STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL011-259	B. WING		R 05/25/2018	
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
AIRVIE	W HOUSE		NG DRIVE <i>N</i> , NC 28730			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual and follow up survey was completed on 5/25/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.					
V 117	27G .0209 (B) Med	ication Requirements	V 117			
	 Non-prescription dispensed by a pharmanufacturer's laber visible; Prescription me or obtained as sam tamper-resistant parisk of accidental im packaging includes with tamper-resistant unit-of-use package may be adequate; The packaging drug dispensed mut (A) the client's nam (B) the prescriber's (C) the current disp (D) clear directions the name, strendate of the prescrib (F) the name, addrepharmacy or dispensed 	kaging and labeling: n drug containers not rmacist shall retain the el with expiration dates clearly edications, whether purchased ples, shall be dispensed in ckaging that will minimize the gestion by children. Such plastic or glass bottles/vials nt caps, or in the case of ed drugs, a zip-lock plastic bag label of each prescription st include the following: ie; name; pensing date; for self-administration; ngth, quantity, and expiration	1			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL011-259	B. WING	B. WING		R 25/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
	W HOUSE	6 LANNI	NG DRIVE			
	WHOUSE	FAIRVIE	W, NC 28730			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 117	Continued From pa	ge 1	V 117			
	review, the facility fa medications available expired and contain for 2 of 3 clients (Cl are: Record review on 5 -Admission date of Autism, Obsessive Intermittent Explosi Disability and Seizu -Order dated 2/14/1 every 6 hours as ne	ons, interviews, and record ailed to ensure all prescription ble for administration were not ned a current dispensing date lients #1and #3). The findings 5/24/18 for Client #1 revealed: 9/1/04 with diagnoses of Compulsive Disorder (OCD), ve Disorder, Mild Intellectual ire Disorder. 18 for Diazepam 5mg 2-3 tabs seded. 18 for Risperidone 1mg every				
	Record review on 5 -Admission date of Autism, OCD, Mode Stevens - Johnson Seizure Disorder, H Reflux. Order dated 9/12/10 sprays each nostril Order dated 2/2/18 cream apply to foot Order dated 9/12/10 500mg administer a Observation at 10:3	5/24/18 for Client #3 revealed: 11/1/04 with diagnoses of erate Intellectual Disability, syndrome, Anxiety Disorder, ligh Cholesterol and Acid 6 for Azelastine 137mcg 2 twice daily. for Ammonium Lactate 12 % twice daily. 6 for APAP (acetaminophen) as directed. 80am on 5/24/18 revealed:				
		on box contained: Diazepam 5mg containing 6 on 1/4/17 with an expiration				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DAT	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		MHL011-259	B. WING	WING		R 05/25/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
		6 LANNII	NG DRIVE				
FAIRVIE	W HOUSE	FAIRVIE	N, NC 28730				
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5) COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH		DATE	
				DEFICIENCY	()		
V 117	Continued From pa	ige 2	V 117				
	date 1/4/18.						
		Risperidone 1mg containing					
		ed on 12/31/16 expiring on					
	12/31/17.						
	-Client #3 medication						
		tine 137mcg with no label with					
		ctions, prescriber, dispense					
		information as required. Jum Lactate 12% cream with					
		name, instructions, prescriber,					
		harmacy information as					
	required.						
		APAP 500mg containing 60					
	tablets dispensed of	on 10/9/16 expiring on 10/9/17.					
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	10A NCAC 27G .02	209 MEDICATION					
	REQUIREMENTS						
	(c) Medication adm	inistration:					
		non-prescription drugs shall					
		ed to a client on the written					
	•	uthorized by law to prescribe					
	drugs.	all be self-administered by					
		uthorized in writing by the					
	client's physician.						
		cluding injections, shall be					
		by licensed persons, or by					
		s trained by a registered nurse,					
		r legally qualified person and					
		e and administer medications.					
		Iministration Record (MAR) of					
		red to each client must be kept s administered shall be	·				
		ely after administration. The					
	MAR is to include the						
	(A) client's name;	ne renowing.					
		, and quantity of the drug;					
	() = =, ==. g ,	,					

Division of Health Service Regulation STATE FORM

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NIVX11

If continuation sheet 3 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	FLETED
		MHL011-259	B. WING		R 05/25/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	N HOUSE	6 LANNI	NG DRIVE			
	N HOUSE	FAIRVIEV	N, NC 28730			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	ge 3	V 118			
V 118	 (D) date and time th (E) name or initials drug. (5) Client requests checks shall be recommended 	administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
	facility failed to kee to follow the written	et as evidenced by: view and interviews, the p the MAR current and failed order of a physician affecting t #1, Client #2 and Client #3).				
	-Admission date of Autism, Obsessive Intermittent Explosi Disability and Seizu -Physician ordered Benztropine 1mg Celexa 20mg (dep	6/24/18 for Client #1 revealed: 9/1/04 with diagnoses of Compulsive Disorder (OCD), ve Disorder, Mild Intellectual ire Disorder. medications included: (tremors) twice daily. pression) 1.5 tabs at bedtime. Omg (seizures) 2 tabs at				
	Risperidone (antip Review on 5/24/18 revealed: Benztropine was n 4/29/18 am dose an Celexa 20mg was on 4/30/18 pm dose	s not initialed as administered				

