STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
		MHL041-620	B. WING		R 03/29	)/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 03/23	72010
			ON STREET	,		
COLTRAN	E'S GROUP HOME	GREENSB	ORO, NC 2740	07		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 3/29/2018. Defici					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	V 118 27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			P WINC		R
		MHL041-620	B. WING		03/29/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
COLTRANE'S GROUP HOME			PON STREET BBORO, NC 2740	77	
0/4) ID	SLIMMADY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ONI (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	<del>2</del> 1	V 118		
	facility failed to ensurand medication was a affecting 1 of 3 survey findings are:  Review on 3/28/2018 revealed: - Admission date: 1/8 Diagnoses: Moderat Seizure Disorder; Her - A physician's order (mg), 1 tablet every degree - No documentation to discontinued.  Review on 3/28/2018 1/1/2018 to 3/28/2018	ews and interviews, the e the MAR was up to date administered as ordered yed clients (#1). The  of client #1's record  /1992 te Intellectual Disability; morrhoids; & Hypertension for lisinopril 10 milligrams ay, dated 7/5/2017; nat lisinopril had been  of client #1's MARs dated B revealed: ted on the March 2018			
	administered from 3/1 Interview on 3/28/201 - He did not know the medications;	/2018 to 3/28/2018.  8 with client #1 revealed:			
	- The Director was the medications at the fac	•			
	Interview on 3/29/201	8 with the Qualified			

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STATE FORM 56899 5GV911 If continuation sheet 2 of 10

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUIDENTIFICATION NUMBER: A. BUILDING:				SURVEY PLETED
			7 50.25			R
		MHL041-620	B. WING		03	/29/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COLTRAN	IE'S GROUP HOME		ON STREET BORO, NC 2740	17		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
V 118	Continued From page	2	V 118			
	administration or reviderectly related to treator and medication.  Interview on 3/28/2011. The pharmacy printermonth; She did not realize the not listed on the Marconstance of the pharmacy application on the contacted the pharmacy and for not printing it. The pharmacy would and a bubble pack of 3/28/2018;	ter or oversee medication ew the MARs unless it was atment plans for clients; of the information about has.  8 with the Director revealed: ed MARs for the facility each that client #1's lisinopril was th MAR; lity for not catching the client #1's March MAR; harmacy and the pharmacy harmacy and the pharmacy harmacy and the pharmacy harmacy and the MAR; d be sending a new MAR lisinopril for client #1 on had any negative outcomes				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh	alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				

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STATE FORM 56899 5GV911 If continuation sheet 3 of 10

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			71. 501251110.		R
		MHL041-620	B. WING		03/29/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
COLTRANE'S GROUP HOME 3811 REPON STREET					
	Т		BORO, NC 2740		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 131	Continued From page	e 3	V 131		
	facility failed to acces Registry (HCPR) prio (#1 & the Qualified Pri findings are:	ews and interviews, the s the Health Care Personnel r to hire affecting 2 of 3 staff rofessional (QP)). The			
	revealed: - Hire date: 12/10/201 - Documentation that accessed until 12/21/ - The last 4 digits of the	the HCPR was not			
	Review on 3/28/2018 of the QP's employee file revealed: - Hire date: 12/10/2017 - No documentation that the HCPR had been accessed.				
	Further review on 3/2 employee file reveale - Documentation that accessed for the QP	d: the HCPR had been			
	- She had a copy of a	8 with the QP revealed: in HCPR report for herself, she could provide for the			
	- The Director was re the HCPR was acces - She did not realize t wrong SSN for staff # the HCPR on 12/21/2	hat she had entered the 1 when she had accessed 1017; 2 QP had printed out an			

