

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER FLYNN RECOVERY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST UNION STREET MORGANTON, NC 28655
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 1, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Individuals of All Disability Groups.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure paraprofessionals demonstrated knowledge, skills and abilities required by the population served for two of three audited staff members (Staff #2 and Staff #3). The findings are:</p> <p>Review on 11/1/18 of Staff #2's employee file revealed: -original hire date of 9/2/16 -re-hire date of 4/1/18 -no record of medication administration training.</p> <p>Review on 11/1/18 of Staff #3's employee file revealed: -hire date of 3/23/17 -no record of medication administration training.</p> <p>Interview on 11/1/18 with the Program Director revealed: -all clients in the facility self-administered their medications -they were not admitted until the doctor approved ahead of time the client could self-administer -they relied on the doctor to interview the client and determine if the client was able to self-administer -this was part of the therapeutic program to take their medications as prescribed -none of the staff had received training in medication administration -staff never touched the client medications.</p> <p>Observation of Client #1's medications on</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>10/31/18 at approximately 11:00 a.m. included: -Quetiapine Fumarate (Seroquel) 100 milligrams (mg) - one tablet at bedtime -Hydroxyzine Pamoate (Vistaril) 50 mg - one every 4 to 6 hours as needed -Prozac and Remeron were not observed.</p> <p>Review on 10/31/18 of Client #1's October 2018 Medication Administration Record (MAR) revealed: -Seroquel 200 mg - one at bedtime</p> <p>Review on 10/31/18 of Client #1's physician orders revealed: -7/24/18 - Fluoxetine (Prozac) 40 mg - one every morning -Mirtazapine (Remeron) 15 mg one at bedtime -Vistaril 25 mg - one every 4 hours as needed -8/13/18 -Vistaril 50 mg - one every 4 to 6 hours as needed -there were no physician orders to discontinue Prozac, Remeron and Vistaril (25 mg).</p> <p>Interview on 11/1/18 with the Program Director revealed: -on 9/13/18 Client #1 had a doctor visit and decided to try different medications -the doctor did not discontinue the previous medications for Prozac, Remeron and the 25mg Vistaril.</p> <p>Observation of Client #2's medications on 10/31/18 at approximately 11:30 a.m. revealed: -Bupropion XL (Wellbutrin) 150 mg - 3 tablets every day -Remeron 30 mg - one at bedtime -Omeprazole DR (Prilosec) 20 mg - one tablet 2 times a day before meals -Vistaril 50 mg - one daily</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>-Latuda 40 mg - one every evening with meals</p> <p>Review on 10/31/18 of Client #2's physician orders dated 8/29/18 revealed: -the orders matched the prescription bottle labels as observed.</p> <p>Review on 10/31/18 of Client #2's October 2018 MAR revealed: -Bupropion XL (Wellbutrin) 150 mg - 2 tablets in the morning and one at noon -Remeron 15 mg - one at bedtime -Omeprazole DR (Prilosec) 20 mg - was not on MAR -Vistaril 50 mg - one as needed not to exceed 300 mg -Latuda 40 mg - 1/2 tablet in the morning.</p> <p>Interview on 11/1/18 with Client #2 revealed: -Wellbutrin - he was taking one in the morning and one at noon -Remeron - he was breaking this in half -Prilosec - he was taking one a day in the morning -Vistaril - he stopped taking this around mid October as the pharmacy said it interfered with an antifungal he was prescribed for 10 days; Vistaril was to help him sleep, but he was sleeping fine and his plan was to stop taking this -Latuda - he was taking a whole tablet every morning.</p> <p>Observation on 10/31/18 at approximately 11:45 a.m. of Client #3's medication revealed: -Loratadine (Claritin) 10 mg - one tablet every morning</p> <p>Review on 10/31/18 of Client #3's physician orders dated 8/29/18 revealed: -Loratadine (Claritin) 10 mg - one tablet every</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>morning</p> <p>Review on 10/31/18 of Client #3's October 2018 MAR revealed: -Claritin was not listed.</p> <p>Interview on 10/31/18 with Client #3 revealed: -he did not take any medications in the morning as they made him too sleepy.