STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 11/16/16.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult 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 observations, record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff C) had no substantiated findings listed on the Health Care Personnel Registry (HCPR) prior to employment. The findings are: 1. Review of Staff C's personnel record revealed: -Staff C was hired on 11/04/11 as a cook. -Staff C was responsible for preparing meals and serving food to the residents. -No documentation a HCPR check had been completed prior to hire for Staff C. Interview on 11/16/16 at 3:27 pm with Staff C revealed: -She had been employed with the facility since it was opened about 5 years ago. -She worked as a cook on first and second shift. -She was unaware what the HCPR check was nor if the facility completed the HCPR check prior to her employment at the facility.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090034	A. BUILDING: _____ B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	1101 BAUCOM ROAD MONROE, NC 28110

(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
D 137	Continued From page 1 Observation on 11/16/16 at 10:15 am of Staff C revealed; she assisted to serve the morning snack to the residents in the day room. Observation on 11/16/16 at 12:05 pm of Staff C revealed; she plated the resident's food on to their plates in the kitchen and directed staff as to which resident the plate was indicated. Interview on 11/16/16 at 2:58 pm with the Resident Care Coordinator revealed: -She was not responsible for personnel files when Staff C was hired. -She was not aware Staff C did not have a HCPR in her personnel file. -She was not aware that the HCPR was required for non-clinical employees. -She had not hired any non-clinical employees in the past year. Interview on 11/16/16 at 2:03 pm with the Administrator revealed: -On their last annual survey they received a citation for this same employee for not having the HCPR. -She thought that once it was not done it would always be late or incorrect and therefore did not run a HCPR for Staff C. -Staff C never had a break in employment and was not employed at any other facility. -She thought if she was cited for it once she would not be cited for it again. Review on 11/16/16 of Staff C's HCPR check completed on 11/16/16 revealed no substantiated findings.	D 137		