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DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MUU 044 COO	B. WING		R
		MHL041-620	B: Will 5		03/29/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
		3811 RFF	ON STREET		
COLTRAN	E'S GROUP HOME		BORO, NC 2740	17	
			DONO, NO 2740		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
iAO		,	170	DEFICIENCY)	
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133		
	G.S. §122C-80 CRIM	IINAL HISTORY RECORD			
	CHECK REQUIRED I	FOR CERTAIN			
	APPLICANTS FOR E	MPLOYMENT.			
	(a) Definition As use	ed in this section, the term			
	"provider" applies to a	an area authority/county			
	program and any prov	vider of mental health,			
	developmental disabi	lity, and substance abuse			
	services that is licens	able under Article 2 of this			
	Chapter.				
	•	offer of employment by a			
	provider licensed und				
		tion that does not require the			
		occupational license is			
		nt to a State and national			
	criminal history record	d check of the applicant. If			
	_	n a resident of this State for			
		hen the offer of employment			
		sent to a State and national			
		d check of the applicant. The			
	national criminal histo				
		e applicant's fingerprints. If			
		n a resident of this State for			
		en the offer is conditioned			
	•	criminal history record			
	check of the applicant				
		who refuses to consent to a			
		d check required by this			
	_	nerwise provided in this			
		e business days of making			
		of employment, a provider			
		t to the Department of			
	Justice under G.S. 11	•			
		d check required by this			
		it a request to a private			
		ate criminal history record			
	_	s section. Notwithstanding			
		Department of Justice shall			
		ational criminal history			

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					R	2
		MHL041-620	B. WING		03/2	9/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3811 REI	PON STREET			
COLTRAN	E'S GROUP HOME		BORO, NC 2740	07		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
				52.16.2.16.1		
V 133	Continued From page	<del>2</del> 5	V 133			
	record checks for emi	ployment positions not				
	covered by Public Lav					
		and Human Services,				
	Criminal Records Che	eck Unit. Within five				
	-	eipt of the national criminal				
		the Department of Health				
		Criminal Records Check				
		rovider as to whether the				
		may affect the employability				
		case shall the results of the				
		ry record check be shared viders shall make available				
	· ·	ion that a criminal history				
		pleted on any staff covered				
	-	nty that has adopted an				
	=	nance and has access to				
	the Division of Crimina	al Information data bank				
	-	If of a provider a State				
		d check required by this				
	·	ovider having to submit a				
		ment of Justice. In such a				
		commence with the State				
	section within five bus	d check required by this				
		oployment by the provider.				
		ormation received by the				
		al and may not be disclosed,				
	•	nt as provided in subsection				
	(c) of this section. For	•				
	subsection, the term "	'private entity" means a				
	business regularly en					
	-	d checks utilizing public				
	records obtained from					
		icant's criminal history				
	record check reveals	one or more convictions of				

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hire the applicant:

a relevant offense, the provider shall consider all of the following factors in determining whether to

(1) The level and seriousness of the crime.

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AND PLAN OF CORRECTION	IDENTIFICATION NITIMBED:			(X3) DATE SURVEY
	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
				R
	MHL041-620	B. WING		03/29/2018
				00/20/2010
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
COLTRANE'S GROUP HOME	3811 REPO		_	
	GREENSBO	ORO, NC 2740		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 133 Continued From page 6		V 133		
V 133 Continued From page 6  (2) The date of the crime. (3) The age of the person conviction. (4) The circumstances sur commission of the crime, i (5) The nexus between the the person and the job duffilled. (6) The prison, jail, probati rehabilitation, and employ person since the date the (7) The subsequent comma relevant offense.  The fact of conviction of a shall not be a bar to employ listed factors shall be consideration of the relevation provider may disclose inforthe criminal history record to the disqualification, but of the criminal history record to the disqualification, but of the criminal history record applicant. (d) Limited Immunity A por employee of a provider complies with this section civil liability for: (1) The failure of the provi individual on the basis of ithe criminal history record (2) Failure to check an employer record check is recompliance with this section (e) Relevant Offense As "relevant offense" means a federal criminal history of indictment of a crime, when	rrounding the if known. The criminal conduct of the criminal conduct of the position to be stion, parole, rement records of the crime was committed. The provider are levant offense alone oyment; however, the sidered by the provider. The provider and applicant after ant factors, then the provider and an officer and the provider and an officer that, in good faith, shall be immune from the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and received in on.  The condition of the provider in the check of the individual and provided and received in on.  The condition of the condition of the provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and an officer are that, in good faith, shall be immune from the check of the individual. The provider and are conditional are con	V 133		

