Division of Health Service Regulation

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTOR (X2) MULTIPLE CONSTRUCTOR (X3) MULTIPLE CONSTRUCTOR (X4) MULTIPLE CONSTRUCTOR (X4) MULTIPLE CONSTRUCTOR (X4) MULTIPLE CONSTRUCTOR (X5) MULTIPLE CONSTRUCTOR (X6) MULTIPLE CONS			(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
			D MANAGE		R	
		MHL081-109	B. WING		09/26/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DEACE IN	THE CITY	724 THOM	MPSON ROAD			
PEACE IN	THE CITY	RUTHER	FORDTON, NC	28139		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	()	
PREFIX	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI		Έ
TAG	REGULATORY OR E	ESS IDENTIFY THIS IN GRAMATION,	TAG	DEFICIENCY)	TRALE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1/ 000			\neg
V 000	INITIAL COMMENTS		V 000			
	A 12 - 24 - 1 6 11	6 II T A4				
		rvey for the Type A1 was				
		nber 26, 2018. This was a				
		ey with 10A NCAC 27G of Qualified Professionals				
	•	sionals (V109);10A NCAC				
	27G .0205 Assessme					
		n or Service Plan (V112);10A				
		sidential Treatment Staff				
	Secure for Children a					
	Adolescents-Requirer	ments of Qualified				
	I	10A NCAC 27G .1703				
	, ,	t Staff Secure for Children				
	and Adolescents-Req	uirements of Associate				
	Professionals (V295);	10A NCAC 27G .1705				
	Residential Treatmen	t Staff Secure for Children				
	·	uirements for Licensed				
		10A NCAC 27G .0603				
	T = 1	equirements for Category A				
	,	6); 10A NCAC 27G .0604				
		equirements for Category A 7); 10A NCAC 27E .0104				
	Seclusion, Physical R	•				
		ive Devices for Behavioral				
		NCAC 27E .0108 Training in				
	Seclusion, Physical R	•				
	Time-Out (V537) review					
	The following were br	ought back into compliance:				
	10A NCAC 27G .0203	3 Competencies of Qualified				
	Professionals and Ass	sociate Professionals				
		G .0205 Assessment and				
	Treatment/Habilitation	n or Service Plan (V112);10A				
		sidential Treatment Staff				
	Secure for Children a					
	Adolescents-Requirer					
		10A NCAC 27G .1703				
		t Staff Secure for Children				
	I -	uirements of Associate				
	Professionals (V295);	10A NCAC 27G .1705				

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	TION NUMBER: A. BUILDING:		COMPLE	TED
					R	
		MHL081-109	B. WING		1	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
NAME OF T	NOVIDEN ON 301 1 EIEN		PSON ROAD	(IL, ZII GODE		
PEACE IN	THE CITY		ORDTON, NC	28139		
	CLIMMADV CT		· ·			0.5
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	Continued From page	e 1	V 000			
	Residential Treatment and Adolescents-Reconstruction Professionals (V297). Incident Response Reconstruction Reporting Reconstruction Reporting Reconstruction (V36 Seclusion, Physical Reconstruction (V517); 10A Neclusion, Physical Reconstruction (V537). Definition of the Residual Reconstruction (V537). Definition Reconstruction Reconst	t Staff Secure for Children puirements for Licensed (10A NCAC 27G .0603) equirements for Category A (16); 10A NCAC 27G .0604 equirements for Category A (17); 10A NCAC 27E .0104 Restraint and Isolation tive Devices for Behavioral NCAC 27E .0108 Training in Restraint and Isolation ficiencies were cited.				
V 131	Verification G.S. §131E-256 HEAREGISTRY (d2) Before hiring heath care facility or health care facility shealth care facility shearsonnel Registry at of access in the approximate of access in the approximate of the second		V 131			
	failed to ensure that be staff, the Health Care	pefore employment of facility Personnel Registry (HCPR) th incident of access be filed				

Division of Health Service Regulation

STATE FORM 9899 YXOF11 If continuation sheet 2 of 10

STATEMEN	of Health Service Regu r of Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL081-109	B. WING		R 09/26/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	1
PEACE IN	THE CITY		MPSON ROAD RFORDTON, NC 2	8139	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 131	audited staff. The find Review on 9/25/18 of (AP) personnel record Hire date: 5/22/17 Employed as Associa Support Residential SHCPR accessed: 5/25 Review on 9/26/18 of revealed: Hire date: 11/6/17 Employed as Direct SHCPR accessed: 11/5 Review on 9/26/18 of revealed: Hire date: 8/1/16 Employed as Direct SHCPR accessed: 2/16 Interview on 9/26/18 of revealed:	siness file affecting 3 of 3 lings are: the Associate Professional d revealed: the Professional/Direct Staff 5/17. Staff #3's personnel record Support Residential Staff 6/17. Staff #4's personnel record Support Residential Staff 6/17 with the Licensee revealed: Imption the HCPR could be	V 131		
V 133	-Will access the HCP employees.		V 133		
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any provider	INAL HISTORY RECORD FOR CERTAIN			

