		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL092-820		B. WING		05/15/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FAVOUD	HOME 2	3825 CAS	HEW DRIVE			
FAVOUR	HOME 2	RALEIGH	, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
				DEFICIENCY)		
V 000	INITIAL COMMENT	rs	V 000			
	An Annual Survey v 2019. A deficiency	vas completed on May 15, was cited.				
	This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness					
V 133	G.S. 122C-80 Criminal History Record Check		V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is licer. (b) Requirement Approvider licensed unapplicant to fill a possible applicant to have an conditioned on concriminal history reconcriminal history reconstituted a check of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history reconcriminal history reconstituted a check of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history reconsection. Except as subsection, within fire					

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

(X6) DATE TITLE

PRINTED: 05/19/2019 FORM APPROVED

DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
MHL092-820		B. WING		05/1	5/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI	TROVIDER OR OUT LIER			,		
FAVOUR	HOME 2					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 1	V 133			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
MHL092-820		B. WING			05/15/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE	,	
NAIVIL OI I	- NOVIDEN ON SOFFEIEN		SHEW DRIVE			
FAVOUR	HOME 2		, NC 27616			
	O. II. II. A. D. / O.T.		1	PROVIDEDIO DI AMI OF CORRECTI		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 133	Continued From page 2		V 133			
	criminal history reco	ord checks utilizing public				
	records obtained fro					
		pplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.					
		ces surrounding the				
	commission of the crime, if known.					
	(5) The nexus betw	een the criminal conduct of				
	the person and the filled.	job duties of the position to be				
	(6) The prison, jail,	probation, parole,				
		employment records of the				
	person since the da	ate the crime was committed.				
		t commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
	shall not be a bar to	employment; however, the				
		be considered by the provider. Jualifies an applicant after				
		relevant factors, then the				
		se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
	of the criminal history record check to the					
	applicant.					
	(d) Limited Immunity A provider and an officer					
		ovider that, in good faith,				
	complies with this s civil liability for:	ection shall be immune from				
		e provider to employ an				
		sis of information provided in				
	the criminal history	record check of the individual.				
	(2) Failure to check an employee's history of					

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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 COMPLETED				
MHL092-820		B. WING		05/15/2019				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
EAVOUR	HOME 0	3825 CAS	HEW DRIVE					
FAVOUR	HOME 2	RALEIGH	NC 27616					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 133	Continued From pa	ge 3	V 133					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

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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		
MHL092-820		B. WING		05/15/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAVOUR	HOME 2		HEW DRIVE			
TAVOOR			NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From page	ge 4	V 133			
	Controlled Substance 90 of the General S offenses such as saviolation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furnia applicant for employ supplies, or otherwi an employment applicant history received shall be guilty of a C (g) Conditional Employ an applicant obtaining the results check regarding the following requireme (1) The provider shaprior to obtaining the criminal history received subsection (b) of the fingerprint cards as (2) The provider shaprior to a conditional employm 2001-155, s. 1; 2002 2005-4, ss. 1, 2, 3, 4.	all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to complete a criminal history record checks within five days of a					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL092-820		B. WING		05/15/2019		
	PROVIDER OR SUPPLIER	3825 CAS	DDRESS, CITY, S BHEW DRIVE I, NC 27616	STATE, ZIP CODE		
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Review on 05/13/19 records revealed:	of staff #2's personnel ber 2018 minal Record check e of statewide criminal record 05/13/18, the Qualified ed: ee was responsible for the vare Statewide Criminal e required for all staff 05/13/19, the Licensee y staff at the group home. ccasional staffing relief the criminal record check was	V 133			

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