

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092188</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE HAVEN AT WEAVER CROSSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2768 WEAVER HILL DR</b> <b>APEX, NC 27502</b>
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(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 11/19/14.	C 000		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 3 staff sampled (A and B) had statewide criminal background checks upon hire in accordance with G.S. with G.S. 114-19.10 and G.S. 131D-40. The findings are:</p> <p>1. Review of the employee record for Staff A revealed: - Staff A was hired on 9/05/12 as a supervisor-in-charge. - There was documentation of only a city/county background investigation completed. - There was no documentation of a statewide criminal background check having been completed upon hire.</p> <p>Refer to interview on 11/19/14 at 4:15 p.m. with the Director of Operations.</p> <p>2. Review of the employee record for Staff B revealed: - Staff B was hired on 6/01/13 as a supervisor-in-charge. - There was documentation of only a local/county background investigation having</p>	C 147		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 147	<p>Continued From page 1</p> <p>been completed.</p> <ul style="list-style-type: none"> <li>- There was no documentation of a statewide criminal background check having been completed upon hire.</li> </ul> <p>Refer to interview on 11/19/14 at 4:15 p.m. with the Director of Operations.</p> <p>_____</p> <p>Interview on 11/19/14 at 4:15 p.m. with the Director of Operations reveled:</p> <ul style="list-style-type: none"> <li>- The facility found out sometime ago that the statewide criminal background check was required upon hire of staff.</li> <li>- The facility thought all staff had a statewide criminal background check at this time.</li> <li>- The two staff, A and B working in the facility had been missed in the facility's effort to ensure statewide checks were completed.</li> <li>- Statewide criminal background checks would be completed on all staff as indicated.</li> </ul>	C 147		