

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL073-076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON'S RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1228 DICKHOLEMAN ROAD TIMBERLAKE, NC 27583</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 24, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family.</p> <p>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (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 ensure the Health Care Personnel Registry (HCPR) was completed for 1 of 1 paraprofessional staff (Alternative Family Living (AFL) Provider/Licensee). The findings are:</p> <p>Review on 5/24/24 of the AFL Provider/Licensee's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired 6/29/21</li> <li>- No documentation of a completed HCPR</li> </ul>	V 131		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 131	<p>Continued From page 1</p> <p>check</p> <p>Interview on 5/24/24 the AFL Provider/Licensee reported:</p> <ul style="list-style-type: none"> <li>- The HCPR check was completed</li> <li>- Human Resources (HR) was responsible for ensuring the HCPR check was completed</li> </ul> <p>Interview on 5/24/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- HR was responsible for completing staffs' HCPR checks</li> <li>- Wasn't sure if the AFL Provider/Licensee's HCPR check was completed because the AFL Provider/Licensee was just assigned to his caseload</li> <li>- Contacted HR to request for the AFL Provider/Licensee's HCPR check but had not received it</li> </ul> <p>The AFL Provider/Licensee's HCPR check was not received prior to the exit of the survey.</p>	V 131		