

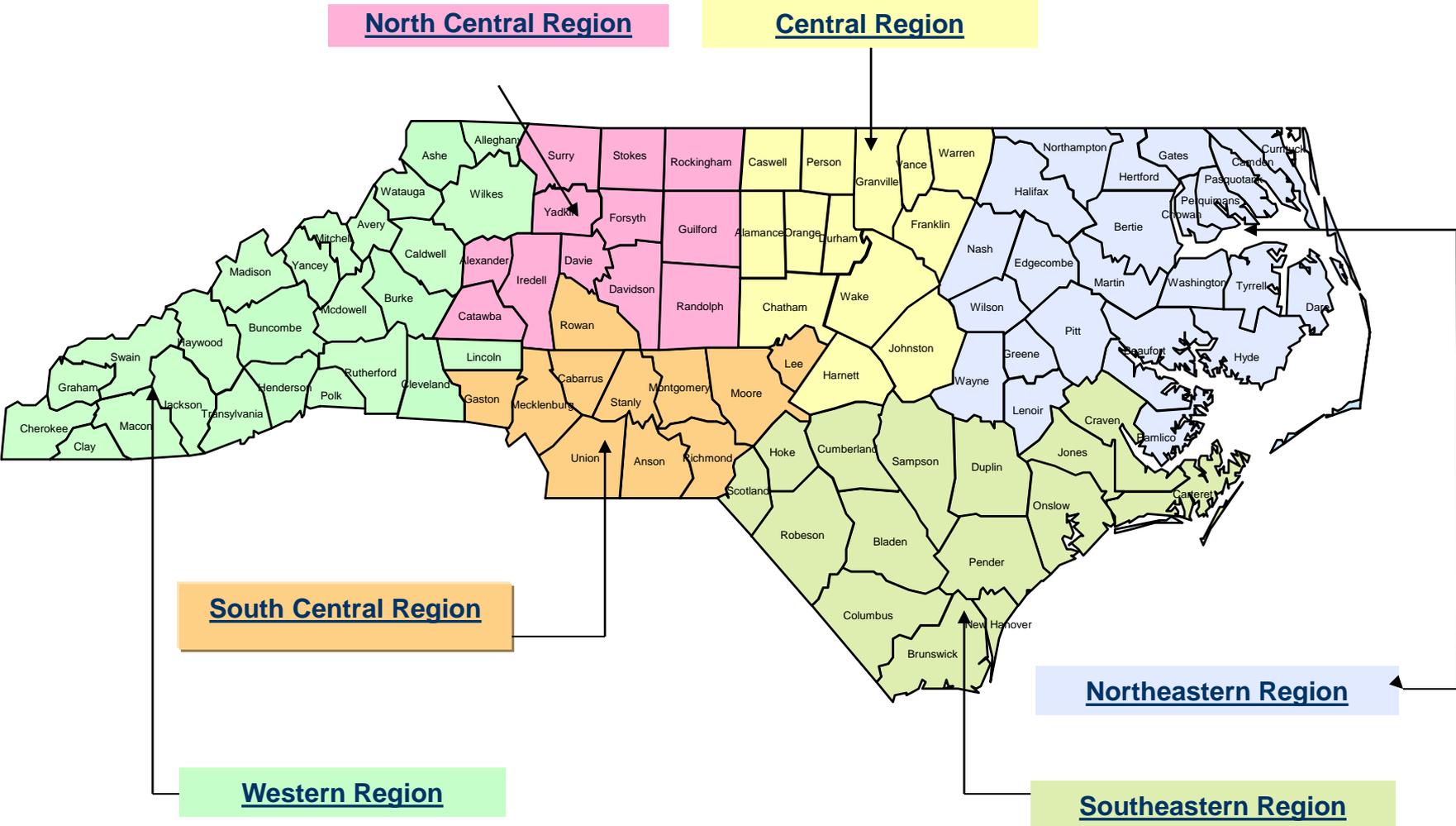
# North Carolina Health Care Personnel Registry

Health Care Personnel Registry Section  
Investigations Branch  
Division of Health Service Regulation  
NC Department of Health & Human Services

# Health Care Personnel Registry (HCPR)

- Mission: receive reports of allegations, conduct investigations, take administrative actions against unlicensed health care personnel, and list actions on the Nurse Aide I Registry and/or the Health Care Personnel Registry.
- Purpose: make information available to health care employers about potential unlicensed health care employees.

