PRINTED: 03/28/2025 FORM APPROVED

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPLIE IDENTIFICATION NU	(A ACO CO CO)	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-288	8. WING		03/17/2025
NAME OF PROVIDER OR SUP	PLIER	STREET ADDRESS, CITY, 5	STATE, ZIP CODE	- Control of the cont
NORTHWOOD GROUP H	i/nm=	2708 NORTHWOOD D	RIVE	
NOK / FINOUD GROUP (	IOME	GOLDSBORO, NC 27	534	
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIE DIENCY MUST BE PRECEDED BY Y OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE COMPLET IE APPROPRIATE DATE
V 000 INITIAL COM	MENTS	V 000		
An annual sur deficiency was	vey was completed on 3/1 s cited.	17/25. A		
calegory: 10A	licensed for the following : NCAC 27G .5600C Superts with Developmental Dis	rvised .		
	licensed for 4 and has a c he survey sample consist rent clients.			
V 131 G.S. 131E-25 Verification	6 (D2) HCPR - Prior Empl	oyment V 131		
REGISTRY (d2) Before hi health care fa health care fa Personnel Re	ing health CARE PERSO ing health care personnel cility or service, every emp cility shall access the Hea gistry and shall note each se appropriate business fil	I into a ployer et a Ith Care incident		ı
				•
Based on reco failed to ensur Registry (HCF hire for 2 of 3	ot met as evidenced by: ord review and interview, the the Health Care Person R) check was accessed paudited staff (#1 and Leac he findings are:	nel prior to		
Review on 3/1 revealed: - Hire date:	7/25 of staff #1's personn 5/1/23	el record 		!
	eck dated 10/21/24			
sion of Health Service Regu ORATORY DIRECTOR'S OR F	iation ROVIDER/SUPPLIER REPRESEN	ITATIVE'S SIGNATURE	TITLE	(X6) DATE
Melinda Jo	eigher I	DD Regional	Administrator	3131125

RECEIVED BY MHL & C 3/31/25

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Division	Division of Health Service Regulation FORM APPROVED								
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	PROVIDËR OR SUPPLIER	STREET AL	STATE, ZIP CODE						
NORTHWOOD GROUP HOME 2708 NORTHWOOD DRIVE GOLDSBORD, NC 27534									
(X4) IU PREFIX TAG	(EAC)   DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.O 8E	(X5) COMPLETE DATE			
V 131	Continued From pa	ge 1	V 131						
	personnel record re - Hire date: 5/1/2 - HCPR check da Interview on 3/17/2: Developmental Disa - The facility com (CHOW) in April of - During the CHO facility's corporate of HCPR checks - She had attemp checks completed dand 3/17/25 but the was currently out of - She would obta completed during the that completed then the personnel recor - HCPR checks of facility's local Humanow - The HCPR check	3 ated 10/3/24 5 the Intellectual and ability Administrator reported: pleted a change of ownership 2023 6W, someone from the affice was responsible for ated to obtain the HCPR during the CHOW on 3/14/25 person that completed them the office in the HCPR checks the CHOW when the person the returned to the office so that		HCPR checks will be completed to hire. HCPR checks completed du CHOW will be obtained and in staff files. HR will monitor as needed.	ring the	5/16/25			

LZXW11