STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL056-004			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING	05/1	5/2018		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IARRISO	NAVENUE GROUP HOM	E 734 HAR	RISON AVENUE			
		FRANKL	IN, NC 28734			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000	and a second and a second s		
	deficiency was cited. This facility is licensed	s completed on 5/15/18. A d for the following service		Staff #1 will be referred to have a criminal back ground check utilizing fingerprints. Results, including the evidence of the check will be kep in his personnel file. In order to ensure compliance with the regulati in the future, the HR Manager or person responsible for direct hiring, will utilize a checklist for all manadatory tasks that must be		6/1/2018
V 133	Living for Individuals	27G .5600C Supervised of all Disabiltiy Groups. al History Record Check	V 133			
V 133	G.S. §122C-80 CRIM CHECK REQUIRED I APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any pro- developmental disabil	INAL HISTORY RECORD FOR CERTAIN	V 133	completed prior to hiring, includin a criminal history record check im fingerprints for any potential staff in North Carolina for less that 5 ye see attached form.	g the need for volving that have lived	
	provider licensed und applicant to fill a posit applicant to have an o) Requirement An offer of employment by a ovider licensed under this Chapter to an oplicant to fill a position that does not require the oplicant to have an occupational license is onditioned on consent to a State and national		DHSR - Men		
	criminal history record	I check of the applicant. If n a resident of this State for		MAY 29	2018	
	less than five years, the score of the second tioned on constructional history record national criminal historic include a check of the second	hen the offer of employment sent to a State and national I check of the applicant. The		Lic. & Cert.	Section	
	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					
	section. Except as oth subsection, within five	l check required by this nerwise provided in this business days of making f employment, a provider		5		

LABORATORY DIRECTOR'S OR PROVIDE Chrusti HSS STATE FORM

	IIILE	
	Executive	Director
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5.21.18 If continuation sheet 1 of 6

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
MHL056-004		B. WING		05	/15/2018	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			RISON AVENUE			
IARRISO	N AVENUE GROUP HOM	/IE	IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 133	Continued From pag	e 1	V 133			
	shall submit a request Justice under G.S. 1 criminal history recor section or shall subm entity to conduct a Si check required by thi G.S. 114-19.10, the I return the results of r record checks for em covered by Public La Department of Health Criminal Records Ch business days of rec history of the person, and Human Services Unit, shall notify the p information received of the applicant. In no national criminal histor with the provider. Pro- upon request verifica check has been com by this section. A cou appropriate local ord the Division of Crimin may conduct on beha criminal history recor section without the p request to the Depan case, the county sha criminal history recor section within five bu conditional offer of er All criminal history im provider is confidenti except to the applica (c) of this section. Fo	st to the Department of 14-19.10 to conduct a d check required by this hit a request to a private tate criminal history record is section. Notwithstanding Department of Justice shall hational criminal history pployment positions not by 105-277 to the n and Human Services, eck Unit. Within five eipt of the national criminal , the Department of Health 6, Criminal Records Check provider as to whether the may affect the employability to case shall the results of the ory record check be shared oviders shall make available tion that a criminal history pleted on any staff covered unty that has adopted an inance and has access to hal Information data bank alf of a provider a State d check required by this rovider having to submit a tment of Justice. In such a II commence with the State d check required by this siness days of the mployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection ir purposes of this "private entity" means a				

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If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL056-004		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/15/2018	
		MHL056-004				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	N AVENUE GROUP HON	734 HAF	RRISON AVENUE			
		FRANKL	IN, NC 28734			
(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) COMPLE DATE
V 133	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 cr (3) The age of the pe conviction. (4) The circumstance commission of the cri (5) The nexus betweet the person and the jo filled. (6) The prison, jail, pr rehabilitation, and em person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to e listed factors shall be If the provider disqua consideration of the r provider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a prov complies with this sec civil liability for: (1) The failure of the p individual on the basis	d checks utilizing public n a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to ousness of the crime. ime. rson at the time of the s surrounding the me, if known. en the criminal conduct of b duties of the position to be robation, parole, poloyment records of the e the crime was committed. commission by the person of of a relevant offense alone employment; however, the considered by the provider. lifies an applicant after elevant factors, then the e information contained in foord check that is relevant , but may not provide a copy record check to the - A provider and an officer vider that, in good faith, ction shall be immune from provider to employ an s of information provided in foord check of the individual.	V 133			

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If continuation sheet 3 of 6