# H CPR Regions



# HCPR Processes

- Receive allegation reports
- Investigate allegations
- List 'Pending' allegations on the HCPR  
*(allegations under investigation).*
- List 'Findings' on the HCPR *(after allegation substantiated & due process rights)*
- Provide due process rights information

# Focus of Investigations

- **HCPR focus** → *accused individual for administrative action*
- **Licensure/Certification Survey**  
focus → *facility/provider for regulatory compliance*
- **Local DSS Protective Services**  
focus → *protection of resident*
- **Law Enforcement focus** → *perpetrator for criminal prosecution*

## Reports to HCPR

Health care facilities/service providers must report all allegations against health care personnel, including injuries of unknown source, which appear to be related to any of the allegations identified in NC § 131E-256(a)(1).

[See NC § 131E-256(g)]

# Reportable Allegations

- Resident Abuse
- Resident Neglect
- Diversion of Resident or Facility Drugs
- Fraud against Resident or Facility
- Misappropriation of Resident or Facility Property
- Injuries of unknown source

[See NC § 131E-256(a)(1)]

# Health Care Facilities

Health Care Facilities include any of the types of licensed or unlicensed facilities, agencies, or service providers identified in the Health Care Personnel Registry statute.

[See NC § 131E-256(b)]

# Health Care Facilities

- Adult Care Homes
- Hospitals
- Home Care Agencies
- Nursing Pools
- Hospices
- Nursing Facilities
- Multiunit Assisted Housing with Services
- Agencies providing in-home aide services  
funded through the Home and Community  
Care Block Grant Program

[see NC § 131E-256(b)(1-13)]

# Health Care Facilities

(Mental Health, Developmentally Disabled & Substance Abuse Facilities/Service Providers)

- State-Operated Facilities
- Residential Facilities
- 24-Hour Facilities
- Licensable Facilities
- Community-Based Providers of Services not required to be licensed under the mental health statute

[see NC § 131E-256(b)(1-13)]

# Health Care Personnel

Health Care Personnel means any unlicensed staff of a health care facility that has direct access to residents, clients, or their property.

Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property when that individual is a resident or person to whom services are provided.

[See NC § 131E-256(c)]

## Rule

### 10A NCAC 13F .1205

#### HEALTH CARE PERSONNEL REGISTRY

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002.

### 10A NCAC 13G .1206

#### HEALTH CARE PERSONNEL REGISTRY

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002.

# Reporting Requirements

- Initial report (aka "24 hour report"):  
Due in writing to HCPR *within 24 hours* of becoming aware of the allegation.  
[See 10A NCAC 130 .0102]
- Investigation report (aka "5 day report"):  
Due in writing to HCPR *within 5-working days* of the initial notification.  
[See NC §131E-256(g)]

# Pending Listings

- Allegation is 'screened' for determining whether HCPR conducts an investigation.
- 'Pending' listing is immediately placed on HCPR when decision to investigate is made.
- Accused individual is notified of 'Pending' investigation listing and due process rights.
- Accused may appeal a 'Pending' listing.
- Reporting entity is notified of pending investigation.

# Referrals to Partnering Agencies

DHSR Complaint Intake Unit

DHSR Licensure Sections

Medicaid Investigations Division

N.C. Board of Nursing

Other Occupational Licensure Boards

# Investigation Activities

- ☑ On-site visit
- ☑ Incident site observation
- ☑ Record/document reviews:
  - Victim's record
  - Accused personnel file
  - Policies & procedures
  - Training
  - Client's Rights
  - Other applicable documentation
- ☑ Interviews:
  - Victim
  - Accused
  - Witnesses (including other residents)
  - Facility staff
- ☑ Other agencies:
  - Law Enforcement
  - Local DSS
  - Local Management Entity (LME)
  - DHSR Licensure Sections

