DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/30/2012 FORM APPROVED OMB NO. 0938-0391

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AMBIGO PROMOBER OR SUPPLIER CAMELOT MANOR NURSING CARE FAC CAMELOT MANOR NURSING CARE FAC CAMELOT MANOR NURSING CARE FAC SUMMANY STATULIST OF REFORMANCES (PACIFICATION SHOULD REPORT THAT REGULATORY OR LSC IDENTIFYING INFORMATION) F 226 483.13(c) DEVELOP/IMPLMENT FOR EXCELLENCES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident employees to work in the facility policy titled "Abuse and hegget" with a revised date of 2011 Indicated efforts to prevent any and all possible abuse occurring in the facility and the facility has adapted the following preventative guidelines. I. Screen all employees A) File criminal background checks appropriate agency within the required 5 working days of the employee to day file remployees to to the appropriate agency within the required 5 working days of the employee so date of three. C). The facility will be the working and it information is botkained it. with the resident information is botkained it. with the remplayee will be ADDRATORY DIRECTIONS OR PROMDERS PLANCE CORRECTION SHOULDER STATE TRANSPORTED THAN OR SHOULDERS TO COTTECT the citical deficiency for failure to review criminal background checks upon hire and permitting new hires to work in the facility before reviewing their criminal background checks upon hire and permitting new hires to work in the facility before reviewing their criminal background checks and the facility policy titled "Abuse and Neglect" with a revised date of 2011 Indicated efforts to prevent any and all possible abuse occurring pre-employment criminal background checks and fingerprinting will be signed before the polential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working days. This form shall be sent to the appropriate	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:					ED
NAME OF PROVIDER OR SUPPLER CAMELOT MANOR NURSING CARE FAC CASI DEPRICAL SUMMARY STATEMENT OF DEFICIENCIES (CRAIN'E FALLS, NC 28630) EVALUATION OF CORRECTION (SHOULD BE CROSS REPORTED ACTION SHOULD BE CROSS REPORTED AC				e was	ıG.			
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F 228 483.13(c) DEVELOP/IMPLENT F 228 ABUSE/NEGLECT, ETC POLICIES The facility nust develop and implament written policies and procodures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility falled to review criminal background checks upon hire and permitted employees to work in the facility for four (4) of four (4) employee files reviewed. (Employee #1, #2, #3 and #4). The findings are: A review of a facility policy tilled "Abuse and Neglect" with a revised date of 2011 indicated efforts to prevent any and all possible abuse occurring in the facility and the facility has adapted the following preventative guidelines. I. Screen all employees! A) File criminal background checks and ingerprinting will be signed before the potential employee begins hisher first working days of the employee begins hisher first working days of the employee begins working days of the employee begins hisher first working days of the employee adds of hire. C) The facility will not hice an applicant with known history of abuse, if that information is known to the facility at the time of hire. If information is obtained it, and criminal background check is obtained on-line/visually from the Vantage Point on-line website.			DE EAC					
FREENT REGULATORY OR LSC IDENTIFYING INFORMATION) F 226 483.13(c) DEVELOP/IMPLMENT FACOUNTS ABUSE/INEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistrealment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility failed to review criminal background checks upon hire and permitted employees to work in the facility for four (4) of four (4) employee files reviewed. (Employee #1, #2, #3 and #4). The findings are: A review of a facility policy titled "Abuse and Neglect" with a revised date of 2011 indicated efforts to prevent any and all possible abuse occurring in the facility and the facility has adapted the following preventative guidelines. I, Screen all employees: The Employee Authorization form for all Criminal Background checks and fingerprinting will be signed before the potential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working days of the employee sto of the policy and procedures concerning pre-employment criminal background check and fingerprinting will be signed before the potential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working days of the employees est date of fire. C) The facility will not hire an applicant with known history of abuse, if that information is obtained ic. vial criminal background check is obtained on-line/visually from the Vantage Point on-line website.	CAMELO	I MANUK NUKSING CA	RE FAC		G	RANITE FALLS, NC 28630		