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
MHL 056		MUL DEC DO4	B. WING			
AME OF PROVIDER OR SUPPLIER STREET AI		DDRESS, CITY, STATE		08	5/15/2018	
	NOVIDER OR SOFFEIER		RRISON AVENUE	, ZIF CODE		
ARRISO	N AVENUE GROUP HO	ME	IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 133	Continued From pag	je 3	V 133			
	history record check compliance with this (e) Relevant Offense" m federal criminal histo indictment of a crime felony, that bears up have responsibility for persons needing me disabilities, or substa crimes include the cri any of the following J General Statutes: Ar Issuing Monetary Su Endangering Execut Article 6, Homicide; J Sex Offenses; Article Kidnapping and Abd Injury or Damage by Incendiary Device or and Other Housebre Other Burnings; Article Robbery; Article 18, False Pretenses and Obtaining Property of Fraudulent Use of Cri Article 20, Fraud 26, Offenses Againsi Decency; Article 26A Article 27, Prostitutio 29, Bribery; Article 35, Off Peace; Article 36A, F Article 39, Protection	e As used in this section, eans a county, state, or ory of conviction or pending e, whether a misdemeanor or ion an individual's fitness to or the safety and well-being of intal health, developmental ance abuse services. These riminal offenses set forth in Articles of Chapter 14 of the ticle 5, Counterfeiting and ibstitutes; Article 5A, ive and Legislative Officers; Article 7A, Rape and Other e 8, Assaults; Article 10, uction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and cle 16, Larceny; Article 17, Embezzlement; Article 19, I Cheats; Article 19A, or Services by False or redit Device or Other Means; al Transaction Card Crime ds; Article 21, Forgery; Article t Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 1, Misconduct in Public Riots and Civil Disorders; n of Minors; Article 40, mily; Article 59, Public				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL056-004	B. WING		05	/15/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		734 HAF	RRISON AVENUE			
ARRISU	N AVENUE GROUP HO	FRANKI	IN, NC 28734			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLE
V 133	Continued From pa	ae 4	V 133			
	14		100			
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		tatutes, and alcohol-related				
		ale to underage persons in B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.	101 G.S. 20-138.1 through				
	(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					
		ord check under this section				
	shall be guilty of a Class A1 misdemeanor.					
		oloyment A provider may				
		t conditionally prior to				
	obtaining the results of a criminal history record					
		applicant if both of the				
	following requireme					
		all not employ an applicant				
	- 1	e applicant's consent for ord check as required in				
		is section or the completed				
		required in G.S. 114-19.10.				
		all submit the request for a				
		ord check not later than five				
		the individual begins				
	conditional employn	nent. (2000-154, s. 4;				
	2001-155, s. 1; 200	4-124, ss. 10.19D(c), (h);				
	2005-4, ss. 1, 2, 3, 4	4, 5(a); 2007-444, s. 3.)				
	This Rule is not me	t as evidenced by				
		view and interview the facility				
		request for a criminal history				
		ude fingerprints no later than				
		after the individual begins				
	conditional employn		10.0			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/15/2018	
		MHL056-004				
	ROVIDER OR SUPPLIER	ME 734 HAF	ADDRESS, CITY, STATE RRISON AVENUE LIN, NC 28734	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
V 133	Staff #1 revealed: -Hire date of 1/26/15 -A resident of the sta -Criminal backgroun include fingerprints. Interview on 5/15/18 revealed: -It was the facility po the background chee state for less than 5 -The fingerprints cou- personnel record.	re: of the personnel record for ate for less than 5 years. d check on 1/12/15 did not with the Executive Director licy to submit fingerprints with ck for staff who resided in the years. Id not be located in the why this was missed at the	V 133			

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NEW EMPLOYEE HR CHECKLIST

EMPLOYEE NAME	
DATE OF HIRE	
References completed	
Received all background check reports	
Received Drug Screening results	
Fingerprinting completed / sent off	
Copy of diploma/GED and any credentials for professional staff	
Scheduled / Received results for Hep. B Shots	
Scheduled /Received TB test results Two Step TB	
I-9 Form completed and entered into the computer	
E-Verify completed	
Copy of driver's license	
Orientation form given to employee	
Given Employee Handbook	
New Hire form filed and copy mailed	
Record of employee signature signed	
BBP training completed within 10 days of employment	

NCI training completed	
CPR/First Aid Training Completed	
Enrolled / Declined health/supplemental insurance within 15 days	
Privileging form completed within 30 days	
Med training completed	
Added to MCH vehicle insurance	
All testing from trainers/facilitators completed and turned in	
Staff returned orientation/training sheet	
Staff returned sign-off sheet for P/P manual/Employee Handbook	

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MCH

Harrison Avenue Group Home Iotla Street Group Home Macon Group Home Macon Citizens Enterprises Smoky Group Home Webster Group Home Yonce House P.O Box 698 Franklin, NC 28744 Phone: (828) 524-5888 Fax: (828) 369-5758 Email: mch@maconcitizens.org Web: www.maconcitizens.org

May 21, 2018

Sherry Waters Facility Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Dear Ms. Waters,

Please find enclosed a plan of correction for deficiency cited at the recertification survey completed on May 15, 2018 for Harrison Avenue Group Home. A sample attachment is included. If you have any questions or if there are any corrections needed, please contact me at (828) 524-5888 ext. 218.

Thank you so much for your visit. We hope to see you again.

Sincerely,

Christi Hugg

Christi Huff Executive Director

MACON CITIZENS HABILITIES, INC.