

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL001-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  04/02/2024
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  R & S INDEPENDENT HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 636 GUNN STREET BURLINGTON, NC 27217
--	--

(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
V 000	INITIAL COMMENTS  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 000		
V 131	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 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.  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. -HCPR check was accessed 4/2/24.	V 131	Health care personnel HCPR check issue has been resolved. Health care registry has been checked and personnel file update with health care registry file for QP's employee file.  Audit of each personnel file will be done each quarter by owner, qp and staff member. This will be done to ensure that all personnel files are in compliance	4/2/24

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

TITLE

OWNER

(X5) DATE

5/20/2024

STATE FORM

0000

ZXRH11

If continuation sheet 1 of 2

RECEIVED

MAY 24 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</b>
---	--

(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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 2, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 access the Health Care Personnel Registry (HCPR) prior to employment for the Qualified Professional (QP). The findings are:</p> <p>Review on 4/2/24 of the QP's personnel record revealed: -Hired date: 10/12/23. -HCPR check was accessed 4/2/24.</p>	V 131	<p>Health care personnel HCPR check issue has been resolved. Health careregistry has been checked and personnel file update with health care registry file for QP's employee file.</p> <p>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 compliace</p>	4/2/24

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

TITLE

(X6) DATE

*OWNER*

*5/20/2024*



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL001-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/02/2024
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  R & S INDEPENDENT HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 636 GUNN STREET BURLINGTON, NC 27217
--	--

(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
V 131	<p>Continued From page 1</p> <p>-There was no evidence of the HCPR prior to employment.</p> <p>Interview on 4/2/24 with the Owner revealed:</p> <p>-He checked with the staff responsible for assessing the HCPR.</p> <p>-The QP's HCPR was assessed prior to employment but they were unable to locate it.</p> <p>-He would perform an audit going forward to ensure compliance.</p>	V 131		