</p> <p>Interview on 10/31/18 with Staff #3 revealed: -he unlocked the medication cabinet for the client's and got their plastic medication bins out for them -he watched them fill up their medication minders for 5 days worth of medications -the clients' then signed off on their MAR sheet, and he then locked the plastic bins back up -he did not view every single pill they put in their medication minder -he could not say whether it was one pill or two pills they were getting out -he had not received medication administration training since working at the facility.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 10/31/18 of fire and disaster drills from October 2017 through September 2018 revealed: -No documentation of fire or disaster drills having been conducted during: --2nd shift for any of the above quarters.</p> <p>Review on 10/31/18 of a "Fire and Disaster Plan" form signed by clients at intake revealed: -"...shall have two monthly fire drills and two monthly disaster drills with two being at night and two during the day at any given time..."</p> <p>Interview on 10/31/18 with the Residential Director revealed: -they had two shifts; day time and night time; -fire and disaster drills were held 4 times a year; -he confirmed all the drills reviewed were from first shift only; -he would have night shift conduct a drill this evening.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to obtain a physician's order to discontinue medications no longer taken by the client and failed to ensure the Medication Administration Record (MARs) were kept current for clients who self-administered their medications affecting three of three audited clients (Clients #1, #2 and #3). The findings are:</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 10/31/18 of Client #1's record revealed: -admission date: 7/25/18 -diagnoses: Opioid Use Disorder, severe; Sedative Use Disorder, severe; Anxiety Disorder; Nicotine Use Disorder, mild; and Cannabis Use Disorder.</p> <p>Observation of Client #1's medications on 10/31/18 at approximately 11:00 a.m. included: -Quetiapine Fumarate (Seroquel) 100 milligrams (mg) - one tablet at bedtime -Hydroxyzine Pamoate (Vistaril) 50 mg - one every 4 to 6 hours as needed -Prozac and Remeron were not observed.</p> <p>Review on 10/31/18 of Client #1's October 2018 MAR revealed: -Seroquel 200 mg - one at bedtime</p> <p>Review on 10/31/18 of Client #1's physician orders revealed: -7/24/18 - Fluoxetine (Prozac) 40 mg - one every morning -Mirtazapine (Remeron) 15 mg one at bedtime -Vistaril 25 mg - one every 4 hours as needed -8/13/18 -Vistaril 50 mg - one every 4 to 6 hours as needed -there were no physician orders to discontinue Prozac, Remeron and Vistaril (25 mg).</p> <p>Interview on 11/1/18 with the Program Director revealed: -on 9/13/18 Client #1 had a doctor visit and decided to try different medications -the doctor did not discontinue the previous medications for Prozac, Remeron and the 25mg Vistaril.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Review on 10/31/18 of Client #2's record revealed: -admission date: 8/8/18 -diagnoses: Gastroesophageal Reflux Disease; Attention-Deficit Hyperactivity Disorder; Inhalant Use Disorder; Opioid Use Disorder, mild; Unspecified Depressive Disorder; Alcohol Use Disorder; Stimulant Use Disorder; and Nicotine Use Disorder.</p> <p>Observation of Client #2's medications on 10/31/18 at approximately 11:30 a.m. revealed: -Bupropion XL (Wellbutrin) 150 mg - 3 tablets every day -Remeron 30 mg - one at bedtime -Omeprazole DR (Prilosec) 20 mg - one tablet 2 times a day before meals -Vistaril 50 mg - one daily -Latuda 40 mg - one every evening with meals</p> <p>Review on 10/31/18 of Client #2's physician orders dated 8/29/18 revealed: -the orders matched the prescription bottle labels as observed.</p> <p>Review on 10/31/18 of Client #2's October 2018 MAR revealed: -Bupropion XL (Wellbutrin) 150 mg - 2 tablets in the morning and one at noon -Remeron 15 mg - one at bedtime -Omeprazole DR (Prilosec) 20 mg - was not on MAR -Vistaril 50 mg - one as needed not to exceed 300 mg -Latuda 40 mg - 1/2 tablet in the morning.</p> <p>Interview on 11/1/18 with Client #2 revealed: -Wellbutrin - he was taking one in the morning and one at noon</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>-Remeron - he was breaking this in half -Prilosec - he was taking one a day in the morning -Vistaril - he stopped taking this around mid October as the pharmacy said it interfered with an antifungal he was prescribed for 10 days; Vistaril was to help him sleep, but he was sleeping fine and his plan was to stop taking this -Latuda - he was taking a whole tablet every morning.