	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL080035	B. WING		03/29/20	
AME OF PRO	VIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	GE TREATMENT CEN	TER	TOKES FERRY ROA	AD		
		GOLD H	ILL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 000 IN	NITIAL COMMENTS	3	V 000			
	n annual and follow n 3-29-18. Deficienc	up survey was completed cies were cited.				
ca T	ategory: 10A NCAC	d for the following service 27G 5200 Residential tive) Camps for Children and sability Groups				
	7G .0204 Training/S araprofessionals	Supervision	V 110			
S (a pr (b a s (c) S (c) k r p (c) e t f (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	UPERVISION OF P a) There shall be no araprofessionals. b) Paraprofessional ssociate professional ssociate professional rofessional as speci ubchapter. c) Paraprofessionals nowledge, skills and opulation served. d) At such time as a mployment system i nen qualified profess rofessionals shall de e) Competence sha xhibiting core skills i l) technical knowle e) cultural awarene b) analytical skills; d) decision-making b) interpersonal ski b) communication s 7) clinical skills.) The governing bo evelop and impleme	fied in Rule .0104 of this s shall demonstrate l abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: dge; ss;				

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		MHL080035	B. WING		03	к 8/29/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	RIDGE TREATMENT CEN	ITER	TOKES FERRY RO	AD		
	SLIMMADY ST			PROVIDER'S PLAN OF		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From pag	e 1	V 110			
	three staff (staff #1) a supervisor (group lea	as evidenced by: and record reviews 1 of and one of one group leader ader supervisor #1) failed to ency in decision making. The				
	group leader supervi -Several clients verbally inappropriate towards residents -An internal inve -'Based on the w and interviews of sta inappropriate thi [provider] Resident A Policystates that all include but not limite	buse and neglect may d toverbal abuse such as ty, obscene language,				
	revealed: -"[staff #1] receiv 21, 2018 during staff abuse and neglect	of staff #1's supervision pan ved retraining on February meeting on s definition of tas it pertains to verbal ng, using profanity, obscene				
	-"staff cusses at [director].	with client #2 revealed: me, they used to, I told day he called me a fat b***h."				

Division of Health Service Regul STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080035	B. WING		03	R / 29/2018
AME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	ZIP CODE		20/2010
IMBED D	IDGE TREATMENT CEN	14225 ST	OKES FERRY ROA	AD		
	IDGE TREATMENT CEN	GOLD HI	LL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	2	V 110			
	Interview on 3-29-18 with client #7 revealed: -There had been cursing but "it had been handled" and there were no more problems.					
	-"They (staff) get get the kids upset." -There are sever	with client #8 revealed: frustrated and say things to al staff that are cussing. 1], most staff do it when they				
	-He had gotten v words" with clients. -" I told them I wa my hands on them, I -"it is not like me -he was placed o					
	-They addressed meeting and all staff l tolerated. -They would hav	with the director revealed: I staff language at every staff knew that it was not e to come up with a way of tood they could not be using lity.				
	Staff #1 was on vaca interview	tion and not available to				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea	LTH CARE PERSONNEL alth care personnel into a service, every employer at a				

STATE FORM

6899

If continuation sheet 3 of 9

PRINTED: 04/04/2018 FORM APPROVED

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL080035	B. WING		03/29/2018	
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
IMBER R	IDGE TREATMENT CEN	ITER	TOKES FERRY ROA ILL, NC 28071	AD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
V 131	Continued From page	e 3	V 131			
	Personnel Registry a	all access the Health Care nd shall note each incident opriate business files.				
	ensure that the Healt (HCPR) was accessed of three staff (staff #1 are:	ews, the facility failed to h Care Personnel Registry ed before hire, effecting two I and staff #2). The findings f staff #1's record revealed: 1-16				
		f staff #2's personnel record 16-17				
	Interview on 3-29-18 revealed: -They knew that accessed before hire	HCPR was supposed to be				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to program and any pro					

STATE FORM

YHXC11

If continuation sheet 4 of 9

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING		R	
		MHL080035	B. WING		03	/29/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IMBER R	IDGE TREATMENT CEN	ITER	TOKES FERRY RO/ ILL, NC 28071	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 4	V 133			
	services that is licens	able under Article 2 of this				
	Chapter.					
		n offer of employment by a				
	provider licensed und					
	•	tion that does not require the				
		applicant to have an occupational license is				
	conditioned on consent to a State and national					
	criminal history record check of the applicant. If					
		en a resident of this State for				
	less than five years, then the offer of employment					
	is conditioned on consent to a State and national					
	criminal history record check of the applicant. The					
	national criminal history record check shall					
	include a check of the applicant's fingerprints. If					
	the applicant has been a resident of this State for					
	•	en the offer is conditioned				
	on consent to a State	e criminal history record				
		t. A provider shall not				
		who refuses to consent to a				
	-	d check required by this				
	•	herwise provided in this				
		e business days of making				
		of employment, a provider				
		t to the Department of				
		14-19.10 to conduct a				
	-	d check required by this				
		iit a request to a private				
		ate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
	record checks for employment positions not					
	covered by Public Law 105-277 to the Department of Health and Human Services,					
	Criminal Records Ch					
		eipt of the national criminal				
	-	the Department of Health				
	•	, Criminal Records Check				
		provider as to whether the				
			1			- 1

