

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2014
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NAME OF PROVIDER OR SUPPLIER THE HAVEN AT WEAVER CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2768 WEAVER HILL DR APEX, NC 27502
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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	Statewide criminal background checks were performed on 11/20/14 on both employees in question. Statewide criminal background checks have been completed on all current employees and will be completed on any new employees in the future.	11/20/14

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

Douglas Conville

TITLE

Owner

(X6) DATE

12/15/2014

Provided by email on 12/15/14 approved KM 12/19/14

Division of Health Service Regulation

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

Miles, Karen

From: Esther Cromwell <esther.cromwell@thehavenfchs.com>
Sent: Monday, December 15, 2014 12:04 PM
To: Miles, Karen
Cc: Oakley, Eva; DHHS.DHSR.AdultCare.Star; Griffis, Angela; Herring, Belverly G
Subject: Re: The Haven at Weaver Crossing
Attachments: Plan of Correction.pdf

Attached is our Plan of Correction.

Thank you,
Esther

On Tue, Dec 2, 2014 at 2:55 PM, Miles, Karen <karen.miles@dhhs.nc.gov> wrote:

Dear Mr. Hubbard:

Please find the Statement of Deficiencies and accompanying letter for the Annual Survey on November 19, 2014 attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. **PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted.** A response to the plan of correction will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files.

The attached letter also contains information regarding your right to request an Informal Dispute Resolution (IDR) of any cited deficiencies or violations. For more information about the IDR process please visit our website at <http://www.ncdhhs.gov/dhst/acls/idr.html>.

If you have any questions regarding the information provided in or attached to this email, please call our office at (919) 855-3765. Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

Sincerely,

Karen L. Miles

Nurse Consultant

Adult Care Licensure Section

Division of Health Service Regulation

STAR RATING

If the Statement of Deficiencies attached to this email is a result of an annual, follow-up or complaint inspection a star rating certificate and worksheet will be issued within 45 days of the date of this email. If you would like to know more information about the NC Star Rated Certificate Program or view facility ratings, please visit the star rating website at <http://www.ncdhhs.gov/dhsr/acls/star/index.html>. If you have questions about this facility's star rating or the rating program in general, please send an email with your questions to the star rating customer service email address at DHSR.AdultCare.Star@lists.ncmail.net.

Karen L. Miles RN, CNM, Nurse Consultant

N.C. Department of Health and Human Services

Division of Health Service Regulation

Adult Care Licensure Section

805 Biggs Drive, Raleigh N. C. 27603

Phone: [919-855-3765](tel:919-855-3765)

Fax: [919-933-9379](tel:919-933-9379)

karen.miles@dhhs.nc.gov

<http://www.ncdhhs.gov/dhsr/acls/index.html>

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Herring, Belverly G

From: Miles, Karen
Sent: Friday, January 16, 2015 4:19 PM
To: Catherine.goldman@wakegov.com
Cc: Griffis, Angela; Herring, Belverly G
Subject: The Haven at Weaver Crossing Plan of Correction
Attachments: The Haven at Weaver Crossing 2014-12-15 POC WD2C11.pdf

Dear Ms. Goldman:

Please find attached to this email, the Plan of Correction for the annual survey dated 11/19/14.

Please contact this office with questions at 919-855-3765.

Sincerely,

Karen L. Miles

Karen L. Miles RN, CNM, Nurse Consultant
N.C. Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
805 Biggs Drive, Raleigh N. C. 27603
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<http://www.ncdhhs.gov/dhsr/acis/index.html>

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