

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVAEH'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3699 NORTH NC HIGHWAY 62 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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 14, 2024. The complaint was unsubstantiated (#NC00217971). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for three and currently has a census of two. The survey sample consisted of 2 current clients and 1 former client.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or 	V 107	<p>The Qualified professional will be sure that ALL required paper work are completed and received before Staff began to work.</p> <p>Completion Date Effective immediately: 6/14/2024</p>	<div data-bbox="1104 1575 1299 1711" style="border: 1px solid red; padding: 5px; color: blue; text-align: center;"> RECEIVED BY MHL & C 7/25/24 </div>

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVAEH'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3699 NORTH NC HIGHWAY 62 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 107	<p>Continued From page 1</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review reviews and interviews the facility failed to ensure three of five audited staff (#1, #2 and #3) met the minimum level of education. The findings are:</p> <p>Review on 6/13/24 of staff #1's personnel record revealed: -Date of hire was 3/16/24. -She was hired as a Paraprofessional. -There was no documentation of education verification.</p> <p>Review on 6/13/24 of staff #2's personnel record</p>	V 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVAEH'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3699 NORTH NC HIGHWAY 62 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 107	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Date of hire was 10/2/23. -She was hired as a Paraprofessional. -There was no documentation of education verification. <p>Review on 6/13/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> -Date of hire was 6/19/23. -He was hired as a Paraprofessional. -There was no documentation of education verification. <p>Interview on 6/13/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> -"Honestly it slipped my mind to get them my education information. I will have to order it from my home state." <p>Interview on 6/13/24 with the Assisted Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> -She was not sure why the proof of education was not in the staff records. -The hiring agency was responsible for training and making sure documents were in the personnel records. -She was dealing with personal health issues and did not follow up with the agency to make sure the personnel records were complete. 	V 107		