|                          | OF DEFICIENCIES<br>F CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |  |                                   | E SURVEY<br>PLETED      |
|--------------------------|---|--|----------------------------------|--|-----------------------------------|-------------------------|
|                          |   | NUL 00 / 000   | B. WING                          |  |                                   |                         |
|                          |   | MHL034-382   |                                  |  | 02                                | 2/15/2019               |
| AIVIE OF PR              | OVIDER OR SUPPLIER  |  | DDRESS, CITY, STATE              |  |                                   |                         |
| OME CAI                  | RE SOLUTIONS AT FOL   | KSTONE RIDGE   | N SALEM, NC 271                  |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 000                    | INITIAL COMMENTS  | ;  | V 000                            |  |                                   |                         |
|                          | An annual survey wa 2019. Deficiencies we   | s completed on February 15,<br>ere cited.  |                                  |  |                                   |                         |
|                          | category: 10A NCAC  | d for the following service<br>27G. 5600 Supervised<br>Developmental Disabilites.  |                                  |  |                                   |                         |
| V 110                    | 27G .0204 Training/S<br>Paraprofessionals   | Supervision  | V 110                            |  |                                   |                         |
|                          | <ul> <li>SUPERVISION OF P</li> <li>(a) There shall be not paraprofessionals.</li> <li>(b) Paraprofessional associate professional associate professional as species Subchapter.</li> <li>(c) Paraprofessionals kills and population served.</li> <li>(d) At such time as a employment system in then qualified professionals shall determine the served.</li> </ul> | fied in Rule .0104 of this<br>s shall demonstrate<br>l abilities required by the<br>a competency-based<br>is established by rulemaking,<br>sionals and associate<br>emonstrate competence.<br>Il be demonstrated by<br>including:<br>dge;<br>ss; |                                  |  |                                   |                         |
|                          | (f) The governing bo<br>develop and impleme   | dy for each facility shall<br>ent policies and procedures<br>e individualized supervision<br>n paraprofessional.   |                                  |  |                                   |                         |

|               | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING: |  |                   | E SURVEY<br>PLETED |
|---------------|--|---|----------------------------------|--|-------------------|--------------------|
|               |  |   |                                  |  |                   |                    |
|               |  | MHL034-382  | B. WING                          |  | 02                | 2/15/2019          |
| AME OF PF     | ROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, STATE              | , ZIP CODE   |                   |                    |
| OME CA        | RE SOLUTIONS AT FOL  | KSTONE RIDGE  | LKSTONE RIDGE L                  |  |                   |                    |
| (X4) ID       | SUMMARY ST   | ATEMENT OF DEFICIENCIES   |                                  | PROVIDER'S PLAN (                                    | OF CORRECTION     | (X5)               |
| PRÉFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                    | (EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | O THE APPROPRIATE | COMPLE<br>DATE     |
| V 110         | Continued From page  | e 1   | V 110                            |  |                   |                    |
|               | staff (#1) failed to der   | ews and interviews, 1 of 4<br>monstrate the knowledge,<br>required by the population  |                                  |  |                   |                    |
|               | -A hire date of 1/31/1<br>-A job description of F  |   |                                  |  |                   |                    |
|               | -Client #1 had not ret<br>school<br>-Was not sure where<br>-"[Client #1] returns fit<br>the bus has not come<br>-Asked "should I call<br>-Surveyor stated yes<br>-Called the Team Lea<br>-Client #1's bus was<br>Team Lead after calli<br>-"I don't know much a<br>her history. I don't kn<br>school, but she's in 1<br>-Was not aware of cli<br>self-injurious behavio<br>destruction. I knew st<br>one ear, but I don't kn | rom school at 4:08pm, but<br>e and it is 5:05pm"<br>someone?"<br>ad<br>late per information from the<br>ng the school<br>about [client #1]. I don't know<br>ow where she goes to<br>0th grade<br>ent #1's history of<br>ors, aggression or property<br>he has trouble hearing out of<br>now which one." |                                  |  |                   |                    |
|               | stated "I forget her in mind slips."   | client #1's goals staff #1<br>itial ones and sometimes my<br>ad a seizures where she  |                                  |  |                   |                    |

