PRINTED: 11/20/2024 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION |                                | (X3) DATE SURVEY<br>COMPLETED   |       |  |  |  |  |  |  |
|--|--|---|----------------------------|--------------------------------|---|-------|--|--|--|--|--|--|
|  |  |   | A. BUILDING: _             |                                |   |       |  |  |  |  |  |  |
|  |  | MHL0411270  | B. WING                    |                                | 11/20   | /2024 |  |  |  |  |  |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |  |   |                            |                                |   |       |  |  |  |  |  |  |
| BRIDGE 2   | SUCCESS GROUP HON  | 902 KROL<br>HIGH POIN   | L LANE<br>IT, NC 27260     |                                |   |       |  |  |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |   | ID<br>PREFIX<br>TAG        | (EACH CORRECTIVE ACTION SHOULD | PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY) |       |  |  |  |  |  |  |
| V 000  | INITIAL COMMENTS   |   | V 000                      |                                |   |       |  |  |  |  |  |  |
|  |  | aint survey was completed<br>24. The complaint was<br>ke #NC00224293). A                                |                            |                                |   |       |  |  |  |  |  |  |
|  |  | d for the following service<br>27G .1700 Residential<br>re for Children or                              |                            |                                |   |       |  |  |  |  |  |  |
|  |  | d for 4 and has a current<br>rey sample consisted of<br>ents.   |                            |                                |   |       |  |  |  |  |  |  |
| V 131  | G.S. 131E-256 (D2) H<br>Verification   | HCPR - Prior Employment   | V 131                      |                                |   |       |  |  |  |  |  |  |
|  | REGISTRY<br>(d2) Before hiring hea<br>health care facility or<br>health care facility sh                               | ALTH CARE PERSONNEL  Alth care personnel into a service, every employer at a all access the Health Care |                            |                                |   |       |  |  |  |  |  |  |
|  | Personnel Registry at<br>of access in the appro  | nd shall note each incident<br>opriate business files.  |                            |                                |   |       |  |  |  |  |  |  |
|  | facility failed to acces   | ews and interview, the<br>s the HealthCare Personnel<br>r to hire for 2 of 6 audited                    |                            |                                |   |       |  |  |  |  |  |  |
|  | Review on 11/19/24 of -A hire date of 11/14/2  | of staff #3's record revealed:<br>24  |                            |                                |   |       |  |  |  |  |  |  |

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

(X6) DATE TITLE

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |                               | (X3) DATE SURVEY<br>COMPLETED |  |
|---|---|--|--|--|-------------------------------|-------------------------------|--|
|   |   | MHL0411270   | B. WING                                  |  |                               | /20/2024                      |  |
|   | ROVIDER OR SUPPLIER  SUCCESS GROUP HON  | 902 KRO  | DDRESS, CITY, STAT                       | TE, ZIP CODE   |                               |                               |  |
| DRIDGE 2  | SUCCESS GROUP HON   | HIGH PC  | DINT, NC 27260                           |  |                               |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF C<br>(EACH CORRECTIVE ACTIC<br>CROSS-REFERENCED TO TH<br>DEFICIENCY | ON SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |
| V 131   | -A hire date of 11/14/2 -A job description of R -The HCPR was acce Interview on 11/20/24 revealed: -Was responsible for the HCPRHCPR checks are to employment." -"I take responsibility them the morning we | Paraprofessional essed on 11/14/24 of staff #4's record revealed: 24 Paraprofessional essed on 11/14/24 with the Executive Director hiring staff and accessing | V 131                                    |  |                               |                               |  |

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