PRINTED: 02/20/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR		
AND PLAN OF CORRECTION	IDENTIFICATION NO	MBER:	A. BUILDING:		COMPLETED	
	MHL026-978 B. WING		R 02/13/2024			
NAME OF PROVIDER OR SUPPLIE	:R	STREET ADDRE	ESS, CITY, STAT	TE, ZIP CODE		
EXCEL CARE AGENCY INCO	ORPORATED	1903 BRIDGE	ER STREET			
EXOLE GARL AGENOT ING		EAST FAYET	TEVILLE, NO	28301		
PREFIX (EACH DEF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000 INITIAL COMM	ENTS		V 000			
	ollow up survey was comp 2024. Deficiencies were					
category: 10A I	eensed for the following se NCAC 27G .5600A Superv with Mental Illness.					
1	eensed for 6 and currently e survey sample consisted ent clients.					
V 118 27G .0209 (C)	Medication Requirements		V 118			
REQUIREMEN (c) Medication a (1) Prescription only be adminis order of a perso drugs. (2) Medications clients only whe client's physicia (3) Medications administered or unlicensed pers pharmacist or o privileged to pre (4) A Medication all drugs admini current. Medica recorded immed MAR is to includ (A) client's nam (B) name, stren (C) instructions	(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
AND PLAN	AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _	A. BUILDING:		COMPLETED	
	MHL026-978		B. WING	B. WING		R 13/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		1903 BRII	DGER STREET	,			
EXCEL CA	ARE AGENCY INCORPO	RATED EAST FAY	YETTEVILLE, NO	28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From page	e 1	V 118				
	(5) Client requests for checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation					
	medications as order maintain an accurate	ew, interview, and ty failed to administer ed by the physician and					
		4/01/21 phrenia Disorder, Post order, Anxiety Disorder,					
	orders dated 02/06/2- Gabapentin 100mg three times a day for Oxycodone HCL 5m every 4 hours as nee Review on 02/13/24 of MAR revealed: Gabapentin 100mg-I	Take 1 capsule by mouth 5 days. g Take 1 tablet by mouth ded for pain up to 5 days. of client #1's February 2024 No transcription on the MAR dication was supposed to be					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	, ,	SURVEY PLETED	
			A. BUILDING:			
	MHL026-978		B. WING	B. WING		R // 13/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	-	
			DGER STREET			
EXCEL CA	ARE AGENCY INCORPO	RATED	YETTEVILLE, NC	28301		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 2	V 118			
		an 5 days as indicated on				
	-She had surgery on l -She was unsure of h	2/13/24 client #1 revealed: her knee to fix her knee cap. ow often she had taken the prescribed to her after the				
	Finding #2 Review on 02/13/24 of client #2's record revealed: -67 year old femaleAdmission date of 08/27/21Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Bipolar Disorder, Borderline Personality Disorder, Hypertension, High Cholesterol and Allergies.					
	orders dated 10/2/23 -Levothyroxine 112 m every dayFerrous Sulfate 325r every dayCalcium 600mg + Vii mouth every dayFluticasone Prop 50 each nostril every dayAmlodipine Besylate every dayLisinopril 40mg Take day.	ncg Take 1 tablet by mouth mg Take 1 tablet by mouth tamin D3 Take 1 tablet by mcg Apply 2 sprays into				
	-Escitalopram 10mg dayAripiprazole 5mg Takbedtime.	Take 1 tablet by mouth every se 1 tablet by mouth at ake 1 tablet by mouth at				

