

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/24/2025
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

L & J HOMES- APPLE STREET

**816 APPLE STREET
BURLINGTON, NC 27216**

(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 An annual and complaint survey was completed on September 24, 2025. The complaint (intake #NC00233044) was unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C. Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients, 1 former client.	V 000	RECEIVED OCT 14 2025 DHSR-MH Licensure Sect	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on review of record and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#1). The findings are: Review on 9/24/25 of Staff #1's personnel record revealed: -Hire date of 12/16/24 as the House Manager.	V 131	We audited all personnel files as a Quality Improvement. We found that there were not any other file with this deficiencies in any other personnel file. We will conduct HCPR <u>prior to date of hire</u> of each potential hire. We will also continue to self audit to improve personnel files. These will be take place quarterly 9/25/25	

Division of Health Service Regulation

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

Paul S. [Signature]
OHLH

TITLE

Clinical Director

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER L & J HOMES- APPLE STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 816 APPLE STREET BURLINGTON, NC 27216		
(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 131	Continued From page 1 -There was no evidence the HCPR was accessed prior to employment. Interview on 9/24/25 with the Client Services Director revealed: -The office manager was assigned to assess the HCPR for all new employees. -He was responsible for ensuring that the office manager completed the task. -He did not know staff #1's HCPR was not assessed prior to employment. -Staff #1's HCPR would be assessed today.	V 131		