	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
			A. BUILDING: B. WING			
		MHL092-559			08	/31/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
EAGLE HO	OME III		RAMBLETON AVEN H, NC 27610	JE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	8/31/18. The complai was not substantiated	aint survey was completed nt (Intake # NC00142148) J. Deficiencies were cited.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	(g) Employee training provided and, at a mi following:	tion shall be documented. g programs shall be nimum, shall consist of the				
	delineated in 10A NC 10A NCAC 26B; (3) training to meet t	tional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and he mh/dd/sa needs of the the treatment/habilitation				
	plan; and (4) training in infection bloodborne pathogen	ous diseases and				
		•				
	to provide cardiopulm trained in the Heimlic	nagement, currently trained ionary resuscitation and h maneuver or other first aid nose provided by Red Cross,				
	the American Heart A equivalence for reliev (i) The governing boo	ssociation or their ing airway obstruction.				
		g and controlling infectious				

				(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		COMPLETED	
	MHL092-559		B. WING		08/31/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
EAGLE H	OME III			UE		
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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) COMPLET DATE
V 108	Continued From page	e 1	V 108			
	and communicable d clients.	iseases of personnel and				
	governing body failed the needs of clients v	ew and interviews, the d to assure training to meet vas completed and remained ee audited staff (Relief				
	revealed: - a hire date of 5/9/0 - training an first aid	f Relief Manager #1's record 08 I and cardiopulmonary ted 5/15/16 and expired				
	-	on 8/17/18, the Qualified d she would try to obtain the n Relief Manager				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to program and any pro developmental disab services that is licens Chapter.	EMPLOYMENT. ed in this section, the term an area authority/county wider of mental health, ility, and substance abuse sable under Article 2 of this n offer of employment by a				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
	MHL092-559		B. WING		08	3/31/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
EAGLE HO	OME III		AMBLETON AVEN H, NC 27610	UE		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
V 133	Continued From page	e 2	V 133			
	applicant to fill a posi	tion that does not require the				
		occupational license is				
	· ·	ent to a State and national				
		d 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					
		it a request to a private				
		ate criminal history record				
	,	s section. Notwithstanding				
		Department of Justice shall				
		ational criminal history				
		ployment positions not				
	covered by Public La					
	-	and Human Services,				
	Criminal Records Ch					
	business days of receipt of the national criminal					
		the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		case shall the results of the				
		ory record check be shared oviders shall make available				
	with the provider Dre					1

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STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL092-559			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		08	8/31/2018		
NAME OF PROVIDER OR SUPPLIER STREE			ADDRESS, CITY, STATE,				
EAGLE HOM	EIII		AMBLETON AVENU H, NC 27610	JE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 133 C	continued From page	e 3	V 133				
<b>C b a tt m C s m C C s C A P e () s b C m () m a o h () () () C () tt ff () m</b>	heck has been comp y this section. A cou ppropriate local ordi ne Division of Crimin hay conduct on beha- riminal history record ection without the pre- equest to the Depart ase, the county shal riminal history record ection within five bus onditional offer of en all criminal history record ection within five bus onditional offer of en all criminal history record ection, the term scord to the applicant coubsection, the term usiness regularly en riminal history record ecords obtained from c) Action If an apple ecord check reveals relevant offense, th f the following factor ire the applicant: 1) The level and seri 2) The date of the cr b) The age of the pe onviction. 4) The circumstance ommission of the cri 5) The nexus between the person and the jo led. 6) The prison, jail, pre ehabilitation, and em	nployment by the provider. Formation received by the al and may not be disclosed, int as provided in subsection r purposes of this "private entity" means a logaged in conducting d checks utilizing public in 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 ime, if known. en the criminal conduct of b duties of the position to be					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-559	B. WING			8/31/2018	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
EAGLE HO	OME III		H, NC 27610	UE			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLETI DATE	
V 133	Continued From page	e 4	V 133				
	a relevant offense.						
	The fact of conviction	of a relevant offense alone					
	shall not be a bar to e	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						
	history record check is requested and received in compliance with this section						
	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 fo	r the safety and well-being of					
		ntal health, developmental					
	disabilities, or substance abuse services. These						
		iminal 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,						
		ve and Legislative Officers;					
		Article 7A, Rape and Other					
		8, Assaults; Article 10,					
		uction; Article 13, Malicious					
	Injury or Damage by						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	MHL092-559		B. WING		08	8/31/2018
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
EAGLE HO	OME III		AMBLETON AVEN H, NC 27610	UE		
(X4) ID			ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLETI DATE
V 133	Continued From page	e 5	V 133			
	Incendiary Device or	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		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	of G.S. 20-138.1 through				
	G.S. 20-138.5.	01 G.S. 20-136.1 through				
		hing False Information - Any				
	(f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes,					
		e gives false information on				
	••	cation that is the basis for a				
		d check under this section				
		ass A1 misdemeanor.				
	(g) Conditional Employment A provider may					
	employ an applicant					
		of a criminal history record				
		applicant if both of the				
	following requiremen					
	(1) The provider shal	l not employ an applicant				
	prior to obtaining the		1			1

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		IDENITIEICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL092-559	B. WING		30	8/31/2018
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE RAMBLETON AVENI			
EAGLE HO			GH, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 6	V 133			
	subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after the conditional employme 2001-155, s. 1; 2004	5				
	governing body failed was completed for or	as evidenced by: ew and interviews, the d a assure a criminal check ne of three audited staff prior rith clients (Manager). The				
	revealed: - a hire date of 5/12 - evidence of a crim	inal checks in the record nd 10/12/07 but under the				
	reported the wrong se	on 8/16/18, the Administrator ocial security number had nd an accurate check would				