

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER FAITHFUL COMPANION GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3848 CHERRY GROVE ROAD ELON, NC 27244		
(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
V000	Initial Comments An annual and follow up survey was completed on 3/14/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V000	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p><i>By MH Lic & Cert Section at 9:44 am, Apr 13, 2018</i></p> </div>	
V112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V112		

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

David A. Hunt, Jr.

TITLE

OP

(X6) DATE

3/31/18

Division of Health Service Regulation

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V117	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment plans to address clients' needs affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 3/13/18 of client #1 's record revealed: -an admission date of 12/8/18 -diagnoses included Schizoaffective Disorder, Human Immunodeficiency Virus (HIV), Hypertension, Hyperlipidemia, and Vitamin D Deficiency; -an age of 53; -documentation of admission to an Adult Care Home operated by the Licensee on 3/14/13; -an assessment dated 6/15/13 that included "fabricates truth, poor impulse control, legal problems, homeless, needs financial/budgeting skills, reckless spending, depression, weight gain, drug abuse, phobia, compulsive behavior (walks off), history of substance abuse, in recovery;" -a Clinical Assessment dated 2/14/13 that was completed due to a referral from a local hospital where the client "presented with hallucinations and hearing voices;" -an assessment dated 2/3/17 that included "currently in the process of being on-boarded with Assertive Community Treatment Team (ACTT), has evidence of forgetfulness, evidence that memory is impaired, and challenged when it comes to recognizing neighbors, friends and family;" -Treatment Plan and Crisis Prevention/Crisis Response Plan dated 2/10/18 included no signatures; -the Treatment Plan included a goal of "within the next 12 months the client will learn to identify situations that trigger anxiety, and or behavior actions and the targets of those actions,</p>	V112	<p>QP has scheduled meeting with provider to discuss goals and to redevelop attainable goals. QP to develop NEW PCP. QP to has reviewed and corrected any typos on PCP's. QP to meet provider to ensure residential goals are appropriate for resident. QP to ensure that any contact information listed on the PCP is up to date. NOTE: Provider has been changed and had not been updated in current PCP. QP has requested of the providers that if any numbers change to please inform the facility of such. QP to monitor this policy monthly to ensure policy remains in compliance.</p>	04/01/2018

Division of Health Service Regulation

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V112	Continued From page 2 - participate in either individual or group therapy for depression, and educate mental illness by learning to recognize delusional thoughts and beliefs, decreasing paranoia about other people's intentions and developing a more realistic approach. -the Treatment Plan included a strategy of "the QP (Qualified Professional) will provide and oversee case management to link, monitor, assess, arrange, coordinate and integrate multiple services, as well as assessments services as well as assessment and reassessment of recipient's need for services and challenge and redirect current beliefs that lead to paranoia about others intentions;" -the Treatment Plan included a strategy of "Occupational Physical Therapist will provide therapeutic intervention to assist (name other than client #1) in moving toward recovery and ultimately reducing symptoms;" -the Treatment Plan included a strategy of "medication management will educate on treatment of diagnosis and administer medication as needed;" -the Treatment Plan included a goal of "within the next 12 months the client will teach and practice techniques that assist with replacing irrational thoughts with more appropriate thoughts/beliefs;" -the Treatment Plan included a strategy of "QP/Peer Support will help the client with journaling as a method of expressing thoughts and emotions that he may not feel comfortable with expressing her thoughts verbally, will receive help to improve her self-esteem, develop skills to regulate her emotions, teach her how to implements coping mechanisms in his behavior, educate the consumer on relaxation techniques and problem-solving skills to help her manage her symptoms in of anxiety, advise her on her self-care protocols, educate the consumer on	V112		

Division of Health Service Regulation

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V112	<p>Continued From page 3</p> <p>money management skills;"</p> <p>-the Crisis Prevention/Crisis Response Plan included 3 professional supports to contact during a crisis;</p> <p>-the Crisis Prevention/Crisis Response Plan included specific recommendations for interacting with the person receiving a crisis service of "allow her to have private space and quiet time, and then encourage him to verbalize her thoughts and feelings, allow client to express herself effectively without the pressure of judgment from any parties and assist consumer in processing his decision without the reticule of others;"</p> <p>-Previous Treatment Plan and Crisis Prevention/Crisis Response Plan dated 2/15/17 was identical to the plans dated 2/10/18.</p> <p>Interview on 3/14/18 with client #1 revealed:</p> <p>-her goals included "trying to get out of here" and "I got to go to Asheboro to check on my house but nobody can take me down there;"</p> <p>-she had not participated in a treatment team meeting and was not aware that the facility had goals that she was supposed to be working on.</p> <p>Attempted interviews on 3/14/18 with the 3 agency professional supports documented on client #1's Crisis Prevention/Crisis Response Plan dated 2/10/18 revealed:</p> <p>-the first professional support documented had no record of providing services to client #1;</p> <p>-the second professional support documented was a fax number;</p> <p>-the third professional support documented was for another county ACTT that did not provide services in the area of the facility.</p> <p>Review on 3/13/18 of client #2's record revealed:</p> <p>-an admission date of 1/6/17;</p> <p>-diagnoses included Schizoaffective Disorder,</p>	V112		