STATE FORM

6899

|               | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE C      |  |                   | E SURVEY<br>PLETED |
|---------------|--|--|----------------------|--|-------------------|--------------------|
|               |  |  | A. BUILDING:         |  |                   |                    |
|               |  | MHL034-382   | B. WING              |  | 02                | 2/15/2019          |
| IAME OF P     | ROVIDER OR SUPPLIER  |  | ADDRESS, CITY, STATE |  |                   |                    |
| IOME CA       | RE SOLUTIONS AT FOL  | KSTONE RIDGE   | LKSTONE RIDGE L      |  |                   |                    |
| (X4) ID       | SUMMARY ST   | ATEMENT OF DEFICIENCIES  | ID                   | PROVIDER'S PLAN                                      | OF CORRECTION     | (X5)               |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | PREFIX<br>TAG        | (EACH CORRECTIVE A<br>CROSS-REFERENCED TI<br>DEFICIE | O THE APPROPRIATE | COMPLET<br>DATE    |
| V 110         | Continued From page  | e 2  | V 110                |  |                   |                    |
|               |  | em coming on. The last time<br>o [a local department store]<br>v I got there"  |                      |  |                   |                    |
|               | Interview on 2/15/19<br>Professional revealed<br>-Staff #1 was recently  |  |                      |  |                   |                    |
|               | included client specif<br>goals and strategies   | jency's orientation which<br>ic training, behaviors and<br>in the client's treatment plan.<br>it people working for us. I<br>od fit" |                      |  |                   |                    |
| V 133         | G.S. 122C-80 Crimin  | al History Record Check  | V 133                |  |                   |                    |
|               | CHECK REQUIRED<br>APPLICANTS FOR E<br>(a) Definition As us<br>"provider" applies to<br>program and any pro-<br>developmental disab<br>services that is licens<br>Chapter.<br>(b) Requirement An<br>provider licensed und<br>applicant to fill a posi<br>applicant to fill a posi<br>applicant to have an<br>conditioned on conse<br>criminal history recor<br>the applicant has bee<br>less than five years,<br>is conditioned on corr<br>criminal history recor<br>national criminal history<br>the applicant has bee |  |                      |  |                   |                    |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |  |                                      | E SURVEY<br>PLETED      |
|--------------------------|---|--|----------------------------------|--|--------------------------------------|-------------------------|
|                          |   |  |                                  |  |                                      |                         |
|                          |   | MHL034-382   | B. WING                          |  | 02                                   | 2/15/2019               |
| IAME OF PR               | ROVIDER OR SUPPLIER   | STREET   | ADDRESS, CITY, STATE,            | , ZIP CODE   |                                      |                         |
| IOME CA                  | RE SOLUTIONS AT FOL   | KSTONE RIDGE   | LKSTONE RIDGE L                  |  |                                      |                         |
|                          |   |  | ON SALEM, NC 2712                |  |                                      |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)                | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED T<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 133                    | Continued From page   | e 3  | V 133                            |  |                                      |                         |
|                          | on consent to a State   | e criminal history record  |                                  |  |                                      |                         |
|                          |   | it. A provider shall not   |                                  |  |                                      |                         |
|                          |   | who refuses to consent to a  |                                  |  |                                      |                         |
|                          |   | d check required by this   |                                  |  |                                      |                         |
|                          |   | section. Except as otherwise provided in this  |                                  |  |                                      |                         |
|                          | subsection, within five business days of making<br>the conditional offer of employment, a provider<br>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   |  |                                  |  |                                      |                         |
|                          |   | Department of Justice shall  |                                  |  |                                      |                         |
|                          |   | national criminal history  |                                  |  |                                      |                         |
