

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/20/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER RIGHT CHOICES	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 BULLARD STREET CHARLOTTE, NC 28208
--	---

(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, complaint and follow up survey was completed on 11/20/25. The complaints were unsubstantiated (intake #NC00234456 and #NC00234457). 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 2. The survey sample consisted of audits of 2 current clients, and 1 former client.</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 review and interview, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 3 audited staff (Staff #2). The findings are: Review on 11/20/25 of Staff #2's personnel file</p>	V 131		

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



TITLE *President*

(X6) DATE *11/28/25*

DEC 04 2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/20/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIGHT CHOICES	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 BULLARD STREET CHARLOTTE, NC 28208
--	---

(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	<p>Continued From page 1</p> <p>revealed: -Hire date of 2/17/25. -Title of Residential Counselor. -HCPR check completed on 2/27/25.</p> <p>Interview on 11/20/25 with the Personnel Director revealed: -Usually completed the HCPR checks prior to hire. -"I might have missed that one (Staff #2) and ran it when I realized it."</p>	V 131		

Plan of Correction

Re: Annual, Compliant, Follow Up Survey completed November 20, 2025
Right Choices, 3705 Bullard Street, Charlotte, NC 28208
MHL #060-1518

ID Prefix Tag

V131

Although the required hiring system was already in place, the following improvements were implemented to prevent any future lapse:

- A **second-level verification step** has been added requiring the Personnel Director to confirm completion of HCPR prior to new hire orientation or scheduling.
- The **Pre-Hire Compliance Checklist**, already in use, has been updated with a mandatory signature verification line and date stamp to ensure accountability.
- A **staff file tracking log** has been established to ensure that no file moves to the "Active Employee" status until all hiring compliance elements, including HCPR verification, are confirmed complete.

Responsible Party: Personnel Director

Implementation Date: 11/25/2025

- On 11/24/2025 Personnel Director and supervisory personnel responsible for hiring were retrained on the existing hiring policy, sequence, and the regulatory requirement for conducting HCPR checks prior to employment.
- Emphasis was placed on **adherence and verification**, not just knowledge of policy.

Responsible Party: Training Coordinator/Personnel Director

Training Completion Date: 11/25/2025

- The Quality Management Team will conduct **monthly internal audits of all new hire files for the next 12 months** to ensure the HCPR check is completed and documented prior to hire.
- Audit results will be reviewed quarterly during Leadership meetings.
- If additional errors are identified, corrective retraining will occur immediately, and monitoring frequency will be increased.

Responsible Party: Quality Management Team/Executive Director

Monitoring Start Date: 11/25/2025

Frequency: Monthly for 12 months; annually thereafter if compliance remains 100%.