04/02/2019

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  |                  | (X3) DATE SURVEY<br>COMPLETED  |  |
|--|---|---|------------------|--|--|
|  |   | MHL0411115  | B. WING          |  | 02/26/2019   |
| NAME OF D  | ROVIDER OR SUPPLIER   | STDEET A  | DDRESS, CITY, ST | TATE ZIP CODE  |  |
| NAIVIE OF F  | ROVIDER OR SUFFLIER   |   | DUNES, CITT, ST  | ,  |  |
| J GEE'S F  | HOUSE   |   | BORO, NC 27      |  |  |
| (X4) ID  | SUMMARY ST  | ATEMENT OF DEFICIENCIES   | ID               | PROVIDER'S PLAN OF CORRECTION  | (X5)   |
| PREFIX<br>TAG  | ,   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG    | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIAT<br>DEFICIENCY)   | <u> </u>   |
| V 000  | INITIAL COMMENTS  |   | V 000            |  |  |
|  | An annual survey was<br>Deficiencies were cite  | s completed on 2/26/19.<br>ed.  |                  | RECEIVED  By DHSR - Mental Health Lic. & Cert. Section at 9:25 am, Apr 18, 20  | 019  |
|  | category: 10A NCAC  | d for the following service<br>27G .5600C Supervised<br>se Primary Diagnosis is a<br>ility.   |                  |  |  |
| V 133  | G.S. 122C-80 Crimina  | al History Record Check   | V 133            | Criminal History Record Check  |  |
|  | CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, t is conditioned on con criminal history record national criminal histo include a check of the the applicant has bee five years or more, th on consent to a State check of the applicant employ an applicant of criminal history record | ample of this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this offer of employment by a ter this Chapter to an action that does not require the occupational license is not to a State and national dicheck of the applicant. If on a resident of this State for then the offer of employment sent to a State and national dicheck of the applicant. The ory record check shall applicant's fingerprints. If on a resident of this State for the national dicheck of the applicant. The ory record check shall applicant's fingerprints. If on a resident of this State for the offer is conditioned criminal history record |                  | The annual reveal that Staff 1 was rehired and record check was not performed on the secon in 2017.  Staff number 3 lived out of state and move to Greensboro in September of 2018.  The owner/ Director when over and retrained it staff on staff requirements by the Staff.  The owner when over that all rehires need to it criminal background check every-time., they lework and are rehired.  The owner also when over state rules requirer hiring potential employees that live out of stati years or more.  The owner met with all hiring and interviewing management personnel and ask them to flag in and potential staff that have not lived in North for at least 5 years  A nationwide background check was completed Staff number 3 on 3/1/2019  A criminal background check was done on the staff # .1 on 3/1/2019  The Office manager will complete all new hire paperwork, to make sure that all paperwork is and completed correctly.  The Owner will check for the required docume (criminal background check for rehires, and noriminal checks for persons that have lived in of north carolina for less than 5 years) when no paper work is signed off.  The QA person will check for proper documents. | the office 2/27/2019 have a eave ment on the for 5 rehires, Carolina ed on 2/27/2019 e in order ents attionwide the state ew hired uts and |
| Division of He   |   | e business days of making   |                  | documentation of said items during her Q&A a   | auults   |
|  |   | SUPPLIER REPRESENTATIVE'S SIGNATUR  | Ε                | TITLE  | (X6) DATE  |

STATE FORM 6899 RKAL11 If continuation sheet 1 of 6

owner/Director

PRINTED: 02/27/2019

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                    | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |              | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|---|--|--------------|-------------------------------|--------------------------|
|   |   | MHL0411115  | B. WING                                  | <del> </del> | 02/2                          | 6/2019                   |
| NAME OF P   | ROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY, STATE                     | E, ZIP CODE  |                               |                          |
| J GEE'S H   | HOUSE   |   | LD JONES ROAD<br>ISBORO, NC 27406        | 3            |                               |                          |
| (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                      |              |                               | (X5)<br>COMPLETE<br>DATE |
| V 133   | Continued From page 1  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 |   | V 133                                    |              |                               |                          |

Division of Health Service Regulation

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 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

PRINTED: 02/27/2019 FORM APPROVED

Division of Health Service Regulation

| MHL0411115  B. WING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2006 OLD JONES ROAD  GREENSBORO, NC 27406  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2006 OLD JONES ROAD   |   |  |  |  |  |  |  |
| J GEE'S HOUSE 2006 OLD JONES ROAD  |   |  |  |  |  |  |  |
| J GEE'S HOUSE  | NAME OF PROVIDER OR SUPPLIER STREET ADDR  |  |  |  |  |  |  |
| GREENSBORO NC 27406  | LIGHE'S HOUSE 2006 OLD JONES ROAD   |  |  |  |  |  |  |
| 5.121.055010, No. 21700  |   |  |  |  |  |  |  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCY BY FLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | PREFIX  |  |  |  |  |  |  |
| V 133 Continued From page 2 V 133  | V 133 Co  |  |  |  |  |  |  |
| business regularly engaged in conducting 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. (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 ovivil liability for:  (1) The failure of the provider to employ an individual on the basis of information provided in | bus crir rec (c) rec a re of t hire (1) (2) (3) cor (4) cor (5) the fille (6) reh per (7) a re The shall ister if the cor proof the to t of t app (d) or e cor civi (1) |  |  |  |  |  |  |

