Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL096-288	B. WING		03/1	7/2025					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
NORTHWOOD GROUP HOME 2708 NORTHWOOD DRIVE GOLDSBORO, NC 27534											
(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	INITIAL COMMENTS		V 000								
	This facility is licens category: 10A NCA	sed for the following service C 27G .5600C Supervised									
	This facility is licens	h Developmental Disability. sed for 4 and has a current servey sample consisted of clients.									
V 131	G.S. 131E-256 (D2) Verification) HCPR - Prior Employment	V 131								
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a personnel in									
	failed to ensure the Registry (HCPR) ch hire for 2 of 3 audite Technician). The fin	view and interview, the facility Health Care Personnel leck was accessed prior to ed staff (#1 and Lead dings are: of staff #1's personnel record									

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL096-288	B. WING		03/	17/2025	
	PROVIDER OR SUPPLIER VOOD GROUP HOME	2708 NOR	DRESS, CITY, S RTHWOOD DI DRO, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 131	personnel record re - Hire date: 5/1/2 - HCPR check da Interview on 3/17/25 Developmental Disa - The facility com (CHOW) in April of - During the CHO facility's corporate of HCPR checks - She had attemp checks completed of and 3/17/25 but the was currently out of - She would obta completed during the that completed ther the personnel recor - HCPR checks of facility's local Humanow - The HCPR che	of the Lead Technician's evealed: 33 ated 10/3/24 55 the Intellectual and ability Administrator reported: apleted a change of ownership 2023 50W, someone from the office was responsible for oted to obtain the HCPR during the CHOW on 3/14/25 a person that completed them of the office ain the HCPR checks are CHOW when the person on returned to the office so that	V 131	DEFICIENCY)			

6899

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