Division of Health Service Regulation

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V112	Continued From page 4 Tobacco Use Disorder, Hyperlipidemia, Diabetes Mellitus Type II, Gastroesophageal Reflux, Hypertension, Chronic Obstructive Pulmonary Disease, and Hypothyroidism; -an age of 34; -an agency had been appointed as legal guardian; -an assessment dated 3/8/17 that included "extremely paranoid, speaks of being an astronaut, working for the Federal Bureau of Investigations and the Central Intelligence Agency, extremely delusional, and speaks much of the government owing her millions of dollars for the travels to the moon;" -Treatment Plan and Crisis Prevention/Crisis Response Plan dated 2/10/18 was signed by the client; -the Treatment Plan included a goal of "within the next 12 months [client #2] will learn to identify situations that trigger anxiety, and or behavior actions and the targets of those actions, participate in either individual or group therapy for depression, verbalize increased awareness of anxiety patterns, learn and implement calming strategies as part of a new way to manage reactions to frustrations and decrease the number, intensity, and duration of anxiety outbursts, while increasing use of new skills for management skills;" -the Treatment Plan included a strategy of "the OP will provide and oversee case management to link, monitor, assess, arrange, coordinate and integrate multiple services, as well as assessments services as well as assessment and reassessment of recipient's need for services, provide ongoing supervision of support team in implantation of services and monitor effectiveness and efficacy of goal to decrease the symptoms of depression, and ensure the consumer has access to adequate outpatient	V112		

Division of Health Service Regulation

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V112	Continued From page 5 therapy and effective coping mechanism;" -the Treatment Plan included a strategy of "the paraprofessional (PP) will assist therapeutic interventions to assist the client in developing functional skills, daily and community living skills, self-management and depression to address current goal, and provide on-going therapeutic mentoring that directly increases the acquisition of skills necessary in treating goal and needs in the Treatment Plan, develop and implement with the client <i>effective</i> coping management strategies, assist the client with building activities specifically designed to address delusional symptoms, and assist with ongoing medication monitoring and report changes to QP;" -the Treatment Plan included a strategy of "the Occupational Physical Therapist will provide therapeutic intervention to assist the client in moving toward <i>recovery</i> and ultimately reducing symptoms;" -the Treatment Plan included a strategy of "medication management will educate the client on treatment of diagnosis and administer medication as needed;" -the Treatment Plan included a goal of "within the next 12 months (name other than client #2) will verbalize and have an understanding of personal and social family factor that contributes to development of chemical dependence and poses risk for relapse;" -the Treatment Plan included a strategy of "ACTT will help the client improve her self-esteem, develop skills to regulate his emotions, teach the client how to implements coping mechanisms in his behavior, educate the consumer on relaxation techniques and problem-solving skills to help her manage her symptoms in of anxiety, advise the client on her self-care protocols, educate the consumer on money management skills;" -the Treatment Plan included a strategy of "the	V112		

Division of Health Service Regulation

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V112	Continued From page 6 AP (Associate Professional) will assist therapeutic interventions to assist the client in developing functional skills, daily and community living skills, self management and anger management to address current goal, and will provide on-going therapeutic mentoring that directly increases the acquisition of skills necessary in treating goal and needs in the Treatment Plan;" -the Treatment Plan included a strategy of "the PP will develop and implement with the client coping management strategies, assist (name other than client #2) with skill building activities specifically designed to address depressive symptoms and assist with ongoing medication monitoring and report changes to QP;" -the Crisis Prevention/Crisis Response Plan included 2 professional supports to contact during a crisis; -the Crisis Prevention/Crisis Response Plan included health and behavioral concerns that may trigger the onset of a crisis of "symptoms and behaviors that may trigger the onset of a crisis are associated with the client's symptoms related to his depression, and anxiety and if consumer becomes depressed he will shut down from everyone that surrounds her;" -the Crisis Prevention/Crisis Response Plan included crisis prevention and early intervention strategies of "give her space to sort out his problems and g the client et herself back together and once she is calm allow her at her own pace to talk out his problems and find a conclusion;" -the Crisis Prevention/Crisis Response Plan included strategies for crisis response and stabilization of "(name other than client #2) will initially begin to utilize coping strategies in order to increase his chances of making positive decisions and resolving his issue responsibly, the client will immediately contact an individual from	V112		

