PRINTED: 03/26/2025 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-363	B. WING			03/26/2025	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
EXX PHA	SE, LLC		RICOT STREET NT, NC 28012				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on March 26, 2025. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.						
		d for 4 and has a current vey sample consisted of ents.					
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131				
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.					
	facility failed to ensur Registry (HCPR) was employment for 2 of 3 Staff (DCS) #1 and th The findings are:	ews and interview, the re the Health Care Personnel is accessed prior to 3 audited staff (Direct Care he House Manager (HM)).					
	Review on 3/26/25 of revealed:	f DCS #1's personnel file					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-363 NAME OF PROVIDER OR SUPPLIER STREET A		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		ADDRESS, CITY, STATE	03	03/26/2025			
	ASE, LLC	BELMO	NT, NC 28012				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 131	Continued From page 1		V 131				
	-Hire date: 2/20/24. -HCPR accessed: 3/4/24.						
	Review on 3/26/25 of the HM's personnel file revealed:						
	-Hire date: 1/24/22. -HCPR accessed: 7/24/22.						
	Interview on 3/26/25 with the Director revealed: -Was responsible for accessing HCPR for newly hired staff. -"Usually don't make those mistakes (accessing HCPR after the hire date)." -Will ensure HCPR is accessed prior to hire for all						
	new staff moving forv						

N9HD11