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policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility failed to review criminal background checks upon hire and permitting new hires to work in the facility for four (4) of four (4) employee files reviewed. (Employee #1, #2, #3 and #4). The findings are: A review of a facility policy tilled "Abuse and Neglect" with a revised date of 2011 indicated efforts to prevent any and all possible abuse occurring in the facility and the facility has adapted the following preventative guidelines. I. Screen all employees! A). File criminal background checks for all employees: The Employee Authorization form for all Criminal Background checks and fingerprinting will be signed before the potential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working days of the employee's date of hire. C). The facility will not hire an applicant with known history of abuse, if that information is known to the facility at the time of hire. If information is obtained i.e. visal criminal background checks. ABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE To correct the cited deficiency for faillure to review criminal background checks upon hire and permitting new hires to review criminal background checks upon hire and permitting new hires to work in the facility before reviewing their criminal background checks the following corrective measures were taken: Revisions of the policy and procedures concerning pre-employment criminal background checks audit was completed on all current employees to assure there was no threat to review driminal background checks and fingerprinting will be assured to residents for mistreatment, neglect, abuse and misappropriation of resident property. Upon offer of employment, the potential hire, criminal background check. Upon consent from the poten		ABUSE/NEGLECT,	ETC POLICIES	F	226			
This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility failed to review criminal background checks upon hire and permitted employees to work in the facility for four (4) of four (4) employee files reviewed. (Employee #1, #2, #3 and #4). The findings are: A review of a facility policy tilled "Abuse and Neglect" with a revised date of 2011 indicated efforts to prevent any and all possible abuse occurring in the facility and the facility has adapted the following preventative guidelines. I. Screen all employees! A) File criminal background checks for all employees: The Employee Authorization form for all Criminal Background checks and fingerprinting will be signed before the potential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working it hat information is known to the facility at the time of hire. C). The facility will not hire an applicant with known history of abuse, if that information is known to the facility at the time of hire. If information is obtained i.e. vial criminal background check is obtained background checks the employee will be ABORATORY DIRECTORS OR PROWDER/SUPPLER REPRESENTATIVES SIGNATURE failure to review criminal background checks work in the facility pefore reviewing their criminal background checks the following corrective measures were taken: Revisions of the policy and procedures concerning pre-employment criminal background check audit was completed on all current employees to assure there was no threat to residents for mistreatment, neglect, abuse and misappropriation of resident property. Upon offer of employment, the potential hire will be asked to complete a consent for an on-line criminal background check is obtained on-line/visually from the Vantage Point on-line website.		policies and procedumistreatment, negle	res that prohibit ct, and abuse of residents	:	-			; ; ;
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The Employee Authorization form for all Criminal Background checks and fingerprinting will be signed before the potential employee begins his/her first working day. This form shall be sent to the appropriate agency within the required 5 working days of the employee's date of hire. C). The facility will not hire an applicant with known history of abuse, if that information is known to the facility at the time of hire. If information is obtained i.e. vial criminal background checks the employee will be Upon offer of employment, the potential hire will be asked to complete a consent for an on-line criminal background check. Upon consent from the potential hire, criminal background check is obtained on-line/visually from the Vantage Point on-line website. 8/30/20		Neglect" with a revise efforts to prevent an occurring in the facility adapted the following in Screen all employ A). File criminal bac	eed date of 2011 indicated y and all possible abuse ity and the facility has g preventative guidelines. ees!			audit was completed on all current employees to assure there was no the to residents for mistreatment, neglect abuse and misappropriation of resident	reat ct,	8/16/2012
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		The Employee Auth Background checks signed before the policy his/her first working to the appropriate a working days of the C). The facility will rishown history of abknown to the facility information is obtain	and fingerprinting will be obtential employee begins day. This form shall be sent gency within the required 5 employee's date of hire. Not hire an applicant with use, if that information is at the time of hire. If			potential hire will be asked to complete a consent for an on-line criminal background check. Upon consent from the potential hire criminal background check is obtained on-line/visually from the Vantage Po	∍, ed	8/30/2012
ABORATORY DIRECTORS OR PROVIDENSOPPCIER REPRESENTATIVE S SIGNATURE								<u> </u>
	ABORATORY	DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE	al	(X6) DATE