Division of Health Service Regulation

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V112	<p>Continued From page 7</p> <ul style="list-style-type: none"> - her ACTT or therapist to discuss his feelings and concerns if she is unable to successfully resolve the problem on her own by using coping strategies;" -the previous Treatment Plan and Crisis Prevention/Crisis Response Plan dated 1/12/17 was identical to the Plan dated 1/12/18. -a medical visit conducted at the facility on 12/11/17 with documentation that included "delusional thinking evident by voiced ideas of being a billionaire from money in the stock market, spoke of activities she would like to resume such as drawing and puzzles, no morbid topics such as sexual abuse that she frequently focuses on mentioned during visit." <p>Interview on 3/14/18 with client #2 revealed:</p> <ul style="list-style-type: none"> -her goals included "get back in school and straighten out my finances which is going to take an act of congress, trying to write like a newspaper article and getting it published, and start rebuilding engines;" -she had not participated in a treatment team meeting and was not aware that the facility had goals that she was supposed to be working on; -"I started acting out, like masturbating;" -"I had so many orgasms, I thought it was going to kill me." <p>Interview on 3/14/18 with client #2's legal guardian revealed:</p> <ul style="list-style-type: none"> -she had not been invited to participate in treatment team meetings or developing goals; -she was not aware of any goals that the client was working on at the facility and had not been provided with a copy of her Treatment Plan; -the client was receiving ACTT services due to her severe mental health condition. <p>Interview on 3/14/18 with client #2's ACTT</p>	V112		

Division of Health Service Regulation

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V112	<p>Continued From page 8</p> <p>provider revealed:</p> <ul style="list-style-type: none"> -they had been providing services to the client for the past year; -even though she was "so delusional it was hard to do therapy with her", she was seen by a therapist every other week and a peer support worker on alternate weeks; -they have their own treatment team meetings and goals in which the legal guardian is involved with but not the facility; -since it had been an issue in the past, they had asked the facility to incorporate a hygiene goal and a medication goal in their Treatment Plan. <p>Review on 3/13/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> -an admission date of 11/23/17; -diagnoses included Developmental Delay, Diabetes Mellitus, Depression, Epileptic Petit Mal Seizures, Anemia, Hypertension, Asthma, and Microalbuminuria. -an age of 52 years old; -a family member had been appointed as legal guardian; -documentation that the client was admitted to a sister facility in July 2016, moved to independent living from July 2017 to October 2017, was readmitted to the sister facility on 10/6/17, and moved to the current facility on 11/23/17; -an assessment dated 11/23/17 that included "has evidence of forgetfulness, evidence that memory is impaired, challenged when it comes to recognizing the reality of her not having children, has not excepted that she is not able to live independently, was elected to participate in the state program to live independently but it did not work out for her and she ended up taking drugs, prosecuting and hospitalized for 10 days, challenged because of her delusions;" -documentation of a readmission physician visit on 10/16/17 included the client was "injurious to 	V112		

Division of Health Service Regulation

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VI12	<p>Continued From page 9</p> <p>self;"</p> <ul style="list-style-type: none"> -documentation of a psychiatric follow up visit on 11/1/17 in which the client "has been sexually inappropriate;" -documentation of a hospital visit on 1/15/18 in which the client presented with altered mental status as a result of a seizure; -the Treatment Plan and Crisis Prevention/Crisis Response Plan dated 11/23/17 was signed by the client; -the Treatment Plan and Crisis Prevention/Crisis Response Plan was the exact same as client #2's -the Crisis Prevention/Crisis Response Plan included 2 professional supports to contact during a crisis; <p>Interview on 3/14/18 with client #3 revealed:</p> <ul style="list-style-type: none"> -her goals included "move out, clean room, taking bath, read Bibles every Tuesday;" -she had not participated in a treatment team meeting and was not aware that the facility had goals that she was supposed to be working on. <p>Interview on 3/14/18 with client #3's legal guardian revealed:</p> <ul style="list-style-type: none"> -she had not been invited to participate in treatment team meetings or in developing goals; -she was not aware of any goals that the client was working on. <p>Attempted interviews on 3/14/18 with the 2 agency professional supports documented on client #3's Crisis Prevention/Crisis Response Plan dated 2/10/18 revealed:</p> <ul style="list-style-type: none"> -the first professional support documented had no record of providing services to client #3; -the second professional support documented was a fax number. <p>Interviews on 3/13/18 and 3/14/18 with staff #1</p>	VI12		

