STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	COMPLETED		
		MHL001-253	B. WING		03/2	8/2018
			<u> </u>		03/2	0/2010
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	:FS	T 5TH STREI TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual survey w 2018. Deficiencies	ras completed on March 28, were cited.				
	category: 10A NCA	sed for the following services C 27G .5600B Supervised th Developmental Disabilities.				
V 131	G.S. 131E-256 (D2) Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	ealth care personnel into a personnel in				
	failed to access the Registry (HCPR) pr	et as evidenced by: view and interview, the facility Health Care Personnel ior to employment for one of House Manager). The				
	personnel records r -Hire date: 12/2018	e House Manager was				
	-The Program Direct	8 with the Director revealed: ctor was responsible for checks for new employees.				

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

(X6) DATE TITLE

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
		MHL001-253	B. WING		03/2	8/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
III ET IN	TIME VOLITH SERVIC	432 WFST	5TH STREI			
JUST IN	TIME YOUTH SERVIC	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 1	V 131			
		HCPR check for the House ompleted prior to employment.				
V 133	G.S. 122C-80 Crim	nal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a posapplicant to have ar conditioned on conscriminal history reconstituted applicant has be less than five years is conditioned on conscriminal history reconstituted a check of the applicant has be five years or more, on consent to a Stacheck of the applicant criminal history reconscriminal submit a requesive under G.S. criminal history reconscriminal history reconstructions and the provided history reconstructions are provided history reconstructions.					

Division of Health Service Regulation

DIVISION OF FEBRUARIES (VA), PROVIDENCE NO COMPANION		0.420					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
VIAD LEVIA	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP		
		MHL001-253	B. WING		03/2	8/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
	432 WES		5TH STREE	ET .			
JUST IN	TIME YOUTH SERVICE	:FS	TON, NC 27				
(V4) ID	SHIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)	
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE	
				DEFICIENCY)			
V 133	Continued From pa	ge 2	V 133				
	entity to conduct a s	State criminal history record					
		his section. Notwithstanding					
		Department of Justice shall					
		f national criminal history					
		mployment positions not					
	covered by Public L						
		lth and Human Services,					
		heck Unit. Within five					
	business days of receipt of the national criminal						
	history of the person, the Department of Health						
	and Human Service	es, Criminal Records Check					
	Unit, shall notify the	provider as to whether the					
		d may affect the employability					
		no case shall the results of the					
		story record check be shared					
		roviders shall make available					
		cation that a criminal history					
		mpleted on any staff covered					
		ounty that has adopted an					
		dinance and has access to					
		inal Information data bank					
		half of a provider a State					
		ord check required by this					
		provider having to submit a					
		artment of Justice. In such a					
		all commence with the State ord check required by this					
		business days of the					
		employment by the provider.					
		nformation received by the					
		itial and may not be disclosed,					
		ant as provided in subsection					
	(c) of this section. F						
		n "private entity" means a					
		engaged in conducting					
		ord checks utilizing public					
	records obtained from						
		oplicant's criminal history					
		Is one or more convictions of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		MHL001-253	B. WING		03/2	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN TIME YOUTH SERVICES		T 5TH STREI TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 133	a relevant offense, of the following fact hire the applicant: (1) The level and set (2) The date of the (3) The age of the production. (4) The circumstance commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall but the provider disquerons ideration of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (2) Limited Immunition or employee of a promplies with this scivil liability for: (1) The failure of the individual on the bat the criminal offenses if history record check criminal offenses if history record check compliance with this story record check	the provider shall consider all ors in determining whether to be considered by the crime. The considered by the probation, parole, the crime was committed. The considered by the person of the probation by the person of the commission by the person of the provider. The considered by the provider the considered in the considered by the provider and an officer ovider that, in good faith, ection shall be immune from the provider to employ an sis of information provided in record check of the individual. The considered by the employee's criminal the considered and received in the considered and received in the considered by t	V 133			