Division of Health Service Regulation

STATE FORM 6899 NNGQ11 If continuation sheet 3 of 7

Division of Health Service Regulation						
			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL026-978	B. WING		02/13/2024	
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NAME OF T	KOVIDEK OK 301 1 EIEK		IDGER STREET	11L, 211 CODE		
EXCEL CA	ARE AGENCY INCORPOR	RATED	YETTEVILLE, N	29204		
			TETTEVILLE, IN			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	\ '-'	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRI		
				DEFICIENCY)		
V 118	Continued From page	3	V 118			
V 110	Continued From page	- 3	110			
	bedtime.					
	•	5mg Take 1 tablet by mouth				
	twice a day.					
		ablet by mouth twice a day.				
		e 1 tablet by mouth for				
	anxiety three times da					
	•	ce 1 tablet by mouth at				
	bedtime.					
		ake 1 tablet by mouth at				
	bedtime.	4 tablet by marith 2 times				
		1 tablet by mouth 3 times a				
	day.					
	Review on 02/13/24 c	of client #2's January 2024				
		lowing blanks on the MAR to				
		on had been administered:				
	-Levothyroxine-01/31					
	-Ferrous Sulfate-01/3					
	-Calcium 600mg + Vit	tamin D3-01/31/24.				
	-Fluticasone-01/31/24					
	-Amlodipine Besylate-	-01/30/24, 01/31/24.				
	-Lisinopril-01/31/24.					
	-Pantoprazole-01/31/2	24.				
	-Escitalopram-01/31/2					
	-Aripiprazole-01/30/24					
	-Atorvastatin 20mg-0					
	-Metoprolol Tartrate-0					
	-Eliquis-01/30/24, 01/					
	-Lorazepam-01/30/24					
	-Trazodone-01/30/24,					
	-Amitriptyline-01/30/2 -Austedo-01/30/24, 0					
	-Ausieuu-u 1/30/24, U	1/3 1/24.				
	During interview on 0	2/13/24 client #2 revealed:				
	During interview on 02/13/24 client #2 revealed: -She received her medication daily.					
		ed taking her medication.				
	2.10 1144 110101 1111000	in the moderation.				
	Finding #3					
	Review on 02/13/24 of	of client #4's record				

revealed:

