCPR) w	et as evidenced by: eviews and interview, the ure the Health Care Personne as accessed prior to hire for 1 Staff #1). The findings are:				
	revealed: -Hire date: 3/1/21. -Job title: Direct Ca	of Staff #1's personnel record re Professional. completed on 4/14/21.				

PRINTED: 08/31/2023 FORM APPROVED

TATEMENT OF DEFICIEN		ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL090-205	B. WING		08/24/2023		
			DDRESS, CITY, ST	ATE, ZIP CODE	00/		
	E GROUP HOM	F 1 134 EAS	T AVENUE E, NC 28110				
PREFIX (EACH D	EFICIENCY MUST	T OF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 131 Continued	From page 1		V 131				
Staff revea -Staff #1 w the compar- -Previous of HCPR che- -Completed when she of previous fil -The late H Interview of revealed:	led: as hired when ny Staff #1 was company did no cks. d HCPR check discovered it w e. CPR check wa n 8/22/23 with	Human Resources (HR the Licensee purchased s working for. of keep records of for Staff #1 on 4/14/21 as not in Staff #1's as an oversight. Program Manager e for completing HCPR					