

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
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NAME OF PROVIDER OR SUPPLIER BRIDGE 2 SUCCESS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 902 KROLL LANE HIGH POINT, NC 27260
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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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 20, 2024. The complaint was unsubstantiated (intake #NC00224293). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. 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 reviews and interview, the facility failed to access the HealthCare Personnel Registry (HCPR) prior to hire for 2 of 6 audited staff (#3 and #4). The findings are:</p> <p>Review on 11/19/24 of staff #3's record revealed: -A hire date of 11/14/24</p>	V 131		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Lekeayha Ayenunelo TITLE **Director**

(X6) DATE **11/25/24**

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V 131	<p>Continued From page 1</p> <p>-A job description of Paraprofessional -The HCPR was accessed on 11/14/24</p> <p>Review on 11/19/24 of staff #4's record revealed: -A hire date of 11/14/24 -A job description of Paraprofessional -The HCPR was accessed on 11/14/24</p> <p>Interview on 11/20/24 with the Executive Director revealed: -Was responsible for hiring staff and accessing the HCPR. -HCPR checks are to be done "prior to employment." -"I take responsibility for the HCPR checks. I ran them the morning we were going to hire them. In the future, we will do it prior to hire for new staff."</p>	V 131		

November 25, 2024

Name of Provider or Supplier: Bridge 2 Success Group Home

902 Kroll Lane, high Point, NC 27260

MHL0411270 Plan of Correction

G.S. 131E-256 HEALTH CARE PERSONNEL REGISTRY

(d2) Before hiring healthcare personnel into a healthcare 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.

1. **What measures will be put in place to correct the deficient area of practice?**
Going forward potential employees will not be offered employment until after a HCPR check has been completed.
2. **What measures will be put in place to prevent the problem from occurring again?** One designated person will be responsible for carrying out the completion of the HCPR Checks prior to offering employment to a potential employee.
3. **Indicate who will monitor the situation to ensure it will not occur again?** The Associate Professional (AP) will be the person responsible for monitoring all HCPR Checks, with the Executive Director (ED) as a back up person to ensure that the Associate Professional (AP) is monitoring the HCPR check correctly.
4. **Indicate how often the monitoring will take place?** Monitoring of the HCPR checks will take place on a quarterly basis and Bridge 2 Success Group Home will implement a monitoring tool/form to include the following: date of application, date of HCPR check, date of criminal background check, date of employment offer, and date of hire (as evidence a form has been attached).

**North Carolina Health Personnel Registry Search
and
Background Check Monitoring Tool**

Employee Name: _____ Date of Hire: _____

	Submitted	Results Received/Completed
Date of Application		
Date of HCPR Check		
Date of Criminal Background Check		
Date of Employment Offer		
Hire Date		

Employee Signature: _____

Management Signature: _____