STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060093	A. BUILDING: _____ B. WING _____	07/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 1	10201 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 7/19/16.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Review of Staff C's personnel record revealed: -A hire date of 6/01/16 and employed as a housekeeper. -No documentation of a HCPR check. Observation on 7/19/16 from 8:30am to 2:40pm revealed Staff C was working as the housekeeper performing duties such as sweeping, mopping and cleaning common areas, bedrooms and bathrooms. Interview on 7/19/16 at 2:02 pm with Staff C revealed: -She worked as a housekeeper for the facility. -She had worked at the facility since 06/01/16. -She did not know if the facility checked the	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060093	A. BUILDING: _____ B. WING _____	07/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 1	10201 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 145	Continued From page 1 Health Care Personnel Registry (HCPR) prior to her hiring. Interview with the Supervisor in Charge on 7/19/16 at 1:24 pm revealed: -She was responsible for obtaining and reviewing a HCPR check prior to employees being hired. -She knew she had completed a HCPR check on Staff C but could not recall if she printed the HCPR. -She knew she had to obtain a HCPR on all staff including contracted employees. Further interview with the Supervisor in Charge on 7/19/16 at 1:50 pm revealed: -She did a HCPR check on Staff C today and "it was clear". -She was going to utilize a hiring checklist to ensure that HCPR checks were done prior to employees being hired as well as write down the confirmation number so it could be referenced in the case the HCPR was misplaced. Attempted telephone interview with the Administrator on 7/19/16 at 2:44 pm was unsuccessful. Interview with 2 residents on 7/19/16 revealed they had no complaints or concerns with care or services provided by Staff C.	C 145		