Division of Health Service Regulation

Chapter.

services that is licensable under Article 2 of this

STATE FORM 6899 YXOF11 If continuation sheet 3 of 10

Division of Health Service Regulation

Division of Health Service Regul	lation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	MHL081-109	B. WING	R 09/26/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PEACE IN THE CITY	724 THOMP	PSON ROAD				

PEACE IN THE CITY R		FORDTON, NC	28139	
(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 3 (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 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 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	V 133		DAIL
	of the applicant. In no case shall the results of the			

Division of Health Service Regulation

STATE FORM 9899 YXOF11 If continuation sheet 4 of 10

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R	
		MHL081-109	B. WING		1	6/2018
NAME OF D	DOVIDED OD SUDDI IED	ethert A	DDDESS CITY STA	TE ZID CODE	·	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	I E, ZIP CODE		
PEACE IN	THE CITY		MPSON ROAD	20420		
			FORDTON, NC			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 133	Continued From page	<u>.</u> 4	V 133			
	. •					
		ory record check be shared				
	=	viders shall make available				
		tion that a criminal history				
	-	oleted on any staff covered				
	-	nty that has adopted an nance and has access to				
		al Information data bank				
		olf of a provider a State				
		d check required by this				
	•	ovider having to submit a				
		ment of Justice. In such a				
		I commence with the State				
	criminal history record	d check required by this				
	section within five bus	siness days of the				
		nployment by the provider.				
		ormation received by the				
	· ·	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
		"private entity" means a				
	business regularly en	gaged in conducting d checks utilizing public				
	records obtained from	- :				
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	G				
	(1) The level and seri	ousness of the crime.				
	(2) The date of the cri					
	• •	rson at the time of the				
	conviction.					
	(4) The circumstance	•				
	commission of the cri					
		en the criminal conduct of				
		b duties of the position to be				
	filled.	abatian navala				
	(6) The prison, jail, pr	opation, parole,	1			

Division of Health Service Regulation

rehabilitation, and employment records of the

STATE FORM 9899 YXOF11 If continuation sheet 5 of 10

Division of Health Service Regulation

DIVISION	or riealiti Service Regu	ialion	1			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
		P WING		R		
		MHL081-109	B. WING		09/26/2	2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
			PSON ROAD	•		
PEACE IN	THE CITY		ORDTON, NC	28420		
			TON, NC			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
170		,	170	DEFICIENCY)		
V 133	Continued From page	e 5	V 133			
	nerson since the date	the crime was committed.				
	l -	ommission by the person of				
	a relevant offense.	offillission by the person of				
		of a valous at affairs a slave				
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
	_ · · · · · · · · · · · · · · · · · · ·	lifies an applicant after				
		elevant factors, then the				
		e information contained in				
	_	cord check that is relevant				
		, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
	· · ·	- A provider and an officer				
		vider that, in good faith,				
	complies with this sec	ction shall be immune from				
	civil liability for:					
	(1) The failure of the	provider to employ an				
	individual on the basis	s of information provided in				
	the criminal history re	cord check of the individual.				
	(2) Failure to check a	n employee's history of				
	criminal offenses if the	e employee's criminal				
		s requested and received in				
	compliance with this s					
	•	- As used in this section,				
	` '	ans a county, state, or				
		y of conviction or pending				
		whether a misdemeanor or				
	·	on an individual's fitness to				
		r the safety and well-being of				
	· · · · · · · · · · · · · · · · · · ·	ntal health, developmental				
		nce abuse services. These				
	· ·	minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub	<u> </u>				
	, ,	ve and Legislative Officers;				
		article 7A, Rape and Other				
	Jex Offerises, Afficie	8, Assaults; Article 10,				