Division of Health Service Regulation

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V112	<p>Continued From page 10</p> <p>revealed:</p> <ul style="list-style-type: none"> -she had worked for the Licensee since 10/4/13 and had worked at the current facility since it opened; -Treatments Plans were not kept at the facility because the QP/Owner was always working on them; -she was not aware of the information on the Treatment Plans; -client #1 "wants to be, she do want to go independent; " -goals for client #1 included "getting her towards independent with her hygiene and stuff and try to get her on that level;" -client #2 "wants to be able to write a book and she's aiming, she wants to be a decorator;" -goals for client #2 included "we work towards like her delusions, we really work on that; we give her things to like color with or write with; you have to constantly keep her doing something, that's what we're working on;" -client #3 wants to be independent but when she gets out, she's not going to take her medicines and stuff;" -goals for client #3 included "have to work on her bossiness; she tries to tell them (other residents) what to do and what to wear;" -there was no documentation of any of the client's progress towards goals. <p>Interview on 3/14/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -she had worked at the facility for a little over 2 months; -she was not aware of any specific goals that she was supposed to be working on with clients. <p>Interview on 3/14/18 with the QP/Owner revealed:</p> <ul style="list-style-type: none"> -he completed all Treatment Plans and Crisis Prevention/Crisis Response Plans; -he was not aware that copies of the plans were 	V112		

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V112	Continued From page 11 not in the client records; -he was not aware that the paraprofessionals did not know what each client's goals were; -he was not sure why one of the goals in the Treatment Plans for clients #2 and #3 had a strategy that included an Associate Professional (AP) since he didn't employ AP's. -he was not aware that there were so many mistakes in the plans such as wrong names, wrong pronouns, and wrong contact information; -he was aware that in most cases the Treatment Plans are the same year after year; -"unfortunately, a lot of the people that are here right now, they (goals) haven't changed and probably won't;" -he was unable to provide documentation of progress towards outcomes; -he was not aware that documentation of progress towards outcomes was required; -he planned to communicate goals better with paraprofessionals and make goals more individualized. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V112			
V114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be	V114			

Division of Health Service Regulation

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V114	<p>Continued From page 12</p> <p>repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 3/13/18 of the facility's fire and disaster drill logs revealed: -no documentation of disaster drills having been completed during the past year; -no documentation of fire drills having been completed during the 2nd quarter (April - June) of 2017; -2 fire drills were completed by the same paraprofessional during the 3rd quarter (July - September) of 2017; -3 fire drills were completed by the same paraprofessional during the 4th quarter (October - December) of 2017.</p> <p>Interview on 3/14/18 with client #1 revealed: -since being admitted on 12/8/16, "they have only done it (fire drill) 2 times but it's been months;" -the facility had completed no disaster drills since she was admitted; -if there was a tornado "I would run out there (sitting room); I think they would let us sit downstairs but I don't know because we've never talked about it."</p> <p>Interview on 3/14/18 with client #2 revealed: -"when that thing (fire alarm) goes off, I just walked out to the front yard;" -there had been 2 or 3 fire drills since she was</p>	V114	<p>After speaking with the surveyor, it was made clear what information needed to be included on the Fire Rehearsal / Disaster Drill Schedule. QP to ensure that Fire and Disaster Drills are held on different shifts and that all STAFF participate on rehearsal's. QP to develop new rehearsal to include correct information required to incorporate both drills on one log. Ex.</p> <p>Fire Rehearsal / Disaster Drill Schedule</p> <p>Name of Home: Faithful Companion Group Home</p> <p>Address: 3848 Cherry Grove Road</p> <p>Date of Rehearsal: March 19, 2018 Time: __ 12:00 PM __</p> <p>Person in Charge [REDACTED] / Director</p> <p>Other Staff Members Present: [REDACTED]</p> <p>Time of Total Evacuation: _____</p> <p>Brief Description of What was involved: Fire Rehearsal</p> <p>Fire Alarm was manually set-off! All residents were instructed to exit their nearest exit. Staff members checked each room and common areas with fire extinguisher in hand. Residents instructed to meet at the well in yard in front of the facility.</p> <p>Emergency Disaster Drill for Tornado</p> <p>Emergency drills should encompass the following: prevent, prepare for, respond to and recover from any and all emergencies that could affect Faithful Companion GH. Residents instructed to move to lowest level in facility if possible during TORNADO DRILL!</p> <p>Emergency Evacuation Drills</p> <p>Evacuation drills include alarm activation to ensure fire protection and reliability, along with an orderly, disciplined evacuation, followed by a thorough inspection of the building specifically, upon activation of a building fire alarm system, the evacuation drill is designed to reinforce the message of immediately moving "out and away" from a building to the predetermined Building Area of Refuge (BAR) so that an accountability process can begin for all occupants.</p>	03/19/2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER FAITHFUL COMPANION GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3848 CHERRY GROVE ROAD ELON, NC 27244		
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V114	<p>Continued From page 13</p> <ul style="list-style-type: none"> - admitted in January 2017; - "1 think we did one (disaster drill) like last year;" - "close the doors, get somewhere like in the bathroom, get where there's some kind of support." <p>Interview on 3/14/18 with client #3 revealed:</p> <ul style="list-style-type: none"> -the facility had not had any fire or disaster drills since she was admitted in November 2017; -if there was a fire "1 would go out on the porch;" -if there was a tornado "go downstairs." <p>Interview on 3/13/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> -the paraprofessionals worked from Tuesday morning to Tuesday morning every other week; -there had been 6 fire drills in 2017 and she had participated in them all; -there had been no disaster drills in 2017; -she wasn't aware that they were supposed to conduct emergency drills. <p>Interview on 3/14/18 with the Qualified Professional/Owner revealed:</p> <ul style="list-style-type: none"> -he thought that when fire drills were completed, he could discuss the facility's general disaster policy with the residents at the same time and not complete an actual drill; -no disaster drills had been completed in 2017; -he was not aware that fire drills must be completed quarterly on each shift and thought that the same paraprofessional would be allowed to participate in all fire drills. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V114		
V131	G.S. 131E-256 (02) HCPR - Prior Employment Verification	V131		