|                          | record checks for employment positions not<br>covered by Public Law 105-277 to the  |  |                                  |  |                                      |                         |
|                          | -   |  |                                  |  |                                      |                         |
|                          | -   | n and Human Services,  |                                  |  |                                      |                         |
|                          |   | Criminal Records Check Unit. Within five   |                                  |  |                                      |                         |
|                          | -   | business days of receipt of the national criminal<br>history of the person, the Department of Health |                                  |  |                                      |                         |
|                          | and Human Services, Criminal Records Check  |  |                                  |  |                                      |                         |
|                          |   | provider as to whether the   |                                  |  |                                      |                         |
|                          |   | may affect the employability   |                                  |  |                                      |                         |
|                          |   | case shall the results of the  |                                  |  |                                      |                         |
|                          |   | ory record check be shared   |                                  |  |                                      |                         |
|                          |   | viders shall make available  |                                  |  |                                      |                         |
|                          | -   | upon request verification that a criminal history  |                                  |  |                                      |                         |
|                          | check has been com  | check has been completed on any staff covered  |                                  |  |                                      |                         |
|                          | by this section. A county that has adopted an   |  |                                  |  |                                      |                         |
|                          |   | nance and has access to  |                                  |  |                                      |                         |
|                          |   | nal Information data bank  |                                  |  |                                      |                         |
|                          |   | alf of a provider a State  |                                  |  |                                      |                         |
|                          |   | d check required by this   |                                  |  |                                      |                         |
|                          |   | rovider having to submit a   |                                  |  |                                      |                         |
|                          |   | tment of Justice. In such a  |                                  |  |                                      |                         |
|                          | -   | Il commence with the State   |                                  |  |                                      |                         |
|                          | -   | d check required by this   |                                  |  |                                      |                         |
|                          | section within five bu  |  |                                  |  |                                      | 1                       |

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|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CON<br>A. BUILDING: |   |                                      | E SURVEY<br>PLETED      |  |
|--------------------------|--|---|-----------------------------------|---|--------------------------------------|-------------------------|--|
|                          |  | MHL034-382  | B. WING                           |   |                                      |                         |  |
|                          |  |   |                                   |   | 02/15/2019                           |                         |  |
| NAME OF P                | ROVIDER OR SUPPLIER  |   | ADDRESS, CITY, STATE, Z           |   |                                      |                         |  |
| HOME CA                  | RE SOLUTIONS AT FOL  | KSTONE RIDGE  | N SALEM, NC 27127                 |   |                                      |                         |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG               | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED TO<br>DEFICIE | CTION SHOULD BE<br>D THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |  |
