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	
			B. WING		
MHL020-078		B. WING		01/10/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
THE CRO	SSING		AIN TRACE /S, NC 28901		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual survey was completed on 1/10/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised				
V 131	Living for Individuals of all Disability Groups.  131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131		
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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.				
	failed to access the N Personnel Registry (H to ensure each staff n	ew and interview, the facility orth Carolina Health Care ICPR) prior to hire in order nember had no s listed for 1 of 3 sampled			
	Staff #1 revealed: -Staff #1 was originall -he left employment o -he was re-hired on 7.	n 5/8/15			

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

(X6) DATE TITLE

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		MHL020-078	B. WING		01	/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
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		ANDREW	/S, NC 28901			
(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) COMPLETE DATE
V 131	Continued From page	e 1	V 131			
	Operations revealed: -HCPR checks were office	done by their corporate rate office and was unable to				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.  (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.  (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					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL020-078	B. WING		01/10/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE		
			TAIN TRACE			
THE CROS	SSING		WS, NC 28901			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 133	Continued From page	2	V 133			
	Justice under G.S. 11 criminal history record section or shall submentity to conduct a Stacheck required by this G.S. 114-19.10, the Distriction of the person, and Human Services, Unit, shall notify the pinformation received of the applicant. In nonational criminal history with the provider. Proupon request verificate check has been composed by this section. A courappropriate local ordinal criminal history record section without the prequest to the Depart case, the county shall criminal history record section within five bus conditional offer of en All criminal history informational offer of en Conditional offer of the applicant (c) of this section. For	d check required by this it a request to a private ate criminal history record a section. Notwithstanding repartment of Justice shall ational criminal history ployment positions not w 105-277 to the and Human Services, eck Unit. Within five shipt of the national criminal the Department of Health Criminal Records Check rovider as to whether the may affect the employability acase shall the results of the ary record check be shared viders shall make available into that a criminal history pleted on any staff covered inty that has adopted an mance and has access to all Information data bank of a provider a State of check required by this ovider having to submit a ment of Justice. In such a commence with the State of check required by the siness days of the inployment by the provider. Ormation received by the all and may not be disclosed, at as provided in subsection				

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business regularly engaged in conducting

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL020-078		B. WING		01/10/2019	
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
THE CROSSING	48 BRITTAI				
(X4) ID SUMMARY STATE		ID	PROVIDER'S PLAN OF CORRECTION	J (X5)	-
PREFIX (EACH DEFICIENCY N	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
V 133 Continued From page 3	3	V 133			
criminal history record of records obtained from a (c) Action If an applicate record check reveals or a relevant offense, the positive the applicant:  (1) The level and serious (2) The date of the criminal history records of the criminal history records of the person and the job of filled.  (6) The prison, jail, probress of the person and the job of filled.  (6) The prison, jail, probress of the date the person since the date the the person since the date the the person since the date the the person of the criminal history records of the person of the relepton of the relepton of the relepton of the relepton of the criminal history records of the disqualification, but the disqualification, but the criminal history records of the provided on the basis of the criminal history records of	STREET ADD  48 BRITTAI ANDREWS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  criminal history record checks utilizing public records obtained from a State agency. (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: (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. 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 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				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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		B. WING				
		MHL020-078	B. WING		01/10/2019	
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1710		,	,,,,,	DEFICIENCY)		
V 133	Continued From page	e 4	V 133			
	criminal offenses if the	e employee's criminal				
		s requested and received in				
	compliance with this					
	. ,	- 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				
	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					
		icle 5, Counterfeiting and				
	Issuing Monetary Sub	ostitutes; Article 5A,				
	Endangering Executive	ve and Legislative Officers;				
	Article 6, Homicide; A	rticle 7A, Rape and Other				
	Sex Offenses; Article	8, Assaults; Article 10,				
	Kidnapping and Abdu	ction; Article 13, Malicious				
	Injury or Damage by	Use of Explosive or				
	Incendiary Device or	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	Other Burnings; Articl	le 16, Larceny; Article 17,				
	_	Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or					
	•	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					
		cle 60, Computer-Related				
	Crime. These crimes also include possession or					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 133	TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 133			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request within five business days of making the conditional offer of employment, a criminal history record check for 1 of 3 staff audited (Staff #1). The findings are:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 133	Continued From page 6		V 133			
	Staff #1 revealed: -Staff #1 was originall -he left employment of -he was re-hired on 7 -the criminal history of 7/20/18.  Interview on 1/10/19 of Operations revealed: -she was aware the of needed to be done with hire -she relied on the corrections.	on 5/8/15 /2/18 heck was conducted on with the Director of Business riminal history checks ithin five business days of porate office to do the sure why there was a delay				

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