Division of Health Service Regulation

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V131	Continued From page 14 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 3 audited staff (#2). The findings are: Review on 3/14/18 of staff #2's employee file revealed: -a hire date of 1/22/18; -the HCPR check was not completed until 2/5/18. Interview on 3/14/18 with the Qualified Professional/Owner revealed: -he thought as long as the HCPR check was in the record then that was all that mattered; -he completed HCPR checks when applications were received just to make sure there were no findings but he didn't print them until later after the staff had begun working.	V131	QP to ensure that even though staff has been working for agency for several years that once they begin work at a new facility that background check and Health Care Personnel Registry check is performed prior to start of employment at facility. QP will has develops checklist to ensure that all necessary documents are in staff's record prior to start of employment. QP to monitor all staff records quarterly to maintain compliance.	03/19/2018
V133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term	V133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MLH017-0279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
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V133	<p>Continued From page 15</p> <p>"provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position 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 the applicant has been 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 five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of 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 Check Unit. Within five business days of receipt of the national criminal</p>	V133	<p>QP to ensure that even though staff has been working for agency for several years that once they begin work at a new facility that background check and Health Care Personnel Registry check is performed prior to start of employment at facility.</p> <p>QP will has develops checklist to ensure that all necessary documents are in staff's record prior to start of employment.</p> <p>QP to monitor all staff records quarterly to maintain compliance.</p>	03/19/2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
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V133	<p>Continued From page 16</p> <p>history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider, Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section, For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime, (2) The date of the crime. (3) The age of the person at the time of the conviction, (4) The circumstances surrounding the commission of the crime, if known. 	V133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
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V133	<p>Continued From page 17</p> <p>-(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>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. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(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.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the</p>	V133		

Division of Health Service Regulation

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V133	Continued From page 18 General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7 A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; 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 Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 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 G.S.20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A 1 misdemeanor.	V133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
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V133	<p>Continued From page 19</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(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.</p> <p>(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.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history background check from a valid private entity within 5 days of making the conditional offer of employment affecting 1 of 3 audited staff (#2). The findings are:</p> <p>Review on 3/14/18 of staff #2's employee file revealed: -a hire date of 1/22/18; -documentation that a criminal history record check had not been requested until 2/5/18; -the first sheet of the criminal history record check reflects that the information may not be used "when evaluating a person for employment, reassignment, promotion, or retention and using it as such violates both our Terms and Conditions and the law, and can lead to possible criminal</p>	V133		

Division of Health Service Regulation

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V133	<p>Continued From page 20</p> <p>penalties;"</p> <p>-a complete state criminal history was not provided by the private entity.</p> <p>Interview on 3/14/18 with the Qualified Professional/Owner revealed:</p> <p>-he thought as long as the criminal history background was in the record then that was all that mattered;</p> <p>-he was not aware that the private entity he had used was not valid and did not provide a complete state criminal history.</p>	V133		