STATE FORM

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED	
		MHL011-259				R 05/25/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		6 LANNI	NG DRIVE			
AIRVIE	W HOUSE	FAIRVIE	W, NC 28730			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
V 118	Continued From pa	age 4	V 118			
	on 4/30/18 pm dose.					
	Record review on 5	5/24/18 for Client #2 revealed:				
	-Admission date of	8/17/10 with diagnoses of				
		erate Intellectual Disability,				
		er and Anxiety Disorder. medications included:				
		(fungus) apply to toenails daily	,			
		(fungus) apply 1 spray to each				
	foot twice daily.					
		of March-May 2018 MARs				
	revealed: Vicks Vapor Rub	was not initialed as				
	administered on 5/2					
	Lamisil was not in	itialed as administered on				
	5/21/18 am dose.					
	Record review on 5	5/24/18 for Client #3 revealed:				
		11/1/04 with diagnoses of				
		erate Intellectual Disability,				
		syndrome, Anxiety Disorder,				
	Reflux.	ligh Cholesterol and Acid				
		medications included:				
		g (antihistamine) 2 sprays				
	each nostril twice d					
		(antacid) twice daily.				
		8mg (seizures) twice daily. te 12% cream (dry skin) apply				
	to foot twice daily.	te 12 % cream (dry skin) apply				
		0.1% (eyes) 1 drop in each				
	eye twice daily.	·				
		bones) chew twice daily.				
	Restasis 0.05% (daily.	eyes) 1 drop in each eye twice				
	5	(antipsychotic) at bedtime.				
	Systane Eye Drop	os 0.3/.4 (eyes) 1 drop each				
	eye every 4 hours.					
		ipation) 1 packet daily.				
	RISPERIDONE 0.5m ealth Service Regulation	g (antipsychotic) 1.5 tabs in				

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If continuation sheet 5 of 14

Division of Health Service Re	egulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHL011-259	B. WING		R 05/25/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FAIRVIEW HOUSE	6 LANNIN	G DRIVE			
	FAIRVIEW	I, NC 28730			
PREFIX (EACH DEFICIENC)	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 118 Continued From pa	ige 5	V 118			
the AM was ordered decreased to 1 tab decreased again to Review on 5/24/18 revealed: Azelastine was not 4/30/18 pm dose. Ranitidine was not 4/30/18 pm dose. Phenobarbital wa on 4/30/18 pm dose. Ammonium Lacta administered on 4/3 Fluorometholone administered on 4/3 Caltrate was not i 4/30/18 pm dose. Restasis was not 4/30/18 pm dose. Restasis was not 4/30/18 pm dose. Risperidone was on 4/30/18. Systane Eye Drop administered on 3/3 4/28/18 12pm and dose, 4/30/18 8pm Metamucil was or dispensed on 4/25/ until 5/2/18. Risperidone 0.25i dispensed on 5/9/1 administered at all. Attempts to intervie unsuccessful. Interview on 5/24/1 Professional (QP) n -He had already sp had forgotten to do	d 7/13/16. This 0.5mg was in AM on 2/2/18 and 0.25mg once in AM on 5/9/18. of March-May 2018 MARs ot initialed as administered on at initialed as administered on s not initialed as administered e. te was not initialed as 30/18 pm dose. was not initialed as 30/18 pm dose. nitialed as administered on initialed as administered on not initialed as administered os was not initialed as 31/18 12pm and 4pm doses, 4pm doses; 4/29/18 12pm dose and 5/20/18 12pm dose. dered on 4/25/18 and 18 but was not administered mg was ordered on 5/9/18 and 8 but had not been ew the pharmacist were 8 with the Qualified				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:				
		MHL011-259	B. WING			R 05/25/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	W HOUSE	6 LANNI	NG DRIVE				
AINVIE	WHOUSE	FAIRVIE	W, NC 28730				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE	
				DEFICIENC	Y)		
V 118	Continued From pa	age 6	V 118				
	just forgotten to do	cument the MAR.					
	•	le for taking clients to doctors'					
	appointments and were changed.	was aware when medications					
		le for checking to make sure					
		ed the MARs weekly. He did					
	not know how this s						
		neds when they were delivered					
	0	nedication was received it					
	should have been w						
		the February MAR for Client ecrease the Risperidone from					
		in the morning. Staff were					
		ng $\frac{1}{2}$ tab in the bubble pack					
		side. The QP returned all					
		e pharmacy but did not keep a					
	record of what was						
		rom the pharmacy still of Risperidone and not the					
		he forgot to change MAR.					
		ot sending 1.5 tabs of the 0.5					
		well as indicating this amount					
		ay MARs. The QP did not					
		or contact the pharmacy					
	regarding the order	the psychiatrist to inform him					
		d not been reduced as					
		continue to follow up.					
	This deficiency con	stitutes a recite deficiency and					
	must be corrected						
		·	N/ 400				
v 123	27G .0209 (H) Med	lication Requirements	V 123				
	10A NCAC 27G .02 REQUIREMENTS	209 MEDICATION					
		rs. Drug administration errors					
		erse drug reactions shall be					
	reported immediate						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of contraction		A. BUILDING:			
		MHL011-259				R 05/25/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FAIRVIE	W HOUSE		NG DRIVE W, NC 28730			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 123	Continued From pa	ge 7	V 123			
	and the drug reaction	ry of the drug administered on shall be properly recorded A client's refusal of a drug				
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 1 of 3 clients (Client #1). The findings are:					
	-Admission date of Autism, Obsessive Intermittent Explosi Disability and Seizu -Physician ordered Diazepam 5mg (a as needed.	5/24/18 for Client #1 revealed: 9/1/04 with diagnoses of Compulsive Disorder (OCD), ve Disorder, Mild Intellectual ire Disorder. medications included: nxiety) 2-3 tabs every 6 hours				
	1/1/18-5/21/18 reve -One- Medication E Client #1 on 5/17/18 wrong dose of Diaz #1 the PRN dose ra had contacted the C	rror/Level 1 incident report for 8 when he was given the epam. Staff had given Client ather than his daily dose. She				
	-Staff contacted hin wrong dose. He co had not documente	8 with the QP revealed: n on 5/17/18 regarding the intacted the pharmacist but id this. was available to verify				