</p> <p>Review on 10/31/18 of Client #3's record revealed: -admission date: 8/9/18 -diagnoses: Depression; Inhalant Use Disorder, severe; Opioid Use Disorder, mild; Benzodiazapine Use Disorder, mild; and Unspecified Anxiety Disorder.</p> <p>Observation on 10/31/18 at approximately 11:45 a.m. of Client #3's medication revealed: -Loratadine (Claritin) 10 mg - one tablet every morning</p> <p>Review on 10/31/18 of Client #3's physician orders dated 8/29/18 revealed: -Loratadine (Claritin) 10 mg - one tablet every morning</p> <p>Review on 10/31/18 of Client #3's October 2018 MAR revealed: -Claritin was not listed.</p> <p>Interview on 10/31/18 with Client #3 revealed: -he did not take any medications in the morning as they made him too sleepy.</p> <p>Interview on 10/31/18 with Staff #3 revealed: -he unlocked the medication cabinet for the client's and got their plastic medication bins out</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>for them</p> <ul style="list-style-type: none"> -he watched them fill up their medication minders for 5 days worth of medications -the clients' then signed off on their MAR sheet, and he then locked the plastic bins back up -he did not view every single pill they put in their medication minder -he could not say whether it was one pill or two pills they were getting out. <p>Interview on 11/1/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> -all clients in the facility self-administered their medications -they were not admitted until the doctor approved ahead of time the client could self-administer 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct the HCPR (Health Care Personnel Registry) check prior to the date of hire for 2 of 3 audited direct support staff (Staff #2 and Staff #3). The findings are:</p>	V 131		

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V 131	<p>Continued From page 11</p> <p>Review on 11/1/18 of Staff #2's employee file revealed: -original hire date of 9/8/16 -re-hire date of 4/1/18 -HCPR check dated 9/2/16.</p> <p>Review on 11/1/18 of Staff #3's employee file revealed: -hire date of 3/23/17 -HCPR check dated 3/24/18.</p> <p>Interview on 11/1/18 with the Executive Director revealed: -she was not aware the HCPR should be checked when an employee was re-hired.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>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 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</p>	V 133		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER FLYNN RECOVERY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST UNION STREET MORGANTON, NC 28655
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V 133	<p>Continued From page 13</p> <p>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 records obtained from a State agency.</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>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</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER FLYNN RECOVERY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST UNION STREET MORGANTON, NC 28655
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V 133	<p>Continued From page 14</p> <p>of the criminal history record check to the applicant.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER FLYNN RECOVERY COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST UNION STREET MORGANTON, NC 28655
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V 133	<p>Continued From page 15</p> <p>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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(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.)</p>	V 133		

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V 133	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment for 1 of 3 audited direct support staff (Staff #2). The findings are:</p> <p>Review on 11/1/18 of Staff #2's employee file revealed: -original hire date of 9/8/16 -re-hire date of 4/1/18 -signed position/contract agreement dated 4/1/18 -criminal record check dated 9/2/16.</p> <p>Interview on 11/1/18 with the Executive Director revealed: -she was not aware an updated criminal history check should be done when an employee was re-hired.</p>	V 133		