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVE COMPLETED		
			A. BOILDING.	<del></del>		
			B. WING		R	
		MHL041-620	B. WING		03/29/20	018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COLTRAN	IE'S GROUP HOME	3811 REP	ON STREET			
GREENSBORO, NC 27407						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) OMPLETE DATE
V 133	Continued From page	e 7	V 133			
	have responsibility for	r the safety and well-being of				
		ntal health, developmental				
	-	nce abuse services. These				
	*	minal offenses set forth in				
	any of the following A	rticles of Chapter 14 of the				
	General Statutes: Arti	icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by					
	_	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	_	le 16, Larceny; Article 17,				
	False Pretenses and	Embezzlement; Article 19,				
	Obtaining Property or					
		edit Device or Other Means;				
		Transaction Card Crime				
	· ·	s; Article 21, Forgery; Article				
	26, Offenses Against					
	_	, Adult Establishments;				
	•	n; Article 28, Perjury; Article				
	-	, Misconduct in Public				
	_	enses Against the Public				
		liots and Civil Disorders;				
	Article 39, Protection	of Minors; Article 40,				
	Protection of the Fam	nily; Article 59, Public				
	Intoxication; and Artic	cle 60, Computer-Related				
		also include possession or				
	sale of drugs in violat	ion of the North Carolina				
	Controlled Substance	es Act Article 5 of Chanter				

G.S. 20-138.5.

90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

(f) Penalty for Furnishing False Information. - Any

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DIVISION	n Health Service Regu	lation			_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			A. BUILDING:		_
					R
		MHL041-620	B. WING		03/29/2018
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE ZID CODE	
NAIVIE OF PI	ROVIDER OR SUPPLIER		, ,	AI E, ZIP CODE	
COLTRAN	E'S GROUP HOME		ON STREET		
		GREENSE	BORO, NC 2740	07	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE DATE
				DEFICIENCY)	
V 133	Continued From page	. o	V 133		
V 133	Continued From page	; 0	V 133		
	applicant for employm	nent who willfully furnishes,			
		gives false information on			
		cation that is the basis for a			
		d check under this section			
	shall be guilty of a Cla				
	• •				
		yment A provider may			
	employ an applicant of	* *			
	•	of a criminal history record			
	check regarding the a	• •			
	following requirement	s are met:			
	(1) The provider shall	not employ an applicant			
	prior to obtaining the	applicant's consent for			
	criminal history record	d check as required in			
	-	section or the completed			
	• •	equired in G.S. 114-19.10.			
		submit the request for a			
	. ,	•			
		d check not later than five			
	business days after th	•			
	conditional employme	•			
	2001-155, s. 1; 2004-	124, ss. 10.19D(c), (h);			
	2005-4, ss. 1, 2, 3, 4,	5(a); 2007-444, s. 3.)			
	This Rule is not met	as evidenced by:			
		ews and interviews. the			
	facility failed to reque				
	_	thin 5 days of making the			
		nployment affecting 2 of 3			
	staff (#1 & the Qualific	ed Professional (QP)). The			
	findings are:				
	-				
	Review on 3/28/2018	of staff #1's employee file			
	revealed:	p <b>y</b>			
	- Hire date: 12/10/201	17			
		the criminal history record			
		•			
	check was not reques	stau ulitii 12/2 1/2017.	1	Í	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B. WING		R
MHL041-620	B. WING		03/29/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, ST	ATE, ZIP CODE	
COLTRANE'S GROUP HOME	3811 REPON STREET GREENSBORO, NC 274	107	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE COMPLETE
V 133 Continued From page 9 Review on 3/28/2018 of the QP's employed revealed: - Hire date: 12/10/2017 - No documentation that a criminal history check had been requested.  Interview on 3/29/2018 with the QP revealed - A criminal history record had been done a previous employer; - She had a copy of a criminal history record check for herself, dated 9/23/2016, that she provide for the facility.  Interview on 3/28/2018 with the Director retained in the provide for ensuring criminal history record checks were completable - She thought that she had requested staff criminal history within the required timefrance - She thought that the QP had requested history record check.	record  ed: at her rd e could  vealed: geted; #1's ne;		

Division of Health Service Regulation