STATE FORM

NIVX11

If continuation sheet 8 of 14

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED R 05/25/2018	
		MHL011-259	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		6 LANNI	IG DRIVE			
FAIRVIE	WHOUSE	FAIRVIE	N, NC 28730			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLET DATE
V 123	Continued From pa	ge 8	V 123			
	pharmacy contact in medication dosage	mmediately following wrong taken by Client #1.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pr					
	services that is licer Chapter. (b) Requirement A provider licensed un	nsable under Article 2 of this An offer of employment by a nder this Chapter to an				
	applicant to have an conditioned on cons criminal history reco the applicant has be	sition that does not require the n occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for				
	is conditioned on co criminal history reco national criminal his	, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If				
	the applicant has be five years or more, on consent to a Sta	een a resident of this State for then the offer is conditioned ite criminal history record ant. A provider shall not				
	employ an applican criminal history reco section. Except as o	t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making				
	the conditional offer shall submit a reque	r of employment, a provider est to the Department of 114-19.10 to conduct a				
	criminal history reco	ord check required by this mit a request to a private				

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-259	B. WING		R 05/25/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		6 LANNI				
FAIRVIE	W HOUSE	FAIRVIE	<i>N</i> , NC 28730			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 9	V 133			
	entity to conduct a	State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health es, Criminal Records Check				
		e provider as to whether the				
	information receive	information received 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				
		hinal 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				
		ousiness days of the employment by the provider.				
		nformation received by the				
	provider is confider	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					
	(c) Action If an ap	oplicant's criminal history				
	record check revea	Is one or more convictions of				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL011-259	B. WING		R 05/25/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FAIRVIE	W HOUSE		IG DRIVE V, NC 28730			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)		COMPLETE DATE
V 133	Continued From pa	ge 10	V 133			
	a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstanc commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall b If the provider disqu consideration of the provider may disclo the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (1) The failure of the individual on the bat the criminal history (2) Failure to check criminal offenses if history record check	the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the the the crime was committed. commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. tailfies an applicant after e relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

	of Health Service Re		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL011-259		B. WING		R 05/25/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
FAIRVIF	W HOUSE	6 LANNII	NG DRIVE			
		FAIRVIE	N, NC 28730			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
V 133	Continued From pa	ge 11	V 133			
	federal criminal hist indictment of a crim felony, that bears up have responsibility is persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Arti Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S	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 or ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other de 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary 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; ial Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in	F			

Division of Health Service Registration of Deficiencies (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 05/25/2018		
		MHL011-259					
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
AIRVIE	W HOUSE		NG DRIVE W, NC 28730				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	SHOULD BE COMPLET	
V 133	Continued From pa	ige 12	V 133				
	impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherw an employment app criminal history reco shall be guilty of a G (g) Conditional Emp employ an applican obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining the criminal history reco subsection (b) of the fingerprint cards as (2) The provider sh criminal history reco business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not me Based on personne interviews, the facil when completing a	all not employ an applicant te applicant's consent for ord check as required in is section or the completed a required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.) et as evidenced by: el file review and staff ity failed to obtain fingerprints national criminal background s who had lived in North	,				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		MHL011-259	B. WING		05/	25/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AIRVIE	W HOUSE		NG DRIVE W, NC 28730			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page 13		V 133			
	-Date of hire- 9/25/17 -Criminal background check was completed 9/7/18 but did not include SBI fingerprints.					
	Interview on 5/24/18 with Staff #2 revealed: -He moved from Florida August 2017. -He did not remember completing fingerprint check when hired.					
	Resources (HR) Di -She began in HR i aware if fingerprints -She could not find electronic file. -The Licensee's HF fingerprint requirem	n December 2017 and was no s were done for Staff #2. evidence of SBI report in R Director reported the nent for Staff #2 had slipped	t			
	through the cracks.					