

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE RALEIGH, NC 27616</b>
---	---

(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
--------------------	--	---------------	---	--------------------

V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual and Follow Up Survey was completed on 01/23/18. Deficiencies were cited.</p> <p>The facility is licensed for a 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;"><b>CONSTRUCTION SECTION</b></p> <p style="text-align: center;"><b>APR 24 2018</b></p> <p style="text-align: center;"><b>RECEIVED</b></p>	
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p>	V 109		<p>V 109 Privileging/Training Professionals: Effective 2/1/18, the QP provided by the management company and the QP/licensee have completed a review of all records. The review included: Ensuring that all client records contained current: Medical needs/medical necessity and physician orders, Treatment/PCP goals, process of assessment and implementation of Treatment/PCP goals, documentation, Training of paraprofessionals, personnel requirements and client record requirements. Additionally, going forward the QP/licensee will ensure that all records for clients and personnel are maintained in the facility and current, to include; all required trainings, criminal background and other requirements.</p>

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

*Clifford Thomas*

TITLE

*Licensee*

(X6) DATE

*3/23/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>
---	---

(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
--------------------	--	---------------	---	--------------------

V 109	<p>Continued From page 1</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure one of two Qualified Professionals (Qualified Professional/Licensee) failed to demonstrate skills and abilities required. The findings are:</p> <p>Review on 01/23/18 of the facility's Qualified Professional/Licensee's record revealed -credentials to meet the requirements of Qualified Professional (QP)</p> <p>Review on 01/11/18 of the facility's public file revealed -2018 mental health licensure renewal application dated listed a management company for the facility</p> <p>During interview on 01/11/18, the QP/Licensee reported: -Three of Four clients at the home received CAP (Community Alternative Program) services through the Innovation Waiver. CAP required a billing entity via approved through the Local Management Entity (LME) to oversee and provide services to clients served. As the group home/licensing agency was not part of the LME approved provider network, a management company was utilized. The management company provided QP oversight for clients #1 and #3 that were involved in the Division of</p>	V 109		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>
---	---

(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
--------------------	--	---------------	---	--------------------

V 109	<p>Continued From page 2</p> <p>Health Service Regulation Survey.</p> <ul style="list-style-type: none"> <li>-Personnel records were maintained at the group home and by the management company.</li> </ul> <p>Review on 01/11/18 of the facility's record revealed the following:</p> <ul style="list-style-type: none"> <li>-No treatment plans in the records maintained at the group home for client #1 and client #3.</li> <li>- Missing physician's orders in the facility's records for clients #1 and #3.</li> <li>-Missing personnel items for staff #1 &amp; staff #2 (Current North Carolina Intervention Training) and staff #3 (Current North Carolina Intervention Training, Cardiopulmonary Resuscitation/First Aid training and Criminal Record check).</li> </ul> <p>During interview on 01/18/18, the facility's QP/Licensee reported:</p> <ul style="list-style-type: none"> <li>- In December 2018, the QP assigned to the group home via the management company resigned. In December, a transitional QP was assigned. The transitional QP had not had a chance to review records since December.</li> <li>-In regards to the missing physician's orders, on 01/11/18, he was able to contact the pharmacist to obtain a fax of the most current orders. He was aware the facility was suppose to maintain copies of the client's physician's orders at the group home in the client's records</li> <li>-In regards to treatment plans, on 01/11/18, he had the management company to fax the client's current treatment plans to the group home. He was aware it and would be hard for staff to adhere to strategies and goals without the most current treatment plans at the group home.</li> <li>-In regards to the personnel record items for staff, both he and the management maintained copies of the personnel records. On 01/11/18, he inquired for the management company to provide</li> </ul>	V 109		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE RALEIGH, NC 27616</b>
---	---

(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
V 109	Continued From page 3  him information that he did not have on file at the group home. -He was ultimately responsible for the group home record needs. He had some personal matters that may have caused the distraction in	V 109		
V 133	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 "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. (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	V 133	V 133- Effective immediately, all potential employees will undergo a criminal background check within 5 days of making a conditional offer of employment. The facility administrator will ensure that the background check is completed and will ensure that the information/report is entered into the personnel file and that file is in available to the administrator. Each file will be audited by the facility administrator or designee at least quarterly to ensure that information is present in the file and that the information, including trainings is current. Staff #3's criminal background check was completed on 3/23/18.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>
---	---

(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
--------------------	--	---------------	---	--------------------

V 133	<p>Continued From page 4</p> <p>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 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</p>	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE RALEIGH, NC 27616</b>		
(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
V 133	Continued From page 5  records obtained from a State agency. (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: (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. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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. (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: (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. (2) Failure to check an employee's history of criminal offenses if the employee's criminal	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>		
(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	
V 133	Continued From page 6  history record check is requested and received in compliance with this section. (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 General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, 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	V 133			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>		
(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
V 133	Continued From page 7  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 A1 misdemeanor. (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: (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.)  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure state wide criminal record checks were completed for one of three audited (staff #3) within seven days of employment. The finding is:  Review on 01/23/18 of staff #3's record revealed:	V 133		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THOMAS SUPERVISED CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7016 BEAVERWOOD DRIVE</b> <b>RALEIGH, NC 27616</b>		
(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	
V 133	Continued From page 8  -Hire date of August 2013 -No evidence of criminal record checks completed  During interview on 01/23/18, the Qualified Professional/Licensee reported: -He was not sure if the management company had a criminal record check for staff #3 on file. He requested a copy of information on 01/11/18, but staff #3's information must have been an oversight.	V 133			

## BACKGROUND SEARCH RESULTS

---

*The official custodian of all official records for each county in North Carolina is the Clerk of Superior Court of that County. The NC Administrative Office of the Courts (AOC) is not the official custodian of any case record, and provides only copy of data entered by the Clerks. Data extracts provided through this service may not reflect pending or post-disposition activity on a case.*

*AOC does not warrant the accuracy of the data. To verify a record's accuracy contact the Clerk of the county of record.*

Information Submitted by: Report date:03/23/2018

Name:	████████████████████	Maiden:		Order:	████████
Address:	████████████████████	City:	<b>RALEIGH</b>	State/Zip:	████████
Birthdate:	████████	SS#:	████████ -	DL#:	████████
Race:		Sex:	█		

---

[Click here for summary of Order No: ██████████](#)

---

### SEARCH RESULT:

NO CRIMINAL RECORD FOUND FOR THIS SUBJECT IN THE STATE OF NORTH CAROLINA\*

\*Note: Where there is recent case activity not included above it will show in a separate Recent Cases section below.

Any NC records found are shown above. This report contains ... ALL ratings Note:

(F)=Felony (M)=Misdemeanor (T)=Traffic (I)=Infraction

Search confidence: HIGH-Very Likely, MEDIUM-Likely, LOW-Unlikely

LOW ratings with serious charge and guilty verdict should be investigated with a SSN tracking or county search

---