PRINTED: 07/12/2019 FORM APPROVED

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			
					R			
		MHL024-103	B. WING		07/	11/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE				
DINEWO	817 PINEWOOD DRIVE							
PINEWO	OD HOUSE	WHITEVI	LLE, NC 2847	72				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)		
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE		
V 000	INITIAL COMMENT	-s	V 000					
		w up survey was completed deficiency was cited.						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
V 133	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 Chapter. (b) Requirement Approvider licensed unapplicant to fill a positional provider licensed unapplicant to have an conditioned on conscriminal history reconstituted applicant has beliess than five years is conditioned on conscriminal history reconstitutional criminal	EMPLOYMENT. used in this section, the term of an area authority/county rovider of mental health, bility, and substance abuse reable under Article 2 of this An offer of employment by a reader this Chapter to an sition that does not require the reader to a State and national ord check of the applicant. If seen a resident of this State for the the offer of employment onsent to a State and national ord check of the applicant. The story record check shall						
	include a check of the applicant has be five years or more, on consent to a Stacheck of the application employ an applicant criminal history recession. Except as a subsection, within fi	he applicant's fingerprints. If seen a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this twe business days of making of employment, a provider						

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

(X6) DATE TITLE

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Division	of Health Service Re	egulation				
AND DUAN OF CORDECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL024-103		B. WING		R 07/11/2019		
NAME OF I	PROVIDER OR SUPPLIER			STATE ZID CODE	1 0171	0.0
NAME OF F	PROVIDER OR SUPPLIER		NOOD DRIV	STATE, ZIP CODE		
PINEWO	OD HOUSE		LE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	shall submit a request to the Department of		V 133			
	criminal history reco	114-19.10 to conduct a ord check required by this				
	entity to conduct a	mit a request to a private 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					
	history of the perso	ceipt of the national criminal n, the Department of Health				
	Unit, shall notify the	es, Criminal Records Check e provider as to whether the				
	of the applicant. In	d may affect the employability no case shall the results of the story record check be shared				
	with the provider. P	roviders shall make available cation that a criminal history				
	check has been cor	mpleted on any staff covered bunty that has adopted an				
	the Division of Crim	dinance and has access to inal Information data bank				
	criminal history reco	half of a provider a State ord check required by this				
	request to the Depa	provider having to submit a artment of Justice. In such a all commence with the State				
	criminal history reco	ord check required by this business days of the				
	conditional offer of All criminal history i	employment by the provider. nformation received by the				
	except to the applic	atial and may not be disclosed, ant as provided in subsection				
		For purposes of this n "private entity" means a engaged in conducting				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILBING.		R	
		MHL024-103	B. WING		07/1	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DINEWO	OD HOUSE	817 PINE\	WOOD DRIV	E		
1 1112110		WHITEVIL	LE, NC 284	72		
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	records obtained from (c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and set (2) The date of the (3) The age of the proposition. (4) The circumstance	oplicant's criminal history als one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces 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 civil liability for:					
	individual on the ba the criminal history	e provider to employ an sis of information provided in record check of the individual. an employee's history of				

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				R		
		MHL024-103	B. WING		07/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DINEWO	OD HOUSE	817 PINEV	WOOD DRIV	E		
PINEWO	OD HOUSE	WHITEVIL	LE, NC 284	72		
(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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	criminal offenses if history record chec compliance with thi (e) Relevant Offense relevant offense federal criminal hist indictment of a crim felony, that bears uhave responsibility persons needing midisabilities, or subscrimes include the any of the following General Statutes: A Issuing Monetary Sendangering Execunticle 6, Homicide, Sex Offenses; Artick Kidnapping and Ablinjury or Damage be Incendiary Device of and Other Housebrother Burnings; Art Robbery; Article 18 False Pretenses and Obtaining Property Fraudulent Use of Carticle 19B, Financial Act; Article 20, Frau 26, Offenses Again Decency; Article 27, Prostitution 29, Bribery, Article 26, Article 39, Protection of the Falintoxication; and Article 39, Protection of the Falintoxication; and Article 21, and Article 39, Protection of the Falintoxication; and Articles and Articles 39, Protection of the Falintoxication; and Articles 30, Article 39, Protection of the Falintoxication; and Articles 30, Ar	the employee's criminal k is requested and received in				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					F	
MHL024-103		B. WING			1/2019	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DINEWO	OD HOUSE	817 PINE	WOOD DRIV	E		
	OD HOUGE	WHITEVIL	LE, NC 284	72		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATOR OR E	OCIDENTII TING INI ONWATION)	TAG	DEFICIENCY)	MAIL	57.11.2
V 133	Continued From page 4		V 133			
	sale of drugs in viol	ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.	G				
	(f) Penalty for Furni	shing False Information Any				
		yment who willfully furnishes,				
		se gives false information on				
		olication that is the basis for a				
		ord check under this section				
	shall be guilty of a Class A1 misdemeanor.					
	(g) Conditional Employment A provider may					
	employ an applicant conditionally prior to obtaining the results of a criminal history record					
		e applicant if both of the				
	following requireme					
		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				
		ment. (2000-154, s. 4;				
		4-124, ss. 10.19D(c), (h);				
	2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)					
	This Rule is not me	et as evidenced by:				
		view and interview, the facility				
		thin five business days of				
		nal offer of employment, a				
		story record check to include a				
		ant's fingerprints, for 1 of 3				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 817 PINEWOOD DRIVE WHITEVILLE, NC 28472 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 5 staff audited who had lived out of state within 5 years of hire (#4). The findings are: Review on 7/10/19 of staff #4's personnel record revealed: - Date of Hire: 8/25/18 No documentation of a national criminal background with fingerprint check had been completed.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 5 staff audited who had lived out of state within 5 years of hire (#4). The findings are: Review on 7/10/19 of staff #4's personnel record revealed: Date of Hire: 8/25/18. No documentation of a national criminal background with fingerprint check had been completed.	PINEWO	OD HOUSE					
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years of hire (#4). The findings are: Review on 7/10/19 of staff #4's personnel record revealed: - Date of Hire: 8/25/18. - No documentation of a national criminal background with fingerprint check had been completed.	V 133	Continued From pa	ge 5	V 133			
Interview on 7/09/19 staff #4 stated: - She had moved from the state of New York to the state of North Carolina in the summer of 2018. Interview on 7/11/19 the Qualified Professional stated: - A national criminal background with fingerprint check would be completed for staff #4.	V 133	staff audited who have years of hire (#4). The state of hire (#4). The stated: - Date of Hire: 8/25. - No documentation background with find completed. Interview on 7/09/11. - She had moved for the state of North County 2018. Interview on 7/11/19. Interview on 7/11/19.	ad lived out of state within 5 The findings are: of staff #4's personnel record /18. In of a national criminal agerprint check had been 9 staff #4 stated: om the state of New York to Carolina in the summer of 9 the Qualified Professional I background with fingerprint	V 133			

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