Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPLETED		
		MHL001-215	B. WING		R-C 06/06/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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ALAMANCE HOMES		ON, NC 27217	,			
(X4) ID	ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint and follow on June 6, 2019. The substantiated (intake Deficiencies were cite	#NC00150864).				
	category: 10A NCAC	d for the following service 27G. 5600A Adults with Mental Illness				
V 107	V 107 27G .0202 (A-E) Personnel Requirements		V 107			
	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care					
		vices shall require that all ment disclose any criminal				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
			A. BOILDING.			R-C
MHL001-215 B. WING					6/06/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
A	05 HOMEO		EBANE STREET			
ALAMAN	CE HOMES	BURLIN	GTON, NC 27217			
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V 107	decision regarding er upon the offense in re which the applicant is (d) Staff of a facility of currently licensed, re- accordance with appl services provided. (e) A file shall be ma employed indicating to	ct of this information on a inployment shall be based elationship to the job for a applying. Or a service shall be gistered or certified in icable state laws for the intained for each individual the training, experience and or the position, including	V 107			
	failed to ensure each record included educathree audited staff (# Review on 6/6/19 of 9 revealed: - Hire date: 2/28/19. - Job title: Paraprofe: - There was no evide credentials.	ew and interview, the facility staff employed personnel ational credentials for two or 1 and #2). The findings are: Staff #1's personnel record ssional. Ince of educational staff #2's personnel record				
	- Job title: Paraprole: - There was no evide					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		D.C.	
MHL001-215			B. WING		R-C 06/06/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
AL AMANG	NE HOMES	625 N MEI	BANE STREET			
ALAMANCE HOMES BURLING		TON, NC 27217	7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
V 107	Continued From page	2	V 107			
	credentials.					
	revealed the Director/	ith the House Manager Owner was responsible d obtaining educational #1 and staff #2.				
V 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 H	ew and interview the facility ealth Care Personnel r to employment for one of				
	revealed: - Hire date: 5/4/19 Job title: Paraprofes - The HCPR was accommodate on 6/6/19 were revealed the Director/					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE : COMPI	
		B. WING		II	-C 06/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
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ALAMANG	CE HOMES	BURLING	GTON, NC 27217			
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V 131	Continued From page	e 3	V 131			
	employment for staff	#2.				
	This deficiency const and must be corrected	titutes a re-cited deficiency ed within 30 days.				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us					
	program and any pro developmental disab	ovider of mental health, ility, and substance abuse sable under Article 2 of this				
	provider licensed und applicant to fill a posi applicant to have an	n offer of employment by a der this Chapter to an ition that does not require the occupational license is ent to a State and national				

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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 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

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DIVISION	Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		.160
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NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADD		RESS, CITY, STA	TE, ZIP CODE		
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ALAMAN	52 110III20	BURLINGT	ON, NC 27217	7		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETE	
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				DEFICIENCY)		

V 133

V 133 Continued From page 4 shall submit a request to

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 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

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MALOU-1216 MALOU-1216 B. WING R.C 06/06/2019	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 25 N MEBANE STREET BURLINGTON, NC 27217 CALL DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG (EACH DEPTICIENCY MUST BE PRECEDED BY FULL FREEIX TAG COMPLETE DATE COMPLETE COMPLET				A. BOILDING.	7. BOILDING.		0
ALAMANCE HOMES SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG			MHL001-215	B. WING	B. WING		
CALL DEPONDERS BURLINGTON, NC 27217	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RURLINGTON, NC 27217 (AM) ID (SUMMARY STATEMENT OF DEFICIENCIES DE TO PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 5 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 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 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.	ΔΙ ΔΜΔΝΟ	CE HOMES	625 N MEE	BANE STREET			
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 5 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 that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.	, (L) ((1), (1)		BURLINGT	ON, NC 27217	7		
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.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
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.	V 133	Continued From page	e 5	V 133			
or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in	V 133	criminal history record records obtained from (c) Action If an application of the following factor hire the applicant: (1) The level and seri (2) The date of the cri (3) The age of the perconviction. (4) The circumstance commission of the cri (5) The nexus between the person and the journal filled. (6) The prison, jail, proceeding the person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to elisted factors shall be lift the provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a provider with this seccivil liability for: (1) The failure of the process of the criminal history (2) The failure of the provider (3) The failure of the provider (3) The failure of the provider (4) The failure of the provider (5) The failure of the provider (6) The failure of the provider (7) The failure of the provider (7) The failure of the provider (8) The failure of the provider (9) The failure of the provider (1) The failure of the provi	d checks utilizing public in a State agency. Ilicant's criminal history one or more convictions of the provider shall consider all is in determining whether to cousness of the crime. It is in the time of the surrounding the ime, if known. If the criminal conduct of the duties of the position to be cobation, parole, apployment records of the interest the crime was committed. It is ommission by the person of the considered by the provider. It is an applicant after the elevant factors, then the information contained in the cord check that is relevant in the cord check that is relevant in the cord check to the considered by the provider acopy the provider and an officer of the cord check to the considered by the immune from the provider to employ an oprovider to employ an	V 133			