Any deficiency statemen ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that Any deficiency statement ending with an asterisk (1) denotes a deficiency which the institution may be excessed from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Original Signature Date: 9-6-12

CMS-2567(02-99) Previous Versions Obsolete

Event 10: ND5B11

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	(X2) MULTIPLE CONSTRUCTION			JRVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUIL	.DING		COMPLE	COMPLETED	
		345246	B. WIN	G		08/	C 16/2012	
NAME OF PR	OVIDER OR SUPPLIER				EET ACDRESS, CITY, STATE, ZIP CODE			
CAMELOT	MANOR NURSING CAP	RE FAC		G	RANITE FALLS, NC 28630			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	i	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 226	A review of employment began employment as a nursing assistant document titled "term Employee #1 was term	information is obtained. Eyee files revealed Employee on the facility on 04/24/12 on the facility of a facility on the facility of a facility on the facility on 08/02/12 and the face on was "Criminal Background"	F	226	Criminal background checks rep be reviewed by the Staff Develo Coordinator within 24 hrs of cor the potential hire for an on-line obackground check. A criminal background check "rapproval form" will be complete new hire by the Staff Developme Coordinator.	pment sent by criminal eview and d on each	8/30/2012.	
	During an interview of Director of Nurses (Director of Nurses (Director of Nurses) (Director of Nurses) (Air o	on 08/15/12 at 2:01 PM the ON) explained the facility			a) In the absence of the Staff Development Coordinator, to Director of Nursing and/or A Administrator will complete process of review and comp review and approval form on new hire Information obtained will be revie the Staff Development Coordinate Department Manager and Admin and/or Assistant Administrator a signatures obtained for approval disapproval for potential hire to be orientation and training in their ja according to their job description A log of applicants, who have be offered a position will be maintain	Assistant the lete the each ewed by for, istrator nd or oegin ob duties t. en	8/30/2012	
	PM the DON stated if criminal background and sent to the North Investigation within fit employee was hired promptly when the fat During an interview of	t was her expectation that checks should be obtained a Carolina State Bureau of ve (5) working days after an and they should be reviewed cility received the results.			the Staff Development Coordinate Log will include: a) Name b) Consent for on-line or background check	or.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	' '		PLE CONSTRUCTION	(X3) DATE S COMPL	
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		345246	B. WIN	IG			/16/2012
	OVIDER OR SUPPLIER	RE FAC		10	REET ALURESS, CITY, STATE, ZIP CODE 00 SUMSET ST BRANITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE PROPRIATE	(X5) COMPLETION DATE
F 226	criminal history they reviewed on a case and administrator had to employee was permit the process of the proces	ame back to the facility with a were supposed to be by case basis and she or the approve whether the tted to work in the facility. On 08/16/12 at 11:00 AM a supervisor with the North au of Investigation was orted that criminal awere processed and a hours. She stated that y scanned into the computer day they were received and ailed the same day. She was setup to handle large and worked ten (10) hour equests were handled and 24 to 48 hour timeframe. The trecords that specified hal background request was the Carolina State Bureau of 18/12 at 5:13 PM and ional finger print database on She added the reports mailed to the facility on M by the United States Postal on 08/16/12 at 2:30 PM the he found the criminal or Employee #1 on her desk and and it was still sealed in rerified she did not know what because they did not record around checks were mailed or re received from the North	F	226	check d) Federal background those applicants whose applicants and Date f) Whether satisfactoring Disposition of poter employment status. The log will be reviewed by the Department Manager and Administrator signatures obtained of their application was provided to all Department Managers that hire on the New Hire criminal backgoines check process. To ensure full compliance with procedures, the logs will be reviewedly x 6 weeks and twice we months for completeness and approcess by the Administrator and/or Assistant Administrator and/or Results of the 6 week monitoring reviewed by the QAA Committed the October meeting and results month monitoring will be conducted unarterly reports presented to the Committee.	d check (for o have not rolina for check returned. y or not atial hires cinistrator and broval for new hire. employees ground the new iewed ekly x 3 oproval d/or D.O.N. g will be eed during of the 3 wed during check to are and	i

