STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(IZ) MULTIPLE CONSTRUCTION A BUILDING:		COMPLETED	
		MHL001-255	B. WING		4/02/2024	
	ROVIDER OR SUPPLIER	E36 GUI	ADDRESS, CITY, STATI NN STREET IGTON, NC 27217	E. ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL- REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PRIEFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE	
V 131	2024. A deficiency via This facility is license category: 10A NCAC Supervised Living for The facility is license census of 6. The survey sample of current clients. G.S. 131E-256 (D2) is Verification G.S. §131E-256 HEAREGISTRY (d2) Before hiring health care facility or health care facility or health care facility or health care facility and faccess in the approximate of access in the approximate of access in the approximate of access the Heagistry (HCPR) prior	as completed on April 2, vas cited. In the following service of 27G, 5600A or Adults with Mental Illness of and currently has a consisted of audits of 3. HCPR - Prior Employment of the Care personnel into a service, every employer at a service, every employer at a service, and ill access the Health Care of shall note each incident opriate business files.	V 131	Health care personnel HCPR cheissue has been resolved. Health careregistry has been checked and personnel file upd with health care registry file for QP's employee file. Audit of each personnel file wibe done each quater by owner, qp and staff member. This will be done to ensure that personnel files are in compliant.	ate 4/2/24	
re -H	eview on 42/24 of the evealed: lired date: 10/12/23. IQPR check was acc	ne QP's personnel record				
		UPPLIER REDIVESENTATIVE'S SIGNATU	JRE	TITLE OWNEC	5/20/	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL001-256 04/02/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **636 GUNN STREET** R & S INDEPENDENT HEALTH SERVICES, INC **BURLINGTON, NC 27217** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on April 2, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G, 5600A Supervised Living for Adults with Mental Illness The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification Health care personnel HCPR check issue has been resolved. G.S. §131E-256 HEALTH CARE PERSONNEL Health careregistry has been REGISTRY checked and personnel file update (d2) Before hiring health care personnel into a health care facility or service, every employer at a with health care registry file for 4/2/24 health care facility shall access the Health Care QP's employee file. Personnel Registry and shall note each incident of access in the appropriate business files. Audit of each personnel file will be done each quater by owner, qp and staff member. This will be done to ensure that all personnel files are in compliance 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 the Qualified Professional (QP). The findings are: Review on 4/2/24 of the QP's personnel record revealed: -Hired date: 10/12/23. -HQPR check was accessed \$12/24. Division of Health Service Regulation LABORATORY DIRECTOR'S DR PROVIDERSUPP IER REPRESENTATIVE'S SIGNATURE TITLE DWNY

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B, WING MHL001-256 04/02/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **636 GUNN STREET** R & S INDEPENDENT HEALTH SERVICES, INC **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 131 Continued From page 1 V 131 -There was no evidence of the HCPR prior to employment. Interview on 4/2/24 with the Owner revealed: -He checked with the staff responsible for assessing the HCPR. -The QP's HCPR was assessed prior to employment but they were unable to locate it. -He would perform an audit going forward to ensure compliance.