Division of Health Service Regulation

STATE FORM 9899 YXOF11 If continuation sheet 6 of 10

Division of	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					R
		MHL081-109	B. WING		09/26/2018
					1 00:20:20:0
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
PEACE IN	THE CITY		MPSON ROAD		
		RUTHER	FORDTON, NC	28139	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(-)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
TAG	REGULATORT ORT	100 IDENTIFICATION	TAG	DEFICIENCY)	WATE
V 133	Continued From page	e 6	V 133		
	Kidnapping and Abdu	ction; Article 13, Malicious			
	Injury or Damage by				
		Material; Article 14, Burglary			
	-	akings; Article 15, Arson and			
	Other Burnings; Articl	le 16, Larceny; Article 17,			
	Robbery; Article 18, E	Embezzlement; Article 19,			
	False Pretenses and	Cheats; Article 19A,			
	Obtaining Property or	Services by False or			
	Fraudulent Use of Cre	edit Device or Other Means;			
		Transaction Card Crime			
		s; Article 21, Forgery; Article			
	26, Offenses Against				
		, Adult Establishments;			
		n; Article 28, Perjury; Article			
		, Misconduct in Public			
		enses Against the Public			
		liots and Civil Disorders;			
	Article 39, Protection				
	Protection of the Fam	ele 60, Computer-Related			
		also include possession or			
		ion of the North Carolina			
	•	es Act, Article 5 of Chapter			
		tutes, and alcohol-related			
		to underage persons in			
	violation of G.S. 18B-	.			
		of G.S. 20-138.1 through			
	G.S. 20-138.5.				
	(f) Penalty for Furnish	ning False Information Any			
		nent who willfully furnishes,			
		e gives false information on			
		cation that is the basis for a			
		d check under this section			
	shall be guilty of a Cla				
		yment A provider may			
	employ an applicant of	• •			
	obtaining the regulte of	of a criminal history record	1		

Division of Health Service Regulation

check regarding the applicant if both of the

following requirements are met:

STATE FORM 6899 YXOF11 If continuation sheet 7 of 10

Division of Health Service Regulation

	of Health Service Regu				(X3) DATE SURVEY
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
					R
		MHL081-109	B. WING		09/26/2018
					,
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	II E, ZIP CODE	
PEACE IN	THE CITY		MPSON ROAD		
		RUTHER	RFORDTON, NC	28139	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
170		,	IAG	DEFICIENCY)	
1/ 100		_	1/ 400		
V 133	Continued From page	e 7	V 133		
	(1) The provider shall	not employ an applicant			
		applicant's consent for			
		d check as required in			
	_	section or the completed			
	fingerprint cards as re	equired in G.S. 114-19.10.			
	(2) The provider shall	submit the request for a			
	criminal history record	d check not later than five			
	business days after the	ne individual begins			
	conditional employme	ent. (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				
		ew and interview, the facility			
		nal background check was			
		ays of the conditional offer of			
		3 of 3 audited staff. The			
	findings are:				
	Davious 0/05/40	the Associate Destanting			
		the Associate Professional			
	(AP) personnel record Hire date: 5/22/17	u revedieu.			
		te Professional/Direct			
	Support Residential S	Check conducted: 6/27/17.			
	Cinilinal Dackground	Officer Cofficueted. 0/21/11.			
	Review on 9/26/18 of	Staff #3's personnel record			
	revealed:	otali no o porodililor roddia			
	Hire date: 11/6/17				
		Support Residential Staff			
		Check conducted: 9/25/18.			
		223 002030020. 10.			
	Review on 9/26/18 of	Staff #4's personnel record			
	revealed:	,			
	Hire date: 8/1/16				

Division of Health Service Regulation

Employed as Direct Support Residential Staff

STATE FORM 9899 YXOF11 If continuation sheet 8 of 10

Division of Health Service Regulation

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			201251110.		R	
		MHL081-109	B. WING		09/26/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
PEACE IN	THE CITY		MPSON ROAD			
	T	RUTHER	FORDTON, NC 2	28139		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 133	Continued From page	e 8	V 133			
	Criminal Background	Check conducted: 8/23/16.				
	-Will conduct criminal	with the Licensee revealed: background checks on new ays of the conditional offer of o the hiring of new				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		n and interview, the facility n a safe, clean, attractive				
	4:25 pm revealed: -The carpet seam wa the front client bedroc -2 vanity sink doors w bathroom of the front -The carpet in Client a multiple places and so	vere unpainted in the client bedroom; #1's bedroom was frayed in tained a dark color; c chest of drawers in Client				
		with Client #1 revealed: his bedroom when he				

Division of Health Service Regulation

-The drawers on his dresser were already broken

STATE FORM 9899 YXOF11 If continuation sheet 9 of 10

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		MHL081-109	B. WING		09/26/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PEACE IN	THE CITY		MPSON ROAD RFORDTON, NC	28139	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 736	Continued From page	9	V 736		
	when he moved into t	the bedroom;			
	-He was happy to hav	ve a room to himself.			
	Interview on 9/26/18 v	with the Executive Director			
	-The carpet seam in t	he front client bedroom and			
	painting the sink vanit within a few days;	ty doors could be corrected			
	-The chest of drawers	s in client bedrooms were			
	being replaced when -Awareness that the o				
	bedroom needed to b				
	This deficiency consti	itutos a regitod deficionav			
	and must be corrected	itutes a recited deficiency d within 30 days.			

Division of Health Service Regulation

STATE FORM 9899 YXOF11 If continuation sheet 10 of 10