| V 133                    | Continued From page  | e 4   | V 133                             |   |                                      |                         |  |
|                          | All criminal history improvider is confidenti<br>except to the applica<br>(c) of this section. Fo<br>subsection, the term<br>business regularly er-<br>criminal history recor-<br>records obtained from<br>(c) Action If an app<br>record check reveals<br>a relevant offense, th<br>of the following factor<br>hire the applicant:<br>(1) The level and ser<br>(2) The date of the cr<br>(3) The age of the per-<br>conviction.<br>(4) The circumstance<br>commission of the cr<br>(5) The nexus between<br>the person and the jo<br>filled.<br>(6) The prison, jail, pr<br>rehabilitation, and en<br>person since the date<br>(7) The subsequent of<br>a relevant offense.<br>The fact of conviction<br>shall not be a bar to of<br>listed factors shall be<br>If the provider disquar<br>consideration of the r<br>provider may disclose<br>the criminal history re<br>to the disqualification<br>of the criminal history<br>applicant. | "private entity" means a<br>ngaged in conducting<br>d checks utilizing public<br>n a State agency.<br>licant's criminal history<br>one or more convictions of<br>the provider shall consider all<br>rs in determining whether to<br>iousness of the crime.<br>time.<br>trime.<br>trime at the time of the<br>es surrounding the<br>time, if known.<br>en the criminal conduct of<br>ab duties of the position to be<br>robation, parole,<br>hployment records of the<br>the crime was committed.<br>commission by the person of<br>a of a relevant offense alone<br>employment; however, the<br>e considered by the provider.<br>diffes an applicant after<br>relevant factors, then the<br>e information contained in<br>ecord check that is relevant<br>b, but may not provide a copy |                                   |   |                                      |                         |  |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING:   |  |                                      | E SURVEY<br>PLETED      |
|--------------------------|---|---|------------------------------------|--|--------------------------------------|-------------------------|
|                          |   |   |                                    |  |                                      |                         |
|                          | MHL034-382  |   | B. WING                            |  | 02                                   | 2/15/2019               |
| IAME OF P                | ROVIDER OR SUPPLIER   | STREET A  | DDRESS, CITY, STATE                | , ZIP CODE   |                                      |                         |
| IOME CA                  | RE SOLUTIONS AT FOL   | KSTONE RIDGE  | LKSTONE RIDGE L<br>N SALEM, NC 271 |  |                                      |                         |
|                          |   |   |                                    | PROVIDER'S PLAN C                                      |                                      | (25)                    |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | CTION SHOULD BE<br>) THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 133                    | Continued From page   | e 5   | V 133                              |  |                                      |                         |
|                          | complies with this sec<br>civil liability for:<br>(1) The failure of the<br>individual on the basi<br>the criminal history re<br>(2) Failure to check a<br>criminal offenses if th<br>history record check<br>compliance with this<br>(e) Relevant Offense<br>"relevant offense" me<br>federal criminal histor<br>indictment of a crime<br>felony, that bears up<br>have responsibility fo<br>persons needing mer<br>disabilities, or substa<br>crimes include the cri<br>any of the following A<br>General Statutes: Art<br>Issuing Monetary Sut<br>Endangering Executi<br>Article 6, Homicide; A<br>Sex Offenses; Article<br>Kidnapping and Abdu<br>Injury or Damage by<br>Incendiary Device or<br>and Other Housebrea<br>Other Burnings; Artic<br>Robbery; Article 18, F<br>False Pretenses and<br>Obtaining Property of<br>Fraudulent Use of Cr<br>Article 19B, Financial<br>Act; Article 20, Fraud<br>26, Offenses Against<br>Decency; Article 26A | As used in this section,<br>eans a county, state, or<br>ry of conviction or pending<br>, whether a misdemeanor or<br>on an individual's fitness to<br>r the safety and well-being of<br>ntal health, developmental<br>nce abuse services. These<br>iminal offenses set forth in<br>articles of Chapter 14 of the<br>icle 5, Counterfeiting and<br>ostitutes; Article 5A,<br>ve and Legislative Officers;<br>Article 7A, Rape and Other<br>8, Assaults; Article 10,<br>action; Article 13, Malicious<br>Use of Explosive or<br>Material; Article 14, Burglary<br>akings; Article 15, Arson and<br>le 16, Larceny; Article 17,<br>Embezzlement; Article 19,<br>Cheats; Article 19A,<br>r Services by False or<br>edit Device or Other Means;<br>I Transaction Card Crime<br>s; Article 21, Forgery; Article |                                    |  |                                      |                         |

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING:     |  | (X3) DATE SURVEY<br>COMPLETED     |                         |