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MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 1903 BRIDGER STREET EAST FAYETTEVILLE, NC 28301 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPCISIONISE FAST EAST FAYETTEVILLE, NC 28301 PROPERTY RECOLATION OR LSC DENTIFYING INFORMATION) V118 Continued From page 4 -70 year old maleAdmission date of 04/01/21Diagnoses of Generalized Anxiety Disorder, Mod Disorder, Borderline Personality Disorder, Mod Disorder, Hypertension, High Cholesterol, Allergies and Vitamin D Deficiency. Review on 02/13/24 of client #4's Physician orders dated 12/05/23 revealed: -Vitamin B1 Take 1 capsule by mouth every dayForios Gluconate 244 mg Take 1 tablet by mouth every dayForios Gluconate 244 mg Take 1 tablet by mouth every dayDocusate Sodium 100mg Take 1 capsule by mouth every dayUniversatian 10mg Take 1 tablet by mouth every dayVite dipine 30mg Take 1 tablet by mouth every dayVite dipine 30mg Take 1 tablet by mouth every dayLocusate Sodium 100mg Take 1 tablet by mouth every dayUniversatian 10mg Take 1 tablet by mouth every dayUniversatian 10mg Take 1 tablet by mouth every dayUniversatian 10mg Take 1 tablet by mouth every dayLocusate Sodium 100mg Take 1 tablet by mouth every dayLocusate Sodium 100mg Take 1 tablet by mouth every dayUniversatian 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Take 1 tablet by mouth every dayLocusate Sodium 10mg Ta	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AGENCY INCORPORATED STREET ADDRESS. CITY, STATE, ZIP CODE 1903 BRIDGER STREET EAST FAVETTEVILLE, NC 28301 [RAH DEPICIENCY MIST BE PRECIDED BY FILL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -70 year old maleAdmission date of 04/01/21Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder, Allergies and Vitamin D Deficiency. Review on 02/13/24 of client #4's Physician orders dated 12/05/23 revealed: -Vitamin B1 Take 1 capsule by mouth every dayFoilc Acid Ing Take 1 tablet by mouth every dayPoicsate Sodium 100mg Take 1 capsule by mouth every dayInvitation 30mg Take 1 tablet by mouth every dayUsartan Potassium 50mg Take 1 tablet by mouth every dayLosartan Potassium 50mg Take 1 tablet by mouth every dayDivalproex 500mg Take 1 tablet by mouth every dayDivalproex 500mg Take 1 tablet by mouth at bedtimeLithium Carbonate 300mg Take 1 tablet by mouth at bedtimePaliperidone 3mg Take 1 tablet by mouth at bedtime.						R	
SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FILL PREFIX SUMMARY STATEMENT OF DEFICIENCES TAG			MHL026-978	B. WING			
CALL DESCRIPTION SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY WILST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (CACH DEFICIENCY WILST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROPRIATE CACH DEFICIENCY COMPLETE DAME V 118 Continued From page 4 V 118 CACH DEFICIENCY CACH DAME CROSS-REFERENCED TO THE APPROPRIATE CAMPIEC DAME -70 year old male.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CALID SUMMARY STATEMENT OF DEFICIENCES DEFICIENCES DEFICIENCES DEFICIENCES DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DATE	EXCEL CA	ARE AGENCY INCORPO	RATED 1903 BRID	GER STREET			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 4 -70 year old maleAdmission date of 04/01/21Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder, Bipolar Disorder, Hypertension, High Cholesterol, Allergies and Vitamin D Deficiency. Review on 02/13/24 of client #4's Physician orders dated 12/05/23 revealed: -Vitamin B1 Take 1 capsule by mouth every dayFerrous Gluconate 324 mg Take 1 tablet by mouth every dayFolic Acid 1mg Take 1 capsule by mouth every dayFluticasone Prop 50mcg Use one puff in each nostril dailySimvastatin 10mg Take 1 tablet by mouth every dayIventynoxina 50 mcg Take 1 tablet by mouth every dayLevothyroxina 50 mcg Take 1 tablet by mouth every dayLosartan Potassium 50mg Take 1 tablet by mouth every dayLithium Carbonate 300mg Take 1 tablet by mouth at bedtimeLithium Carbonate 300mg Take 1 tablet by mouth at bedtimePaliperidone 3mg Take 1 tablet by mouth at bedtimePaliperidone 3mg Take 1 tablet by mouth at bedtime.			EAST FAY	ETTEVILLE, NO			
-70 year old maleAdmission date of 04/01/21Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder, Bipolar Disorder, Hypertension, High Cholesterol, Allergies and Vitamin D Deficiency. Review on 02/13/24 of client #4's Physician orders dated 12/05/23 revealed: -Vitamin B1 Take 1 capsule by mouth every dayFerrous Gluconate 324 mg Take 1 tablet by mouth every dayFolic Acid Tmg Take 1 tablet by mouth every dayDocusate Sodium 100mg Take 1 capsule by mouth every dayFlitticasone Prop 50mcg Use one puff in each nostril daillySimvastatin 10mg Take 1 tablet by mouth every dayNifedipine 30mg Take 1 tablet by mouth every dayLevothyroxina 50 mcg Take 1 tablet by mouth every dayLosartan Potassium 50mg Take 1 tablet by mouth every dayDivalproex 500mg Take 3 tablets by mouth at bedtimeLithium Carbonate 300mg Take 1 tablet by mouth at bedtimePaliperidone 3mg Take 1 tablet by mouth at bedtime.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE	
-Admission date of 04/01/21Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder, Bipolar Disorder, Hypertension, High Cholesterol, Allergies and Vitamin D Deficiency. Review on 02/13/24 of client #4's Physician orders dated 12/05/23 revealed: -Vitamin B1 Take 1 capsule by mouth every dayFerrous Gluconate 324 mg Take 1 tablet by mouth every dayFolic Acid 1mg Take 1 tablet by mouth every dayDocusate Sodium 100mg Take 1 capsule by mouth every dayFluticasone Prop 50mcg Use one puff in each nostril dailySimvastatin 10mg Take 1 tablet by mouth every dayNifedipine 30mg Take 1 tablet by mouth every dayLevothyroxina 50 mcg Take 1 tablet by mouth every dayLosartan Potassium 50mg Take 1 tablet by mouth every dayDivalproex 500mg Take 3 tablets by mouth at bedtimeLithium Carbonate 300mg Take 1 tablet by mouth at bedtimePaliperidone 3mg Take 1 tablet by mouth at bedtime.	V 118	Continued From page	e 4	V 118			
Review on 02/13/24 of client #4's January 2024 MAR revealed the following blanks on the MAR to indicate the medication had been administered: -Vitamin B1-01/31/24.	V 1110	-70 year old maleAdmission date of 04 -Diagnoses of General Mood Disorder, Border Bipolar Disorder, Hyp Allergies and Vitamin Review on 02/13/24 of orders dated 12/05/23 -Vitamin B1 Take 1 cale -Ferrous Gluconate 3 mouth every dayFolic Acid 1mg Take -Docusate Sodium 10 mouth every dayFluticasone Prop 50 mostril dailySimvastatin 10mg Take dayNifedipine 30mg Take dayLevothyroxina 50 mostril dailyLevothyroxina 50 mostril dayLithium Carbonate 30 mouth every dayDivalproex 500mg Take dayDivalproex 500mg Take dayDivalproex 500mg Take dayVitamin Carbonate 30 mouth at bedtimeVitamin D3-Take 1 cale Review on 02/13/24 of MAR revealed the follindicate the medication	alized Anxiety Disorder, erline Personality Disorder, erline Personality Disorder, ertension, High Cholesterol, D Deficiency. of client #4's Physician arevealed: apsule by mouth every day. 24 mg Take 1 tablet by 1 tablet by mouth every day. 20 mg Take 1 capsule by mouth every et al. at a tablet by mouth every et al. at a tablet by mouth every et a tablet by mouth at a tablet by mouth at apsule by mouth every day. of client #4's January 2024 dowing blanks on the MAR to on had been administered:	V 110			