Facility ID: 923052

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BUIL	UNG		1	c
		345246	B. WIN	3 <u></u>		08/	16/2012
NAME OF PROVIDER OR SUPPLIER CAMELOT MANOR NURSING CARE FAC		ARE FAC		100 S	ACDRESS, CITY, STATE, ZIP CODE		
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F 226	Continued From pa	age 3	F	226			
	2. A review of empty as a housekeeper. "terminated employ was terminated fro and the reason for Check Failed." During an interview Director of Nurses required all newly ingerprinted with the fingerprints were Carolina State Burd processing. She eseveral weeks to gruther explained the were supposed to I Development Coor Director of Nurses received in the faci criminal backgroun were to be reviewed the Assistant Admin approval to work in During a follow up PM the DON states criminal backgroun and sent to the Nor Investigation within employee was hired promptly when the	ployee files revealed Employee thent in the facility on 04/24/12 A review of a document titled yees" indicated Employee #2 m employment on 06/29/12 termination was "Background on 08/15/12 at 2:01 PM the (DON) explained the facility hired employees to be the local police department and resent by mail to the North eau of Investigation for explained it sometimes took et the results back. She has criminal background results be reviewed by the Staff dinator (SDC)/Assistant (ADON) when they were lity and if there was any doubt history or questions, they do by the Director of Nurses, histrator or Administrator for the facility. Interview on 08/15/12 at 5:05 of it was her expectation that do checks should be obtained the Carolina State Bureau of five (5) working days after an doubt and they should be reviewed facility received the results.					
; ;	Assistant Administr	on 08/15/12 at 5:10 PM the ator stated when a criminal came back to the facility with a					