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DIVISION	Division of Health Service Regulation							
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED		
		MHL001-253	B. WING		03/2	8/2018		
		WITTEOUT-233			03/2	.0/2010		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
HICTIN	TIME VOLITH CEDVIC	432 WES1	T 5TH STREE	ET				
JUS1 IIV	TIME YOUTH SERVICE	BURLING	TON, NC 27	215				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE		
				BEHOLENOTY				
V 133	Continued From pa	ge 4	V 133					
	"rolovant offense" n	acana a county atata ar						
		neans a county, state, or						
		tory of conviction or pending						
		ne, whether a misdemeanor or						
		pon an individual's fitness to						
		for the safety and well-being of						
		ental health, developmental						
	II .	tance abuse services. These						
		criminal offenses set forth in						
		Articles of Chapter 14 of the Article 5, Counterfeiting and						
		,						
		ubstitutes; Article 5A, itive and Legislative Officers;						
		Article 7A, Rape and Other						
		le 8, Assaults; Article 10,						
		duction; Article 13, Malicious						
		y Use of Explosive or						
		or Material; Article 14, Burglary						
	1	eakings; Article 15, Arson and						
		icle 16, Larceny; Article 17,						
		Embezzlement; Article 19,						
		d Cheats; Article 19A,						
		or Services by False or						
		Credit Device or Other Means:						
		al Transaction Card Crime						
	,	ids; Article 21, Forgery; Article						
	26, Offenses Again	st Public Morality and						
		A, Adult Establishments;						
		on; Article 28, Perjury; Article						
		31, Misconduct in Public						
		ffenses Against the Public						
	Peace; Article 36A,	Riots and Civil Disorders;						
	Article 39, Protection	on of Minors; Article 40,						
	Protection of the Fa	amily; Article 59, Public						
		ticle 60, Computer-Related						
	Crime. These crime	es also include possession or						
	sale of drugs in viol	ation of the North Carolina						
		ces Act, Article 5 of Chapter						
	90 of the General S	tatutes, and alcohol-related						
	offenses such as sa	ale to underage persons in						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7. BOILDING.			
		MHL001-253	B. WING		03/2	8/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	:FS	「5TH STREI TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furniapplicant for emplosupplies, or otherwan employment approximinal history recessful be guilty of a Geogram of the conditional Employ an applicant obtaining the result check regarding the following requirement (1) The provider shappior to obtaining the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shappions and the criminal history recessions as the conditional employing 2001-155, s. 1; 200	B-302 or driving while in of G.S. 20-138.1 through ishing False Information Any yment who willfully furnishes, ise gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. Class A1 misdemeanor. Class A1 misdemeanor of conditionally prior to so fa criminal history record applicant if both of the	V 133			
	failed to ensure the was requested with making the condition	et as evidenced by: eview and interview, the facility criminal history record check in five business days of enal offer of employment ee staff (House Manager). The				
	Review on 3/28/18 personnel record re	of the House Manager's evealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL001-253	B. WING		03/2	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	SFS The state of t	「5TH STREI TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	-Hire date: 12/2018 -Criminal backgroung 3/1/18. Interview on 3/28/18 the following: -The Program Direct requesting the criming-She confirmed the for the House Management of	. nd check was requested on 8 with the Director revealed ctor was responsible for	V 133			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	of Water Temperatures 104 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116	V 752			
	failed to maintain the 100-116 degrees Fail Observation of the 10:55 AM and 11:10 - Kitchen sink water Fahrenheit.	on and interview the facility the water temperature between ahrenheit. The findings are: facility on 3/28/18 between 0 AM revealed: temperature was 119 degrees er temperature was 119				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:	:	COMPLETED	
		MHL001-253	B. WING		03/2	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	IFS .	T 5TH STREI TON, NC 27			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Interview on 3/28/1 -Water temperature day and recorded 1 -She acknowledged fluctuate during the -New water heater homeShe would have the by the House Mana 100-116 degrees Factorian segments.	8 with the Director revealed: e was measured earlier in the 12 degrees Fahrenheit. d that water temperatures e day. was recently placed at the ne water temperature adjusted ager so it would fall within ahrenheit. e water temperature was 119	V 752			

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