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL080035	B. WING		03	R 8/29/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
TIMBER R	RIDGE TREATMENT CEN	ITER	FOKES FERRY ROA	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 133	Continued From page	e 5	V 133				
	of the applicant. In non- national criminal history with the provider. Pro- upon request verifical check has been com- by this section. A cou- appropriate local ordinant the Division of Crimin may conduct on beha- criminal history recor- section without the pu- request to the Depart case, the county shall criminal history recor- section within five bu- conditional offer of er- All criminal history inter- provider is confidentia- except to the applican- (c) of this section. Fo- subsection, the term- business regularly er- criminal history recor- records obtained from- (c) Action If an app- record check reveals a relevant offense, the of the following factor- hire the applicant: (1) The level and seri- (2) The date of the pe- conviction. (4) The circumstance- commission of the cri- (5) The nexus between	nployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection r purposes of this "private entity" means a ngaged in conducting d checks utilizing public n a State agency. licant's criminal history one or more convictions of the provider shall consider all rs in determining whether to tousness of the crime. time. erson at the time of the					

	OF DEFICIENCIES OF CORRECTION	Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL080035	B. WING		03	/29/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		14225 S	TOKES FERRY RO	AD		
IIMBER R	IDGE TREATMENT CEN	GOLD H	ILL, NC 28071			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page (6) The prison, jail, pr rehabilitation, and em		V 133			
	(7) The subsequent c a relevant offense.	the crime was committed. ommission by the person of				
	The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.					
	consideration of the reprovider may disclose	lifies an applicant after elevant factors, then the e information contained in ecord check that is relevant				
		, but may not provide a copy				
	(d) Limited Immunity. or employee of a prov	- A provider and an officer vider that, in good faith, ction shall be immune from				
		s of information provided in				
	the criminal history record check of the individual.(2) Failure to check an employee's history of criminal offenses if the employee's criminal					
	history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section,					
	federal criminal histor indictment of a crime,	ans a county, state, or y of conviction or pending whether a misdemeanor or				
	have responsibility for	on an individual's fitness to r the safety and well-being of ntal health, developmental				
	disabilities, or substancrimes include the cri	nce abuse services. These minal offenses set forth in rticles of Chapter 14 of the				
	General Statutes: Art Issuing Monetary Sub	icle 5, Counterfeiting and				

	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL080035	B. WING		R 03/29/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
TIMBER R	IDGE TREATMENT CEN	TER	TOKES FERRY RO. ILL, NC 28071	AD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 133	Continued From page	e 7	V 133			
	Article 6. Homicide: A	rticle 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by					
	Incendiary Device or	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	Other Burnings; Article 16, Larceny; Article 17,					
	Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A,					
	Obtaining Property or Services by False or					
	Fraudulent Use of Credit Device or Other Means;					
	Article 19B, Financial Transaction Card Crime					
	Act; Article 20, Frauds; Article 21, Forgery; Article					
	26, Offenses Against					
		, Adult Establishments;				
	Article 27, Prostitution	n; Article 28, Perjury; Article				
	•	, Misconduct in Public				
		enses Against the Public				
		iots and Civil Disorders;				
	Article 39, Protection					
	Protection of the Fam					
		le 60, Computer-Related also include possession or				
		ion of the North Carolina				
	-	es Act, Article 5 of Chapter				
		tutes, and alcohol-related				
		to underage persons in				
	violation of G.S. 18B-	÷ .				
	impaired in violation of	of G.S. 20-138.1 through				
	G.S. 20-138.5.					
	•	ning False Information Any				
		nent who willfully furnishes,				
		e gives false information on				
		cation that is the basis for a				
	-	d check under this section				
	shall be guilty of a Cla	byment A provider may				
	employ an applicant of					
		of a criminal history record				
		a a annina motory record				1

				(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		
		A. BUILDING.				PLETED
		MHL080035	B. WING		03	R 8/29/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
TIMBER R	IDGE TREATMENT CEN	ITER		AD		
			IILL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	LATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pag	e 8	V 133			
	Continued From page 8 check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)					
	request a criminal re	iew the facility failed to cords check at least 5 days I, effecting 2 of 3 staff (staff				
	revealed: -Hire date of 11-	of staff #2's personnel record 16-17 requested 11-22-17				
	revealed: -Hire date of 10-	of staff #3's personnel record 12-17 s requested 10-20-17				
	Interview on 3-29-18 revealed: -They knew that be requested within s	the criminal records should				