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NOMBERS	A. BUILDIN B. WING	4G	-	С	
	345246	B. 11110 _		08	/16/2012	
NAME OF PROVIDER OR SUPPLIER CAMELOT MANOR NURSING CA	RE FAC		REET AUDRESS, CITY, STATE. ZIP 100 SUNSET ST GRANITE FALLS, NC 28630	CODE		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
reviewed on a case administrator had to employee was permited by the Nort investigation on 06/18/12 at 10:55 At Service. During an interview oriminal background requests completed in 24 to 4 were initially scanne bank the same day to completed, mailed the staff was setup to requests and worked ensure all requests within the 24 to 48 haccessed computer Employee #2's criminal received by the Nort investigation on 06/18/12 at 5:16 PM were completed and 06/19/12 at 10:55 At Service. During an interview Director of Houseke employee was hired by the local police of fingerprints were magnitude to the stated Employee was further stated Employee.	were supposed to be by case basis and she or the approve whether the itted to work in the facility. on 08/16/12 at 11:00 AM a supervisor with the North au of Investigation was orted that criminal is were processed and 8 hours. She stated requests d into the computer data they were received and when he same day. She added that to handle large volumes of id ten (10) hour shifts to were handled and processed our timeframe. She records that specified hal background request was the Carolina State Bureau of 18/12 at 5:13 PM and tional finger print database on 1. She added the reports 1 mailed to the facility on 1. She added the reports 1 mailed to the facility on 1. She added the reports 1 mailed to the facility on 1. She added the reports 1 mailed to the facility on 1. She added the reports 1 mailed for processing. He open #2 went through an initial after he was hired on	F 22	6			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(x3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER T MANOR NURSING CAF	RE FAC		100 S	AUDRESS, CITY, STATE, ZIP CODE SUNSET ST NITE FALLS, NC 28630		
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F 226	O6/29/12 with the rescheck and Employee employment that san During an interview of SDC/ADON verified of the criminal backgrous because they did not maited or when the rithe North Carolina Side in the North Carolina in the Nort	ADON called him on ults of a criminal background #2 was terminated from he day. In 08/16/12 at 2:30 PM the she did not know what date und check was received document when they were results were received from tate Bureau of Investigation. In the facility on 04/24/12 ht. A review of a document ployees" indicated Employee which to leave the facility on one of titled North Carolina stigation dated 6/19/12 ht check of Employee #1 with	F	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	URVEY ETED	
		345246	B. WNG		08/	C 16/2012
	OVIDER OR SUPPLIER	RE FAC	100 \$	I AUDRESS, CITY, STATE, ZIP C BUNSET ST ANITE FALLS, NC 28630	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE
F 226	approval to work in the During a follow up into PM the DON stated it criminal background and sent to the North Investigation within freemployee was hired a promptly when the factorial background and sent to the North Investigation within freemployee was hired a promptly when the factorial background and carolina State Burea interviewed and repostackground requests completed in 24 to 48 were initially scanned bank the same day the completed, mailed the her staff was setup to requests and worked ensure all requests within the 24 to 48 houring an interview of SDC/ADON verified Elefore her criminal bareviewed. She verified date it was received bedocument when criminal communications.	or or Administrator for the facility. erview on 08/15/12 at 5:05 at was her expectation that checks should be obtained. Carolina State Bureau of eve (5) working days after an early they should be reviewed cility received the results. In 08/16/12 at 11:00 AM a supervisor with the North au of Investigation was red that criminal evere processed and shours. She stated requests a linto the computer data liesy were received and when the same day. She added that the handle large volumes of ten (10) hour shifts to ere handled and processed our timeframe. In 08/16/12 at 2:30 PM the employee #3 left the facility ackground check was dishe did not know what	F 226			
	#4 began employmen	na State Bureau of yee files revealed Employee t in the facility on 04/24/12 t and was still employed in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY TED
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		345246	B. WNG _		08/	16/2012
	OVIDER OR SUPPLIER MANOR NURSING CA	RE FAC		REET ADDRESS, CITY, STATE, ZIP CODE 100 SUNISET ST GRANITE FALLS, NC 28630	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 226	Continued From pag	e 7	F 226			
	State Bureau of Inve indicated a fingerprin revealed the followin to process your required process your required acceptable levels. Finail to nail and tip to During an interview of Director of Nurses (Director of Nurses) (Director of Nurses	on 08/15/12 at 2:01 PM the DON) explained the facility ed employees to get ocal police department and ail to the North Carolina State on for processing. She es took several weeks to get a further explained the results were supposed to be f Development Coordinator ctor of Nurses (ADON) when a the facility and if there was and history or questions, wed by the DON, the or or Administrator for the facility. In 08/15/12 at 4:55 PM the employee #4 had to get her but she did not know when sk to the North Carolina State				

	(X3) DATE SURVEY COMPLETED	
345246 B. WING	C 08/16/2012	
NAME OF PROVIDER OR SUPPLIER CAMELOT MANOR NURSING CARE FAC STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630	00,10,20,2	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 226 and sent to the North Carolina State Bureau of Investigation within five (5) working days after an employee was hired and they should be reviewed promptly when the facility received the results. During an interview on 08/15/12 at 5:10 PM the Assistant Administrator stated when a criminal background check came back to the facility with a criminal history they were supposed to be reviewed on a case by case basis and she or the administrator had to approve whether the employee was permitted to work in the facility. During an interview on 08/16/12 at 11:00 AM a criminal background supervisor with the North Carolina State Bureau of investigation was interviewed and reported that criminal background requests are processed and completed in 24 to 48 hours. She stated that requests are initially scanned into the computer data bank the same day they are received and when completed, mailed the same day. She added that her staff was setup to handle large volumes of requests and worked ten (10) hour shifts to ensure all requests were handled and processed within the 24 to 48 hour timeframe. During an interview on 08/16/12 at 2:30 PM the SDC/ADON verified she did not know what date the criminal background check was received because they did not document when they were mailed or when the results were received from the North Carolina State Bureau of Investigation.		