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-Docusate Sodium-01/31/24.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI F	CONSTRUCTION	(X3) DATE S	URVEY	
	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					R	
		MHL026-978	B. WING		1	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		1903 BRID	GER STREET			
EXCEL CA	ARE AGENCY INCORPOR	RATED EAST FAY	ETTEVILLE, NO	28301		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	÷ 5	V 118			
	-Fluticasone-01/31/24Simvastatin-01/30/24, 01/31/24Nifedipine-01/31/24Levothyroxina-01/31/24Losartan Potassium-01/31/24Divalproex-01/30/24, 01/31/24Lithium Carbonate-01/30/24, 01/31/24Paliperidone-01/30/24, 01/31/24Vitamin D3-01/31/24. During interview on 02/13/24 client #4 was asked if he received his medication daily and he responded with "yes." During interview on 02/13/24 the Licensee/Qualified Professional revealed: -She was the staff that did not put the initials on the MAR after administering the medicationsShe would ensure the MARs were correctly completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. 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		V 131			
	health care facility or health care facility sha	service, every employer at a all access the Health Care nd shall note each incident				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, 2P CODE 1903 BRIDGER STREET 2003 BRIDGER STR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AGENCY INCORPORATED (X4) ID PREFIX TAG (X5) ID REFIX TAG (X6) ID PREFIX TAG (X7) ID REFIX TAG (X8) ID PREFIX TAG (X8) ID PREFIX TAG (X8) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) (X6) ID PREFIX TAG (X7) ID PREFIX TAG (X8) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) (X7) ID PREFIX TAG (X8) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) (X7) ID PREFIX TAG (X8) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (X8) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE CASE ACTION SHOULD BE CAST ACTION SHOULD BE CASE ACTION SHOULD BE CASE ACTION SHOULD BE C							R
EXCEL CARE AGENCY INCORPORATED 1903 BRIDGER STREET EAST FAYETTEVILLE, NC 28301 (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 131 Continued From page 6 V 131 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 employment for 1 of 2 staff (#1). The findings are: Review on 02/13/24 of staff #1's record revealed: -Hire date 02/21/24No documentation HCPR was accessed prior to hire. During interview on 02/13/24 the Licensee/Qualified Professional revealed: -She was unsure if she was going to hire staff #1 until she could determine how she worked with the clients.			MHL026-978	B. WING		02	/13/2024
CX4) ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CACH CORRECTIVE ACTION SHOULD BE CACH CACH CORRECTIVE ACTION SHOULD BE CACH CACH CORRECTIVE ACTION SHOULD BE CACH CORRECTIVE ACT	NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
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Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for 1 of 2 staff (#1). The findings are: Review on 02/13/24 of staff #1's record revealed: -Hire date 02/21/24No documentation HCPR was accessed prior to hire. During interview on 02/13/24 the Licensee/Qualified Professional revealed: -She was unsure if she was going to hire staff #1 until she could determine how she worked with the clients.	V 131	Continued From page	e 6	V 131			
		Based on record revifailed to access the FRegistry (HCPR) prior staff (#1). The finding Review on 02/13/24 Given Hire date 02/21/24. No documentation Finding Interview on 02/13/24 Given Hire. During interview on 02/13/24 Given Hire.	ew and interview, the facility Health Care Personnel or to employment for 1 of 2 gs are: of staff #1's record revealed: HCPR was accessed prior to 12/13/24 the rofessional revealed: ne was going to hire staff #1 mine how she worked with				

Division of Health Service Regulation

STATE FORM 6899 NNGQ11 If continuation sheet 7 of 7