Division of Health Service Regulation

STATE FORM 6899 RKAL11 If continuation sheet 3 of 6

PRINTED: 02/27/2019 FORM APPROVED

| Division of Health Service Regulation |   |  |  |   |                               |        |  |
|---------------------------------------|---|--|--|---|-------------------------------|--------|--|
| STATEMENT OF DEFICIENCIES (X1)        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |        |  |
|                                       |   | MHL0411115   | B. WING                                  |   | 02/2                          | 6/2019 |  |
| NAME OF PI                            | ROVIDER OR SUPPLIER   | STREET AL  | DDRESS, CITY, STA                        | TE, ZIP CODE  |                               |        |  |
| J GEE'S H                             | IOUSE   |  | ) JONES ROAD<br>BORO, NC 2740            | 06  |                               |        |  |
| (X4) ID<br>PREFIX<br>TAG              | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | LD BE COMPLETE                |        |  |
| V 133                                 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  (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.  (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 |  | V 133                                    |   |                               |        |  |
| l                                     | Act; Article 20, Fraud: 26, Offenses Against  |  |  |   |                               |        |  |

Division of Health Service Regulation

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

STATE FORM 6899 RKAL11 If continuation sheet 4 of 6

PRINTED: 02/27/2019 FORM APPROVED

Division of Health Service Regulation

|                          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                     |   |       | ATE SURVEY<br>OMPLETED   |  |
|--------------------------|--|--|---------------------|---|-------|--------------------------|--|
|                          |  | A. BUILDING:   |                     | 33 22125  |       |                          |  |
|                          |  | MHL0411115   | B. WING             |   | 02/20 | 6/2019                   |  |
| NAME OF P                | ROVIDER OR SUPPLIER  | STREET ADD   | RESS, CITY, STA     | TE, ZIP CODE  |       |                          |  |
| J GEE'S H                | IOUSE  |  | JONES ROAD          | •   |       |                          |  |
|                          | QUILLEN OT   |  | 1                   |   |       |                          |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | ) BE  | (X5)<br>COMPLETE<br>DATE |  |
| V 133                    | OREENSBO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (GREGULATORY OR LSC IDENTIFYING INFORMATION) |  | V 133               |   |       |                          |  |
|                          | facility failed to ensure check was requested  | as evidenced by: ews and interviews the e a criminal history record within five business days of ing 1 of 3 staff (staff #1) and |                     |   |       |                          |  |

Division of Health Service Regulation

STATE FORM 6899 RKAL11 If continuation sheet 5 of 6

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | 1 ' '               | CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|---|---------------------|---|-------------------------------|--------------------------|
|   |   | MHL0411115  | B. WING             |   | 02/26/2019                    |                          |
|   |   |   | RESS, CITY, STA     | TE ZIP CODE   | 1 02,2                        | 0/2010                   |
| 2006 OLD J  |   |   | JONES ROAD          | , 0052  |                               |                          |
| J GEE'S H   | OUSE  | GREENSB   | ORO, NC 2740        | 06  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD I<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 133   | Continued From page   | e 5   | V 133               |   |                               |                          |
| V 100   | failed to ensure a nationwide criminal history record check was requested for applicants who had been a resident of the state for less than five years affecting 1 of 3 staff (staff #3). The findings are:  Review on 2/26/19 of staff #1's employee record revealed: -An original hire date of 5/30/11 and rehire dates of 3/30/12 and 2/7/17; -There were criminal history record checks dated 2/25/11 and 11/7/13.  Review on 2/26/19 of staff #3's employee record revealed: -A hire date of 1/10/19; -A criminal history record check dated 1/10/19 that was not nationwide; -Verification of a high school diploma earned on 5/28/15 from another state. |   |                     |   |                               |                          |
|   | Interview on 2/26/19 with staff #3 revealed she had moved to North Carolina in September 2018.  |   |                     |   |                               |                          |
|   | -"I shouldn't just hire to<br>make sure everything<br>-She thought that the<br>completed a criminal<br>#1 when she was reh<br>-She wasn't aware that<br>record checks including   | former Office Manager had history record check on staff ired; at nationwide criminal history ng fingerprints were s that had resided outside of |                     |   |                               |                          |

Division of Health Service Regulation

STATE FORM 6899 RKAL11 If continuation sheet 6 of 6