|--------------------------|--|--|--------------------------------------|--|-----------------------------------|-------------------------|
|                          |  |  |                                      |  |                                   |                         |
|                          |  | MHL034-382   | B. WING                              |  | 02                                | 2/15/2019               |
| AME OF P                 | ROVIDER OR SUPPLIER  |  | ADDRESS, CITY, STATE,                |  |                                   |                         |
| IOME CA                  | RE SOLUTIONS AT FOL  | KSTONE RIDGE   | LKSTONE RIDGE LA<br>N SALEM, NC 2712 |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                  | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 133                    | Continued From page  | e 6  | V 133                                |  |                                   |                         |
|                          | 29, Bribery; Article 31,<br>Office; Article 35, Offi<br>Peace; Article 36A, FA<br>Article 39, Protection<br>Protection of the Fam<br>Intoxication; and Artic<br>Crime. These crimes<br>sale of drugs in violat<br>Controlled Substance<br>90 of the General Sta<br>offenses such as sale<br>violation of G.S. 18B-<br>impaired in violation of<br>G.S. 20-138.5.<br>(f) Penalty for Furnish<br>applicant for employr<br>supplies, or otherwise<br>an employment appli-<br>criminal history recor-<br>shall be guilty of a CI-<br>(g) Conditional Emplo<br>employ an applicant of<br>obtaining the results<br>check regarding the a<br>following requirement<br>(1) The provider shall<br>prior to obtaining the<br>criminal history recor-<br>subsection (b) of this<br>fingerprint cards as re<br>(2) The provider shall<br>criminal history recor-<br>business days after th<br>conditional employme<br>2001-155, s. 1; 2004 | I, Misconduct in Public<br>enses Against the Public<br>Riots and Civil Disorders;<br>of Minors; Article 40,<br>hily; Article 59, Public<br>cle 60, Computer-Related<br>also include possession or<br>tion of the North Carolina<br>es Act, Article 5 of Chapter<br>atutes, and alcohol-related<br>e to underage persons in<br>-302 or driving while<br>of G.S. 20-138.1 through<br>hing False Information Any<br>ment who willfully furnishes,<br>e gives false information on<br>cation that is the basis for a<br>d check under this section<br>ass A1 misdemeanor.<br>byment A provider may<br>conditionally prior to<br>of a criminal history record<br>applicant if both of the<br>ts are met:<br>I not employ an applicant<br>applicant's consent for<br>d check as required in<br>section or the completed<br>equired in G.S. 114-19.10.<br>I submit the request for a<br>d check not later than five<br>he individual begins |                                      |  |                                   |                         |

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|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED        |                         |
|--------------------------|---|--|---|---|--------------------------------------|-------------------------|
|                          |   | MHL034-382   | B. WING                                 |   | 0                                    | 2/15/2019               |
|                          | ROVIDER OR SUPPLIER   | I  | REET ADDRESS, CITY, STATE, ZIP CODE     |   |                                      |                         |
|                          |   | 1166 FO  |   |   |                                      |                         |
|                          | RE SOLUTIONS AT FOL   | KSTONE RIDGE WINSTO  | N SALEM, NC 2712                        | 27  |                                      |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED T(<br>DEFICIE | CTION SHOULD BE<br>O THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 133                    | Continued From page   | e 7  | V 133                                   |   |                                      |                         |
|                          | facility failed to reque<br>nationwide criminal re<br>business days of offe<br>audited staff (#1). The<br>Review on 2/14/19 of<br>-A hire date of 1/31/1<br>-A job description of F     | ews and interviews the<br>st the required state and/or<br>ecord checks within 5<br>ring employment for 1 of 4<br>e findings are:<br>f staff #1's record revealed:<br>9<br>Paraprofessional<br>neck requested on 2/1/19 |   |   |                                      |                         |
|                          | Professional (AP) rev<br>-Was responsible for<br>check<br>-Was not aware the re-<br>nationwide criminal re-<br>business days of offe<br>-"I do apologize for the<br>make sure I do them | realed:<br>staff #1's criminal record<br>equired state and/or<br>ecord check within 5<br>ring employment<br>nat. Now that I know, I will<br>ahead of time."  |   |   |                                      |                         |
|                          | checks  | d:<br>sible for the criminal record<br>different than mine and I   |   |   |                                      |                         |
|                          |   |  |   |   |                                      |                         |