# Investigation Conclusion

Conclusion decision based upon evidence -

- Unsubstantiated Allegation, or
- Substantiated Allegation

Notifications of conclusion decision -

- Accused individual
- Original reporting entity

# Due Process Rights

- 30-days opportunity to appeal
- Appeal by filing a petition for a contested case hearing with the Office of Administrative Hearings (OAH)
- Represent self or may have attorney at own expense
- May submit a rebuttal statement for placement with a listed Finding

## Finding Listing

- A substantiated allegation becomes a 'Finding' only after it is listed on the Registry.
- A 'Finding' is listed after the expiration of 30 days opportunity for due process and no appeal (petition for contested case hearing).
- If appealed, the 'Finding' is not listed until appeal process is completed; however, the Pending listing remains on the registry.

## HCPR and NA I Registry Findings

- Health Care Personnel Registry  
All 'Findings' are listed on the HCPR \* (*including Nurse Aide I Registry Findings*)
- Nurse Aide I Registry  
If a *nursing home resident* is abused, neglected or has property misappropriated, the 'Finding' is also listed on the Nurse Aide I Registry.  
*\* Information from registries is available when verifying an individual's listing*

## Requirement to Access HCPR

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.

[See NC §131E-256(d2)]

# Employment Prohibitions

Some types of health care facilities have prohibitions\* from employing individuals with 'Findings' :

- Nursing Homes
- Home Care Agencies
- Mental Health, Developmental Disabilities and Substance Abuse Facilities/Service Providers
- Adult Care Facilities
- ICF/MR Facilities

*\* Employment prohibition compliance enforced by agency that regulates the health care facility.*

# Rule

## **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;

## **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;

## Can a Finding Be Removed?

NC Gen. Stat. § 131E-256(i) allows certain Neglect Finding listings to be removed:

- Individual with 'Finding' must submit a written request to remove a neglect Finding
- Finding must be listed on HCPR - minimum of one year
- Employment & personal history - no pattern of abusive behavior or neglect
- Original Finding - must be a singular occurrence

# HCPR Guidelines for Screening & Investigating

## For All Allegation Reports...

- HCPR must have jurisdiction over
  - the facility and
  - the accused and
  - the resident/victim
- All elements of the allegation must be present

# ABUSE

Defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

# Neglect

Defined as failure to provide the resident with goods and services necessary to avoid physical harm, mental anguish or mental illness.

## Misappropriation of Resident or Facility Property

Defined as the deliberate misplacement, exploitation or wrongful temporary or permanent use of a resident's/facility's belongings or money without the resident's/facility's consent.

# Fraud

Defined as the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

## Diversion of Resident or Facility Drugs

Defined as the unauthorized taking or use of any drug belonging to a resident or any drug belonging to a facility.

# Reporting Allegations

Facilities should ensure that:

- Policies and procedures are in place for handling reports from residents/families/staff of abuse, neglect, etc.
- Facility staff have been trained on what to do if they receive a report of an allegation from a resident/family.
- Residents and families have been informed of how to report incidents of abuse, neglect, etc.
- The County DSS is notified of allegations within 48 hours.
- HCPR is notified of allegations within 24 hours.
- An investigation is conducted promptly by the facility.
- 5 day working report and facility investigation results are sent to the HCPR with 5 days.

## Who Else Can Report to HCPR?

Although the majority of allegation reports are received from facilities, reports are also made by:

- ✓ County DSS
- ✓ DHSR (Adult Care Licensure Section)

These agencies are obligated to report to the HCPR if they become aware of an allegation. They may call the HCPR to confirm whether an allegation was reported by the facility, and if not, they may file a report.

# Remember to Report to HCPR!

## STOP and THINK

Some situations in which you should determine whether a HCPR report is required:

- Complaint investigations
- Incident and accident reports
- Death reports and investigations
- Investigating and/or citing abuse, neglect, resident's rights
- Reviewing personnel files at a facility
- Something just doesn't seem right
- Not sure? Call us!

# HCPR Investigations Branch Contact Information

Telephone: 919-855-3986  
Fax: 919-733-3207

Websites:

[www.ncnar.org](http://www.ncnar.org)

[www.ncdhhs.gov/dhsr/hcpr](http://www.ncdhhs.gov/dhsr/hcpr)