Division of Health Service Regulation

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Division of	of Health Service Regu	lation			1 Ortivi	ALLINOVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
D M/NO		R-C 06/06/2019				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
625 N MI			BANE STREET	,		
ALAMANCE HOMES BURLING		TON, NC 2721	7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 6	V 133			
	history record check i compliance with this set. (e) Relevant Offense. "relevant offense" metederal criminal historindictment of a crime, felony, that bears upon have responsibility for persons needing mendisabilities, or substancrimes include the crimany of the following A General Statutes: Artil Issuing Monetary Subendangering Executive Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdulnjury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Robbery; Article 18, False Pretenses and Obtaining Property or Fraudulent Use of Creaticle 19B, Financial Act; Article 20, Fraudu 26, Offenses Against Decency; Article 26A, Article 27, Prostitution	- As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or in an individual's fitness to refer the safety and well-being of ital health, developmental ince abuse services. These minal offenses set forth in riccles of Chapter 14 of the ccle 5, Counterfeiting and institutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary is lings; Article 15, Arson and ite 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime is; Article 21, Forgery; Article				

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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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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MHL001-215 B. WING			06/06/2019	_		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALAMANCE HOMES			ANE STREET ON, NC 27217	,		
0/4) ID			·	PROVIDER'S PLAN OF CORRECTION	d (VE)	\dashv
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V 133	Continued From page	2 7	V 133			
V 133	sale of drugs in violate Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employem applicant of obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related it to underage persons in 302 or driving while of G.S. 20-138.1 through the same that is the basis for a dicheck under this section is A1 misdemeanor. Soynent A provider may conditionally prior to of a criminal history record applicant if both of the is are met: not employ an applicant applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins				
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for one of three audited staff (#2). The findings are:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	MHL001-215		B. WING		06/06/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ALAMANO	CE HOMES		ANE STREET		
			ON, NC 27217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 133	Continued From page	2 8	V 133		
	revealed: - Hire date: 5/4/19 Job title: Paraprofes - There was no evider check was ordered. Interview on 6/6/19 wrevealed: - The Director/Owner vrecords He reported the Dire go to the county to obtain	ith the House Manager was responsible personnel ctor/Owner had employees stain criminal record. aff #2 obtained his criminal			
V 510	10A NCAC 27D .0302 SELF-GOVERNANCI In a day/night or 24-h body shall develop ar allows client input into	E our facility, the governing nd implement policy which o facility governance and the	V 510		
	allows client input into facility governance and the development of client self-governance groups. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policy which allowed client's input into facility governance and the development of client self-governance groups. The findings are: Interview on 6/5/19 with clients #1, #2, #3, #4, #5 and #6 record revealed: -They did not have problems with meals prepared. -They ate what was prepared.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL001-215		B. WING		R-C 06/06/2019	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
ALAMANO	E HOMES		ANE STREET	_	
		BURLING	ON, NC 27217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 510	Continued From page	9	V 510		
	-Staff prepared all me -Staff did not asked the eat. -They wanted more fr	out wanted more options. eals. nem what they wanted to eash fruit and vegetables. ted in a meeting to discuss			
	Observation on 6/5/19 of the Facility's Food Menu revealed: -There was a handwritten menuUnsure if the menu was weekly or monthlyFresh fruit and vegetables were not on the menuThere was a variety of meals each day. Interview on 6/5/19 with the House Manager revealed: -The house manager in the other house prepared the menuThe meals prepared was based on food purchasedThe Director/Owner did the food shoppingThe Director/Owner would ask clients what they wanted and purchased the foodConfirmed clients received 3 meals per day and				
	develop a weekly me	no meeting with clients to nu.			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
		EMENTS			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		SURVEY PLETED	
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MHL001-215			B. WING		06	/06/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ALAMAN	CE HOMES		EBANE STREET			
	OLIMANA DV. OT		GTON, NC 27217		ODDECTION	
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V 736	Continued From page	2 10	V 736			
	failed to ensure facilit in a safe and attractive of the carpet was southern was dirt arbase. -the floor vent was the door latch we the walls were southerned the pro-the confirmed the pro-the Director/Owner was all and lord on how to address.	and interview, the facility y grounds were maintained e manner. The findings are: 2 at 10:30 a.m. revealed: 2 at 10:30 a.m. revealed: 3 at and worn. 3 at and worn. 4 dust around the floor 4 as rusted. 5 as rusted. 6 at and worn. 6 as rusted. 7 as rusted. 8 as rusted. 8 as rusted. 9 at an and worn. 9 at an and worn. 9 at an and worn. 9 at an an and worn. 9 at an				

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