

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/28/2019
NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/HICKORY TREE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 8/28/2019. The complaint was substantiated (intake #NC154135). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

DHSR-Mental Health

SEP 23 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer medications as ordered by an authorized person and ensure the MAR was kept current affecting 1 of 3 clients (#1). The findings are:</p> <p>Reviews on 8/23/2019 and 8/28/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/17/2017 - Diagnoses: Traumatic Brain Injury; Dementia; High Blood Pressure; Hyperlipidemia; Onychomycosis, toenails; Cerumen impaction; - Documentation of a fall while walking downstairs on 7/6/2019 resulting in a splint being applied to left hand; - Physician's orders for the following medications: <ul style="list-style-type: none"> - Vitamin D3, 2000 international units (IU), 1 tablet daily (QD), dated 5/30/2019; - Acetaminophen-codeine (a narcotic pain reliever) #3, 1 tablet every 4 hours PRN (as needed) up to 5 days for moderate pain, dated 8/10/2019; - There were no physician's orders for calcium citrate; - There were no physician's orders for acetaminophen-codeine #3 to be administered beyond the 5th day specified on the 8/10/2019 order. <p>(An annual survey was completed on 6/13/2019. A standard level deficiency was cited in 10A NCAC 27G .0209 Medication Requirements (V118) at that time. The correction period for the</p>	V 118	<p>The Agency takes pride in making sure that the well being and the health and safety of it's consumers come first. The Agency staff all go through the mandated training in regards to medication. The Agency will increase it's supervision with all staff who will be dispensing medication. The Agency will put the following steps in motion.</p> <ol style="list-style-type: none"> 1) All staff will attend the required training 2) After completing training and before dispensing any medication, this supervisor 	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

QUALITY CARE III, LLC/HICKORY TREE HOME

**4010 HICKORY TREE LANE
GREENSBORO, NC 27406**

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V 118	<p>Continued From page 2</p> <p>6/13/2019 citation ended on 8/12/2019. Only medication administration information from 8/12/2019 forward was included in deficiency determination decisions.)</p> <p>Review on 8/23/2019 of client #1's MAR dated 8/1/2019 to 8/23/2019 revealed:</p> <ul style="list-style-type: none"> - Administration instructions for calcium citrate 2000 mg (milligrams), 2 tablets QD, was listed and signed for daily; - Vitamin D3 was not listed on the MAR; - Administration instructions for acetaminophen 500mg, 1 tablet every 4 hours PRN for up to 5 days was listed; - Facility staff initials/signatures were present indicating that acetaminophen 500 mg had been administered daily from 8/10/2019 to 8/17/2019, and from 8/19/2019 to 8/22/2019 for a total of 12 days; - Acetaminophen-codeine #3 was not listed on the MAR. <p>Observation of client #1's medications at approximately 11:30AM on 8/23/2019 revealed:</p> <ul style="list-style-type: none"> - A bottle of over the counter Nature Made vitamin D3, 2000 IU, was present; - A bottle of acetaminophen-codeine #3 was filled with 30 tablets on 8/10/2019; - The administration instructions on the acetaminophen-codeine #3 bottle were 1 tablet every 4 hours PRN up to 5 days for moderate pain; <p>Interview on 8/23/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> - His medications were administered by facility staff at 8:00AM and 8:00PM; - He could not list the names of his medications; - He believed that he was getting his medications correctly because "it works, especially the pain medicine." 	V 118	<p>Will monitor staff for the first 2 weeks of attending the class. The staff and the supervisor will sign off that the observation took place.</p> <p>Note: A copy of the form is enclosed.</p> <p>3). During staff supervision within the first 90 day of employment the QP will meet with staff during supervisions to review medication management. Supervisions are usually done quarterly but for any new staff supervisions will be monthly until the staff probationary period is up.</p> <p>4). Any new orders received or any medication changes will be documented</p>	

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V 118	<p>Continued From page 3</p> <p>Interview on 8/26/2019 with staff #1 revealed: - Staff #1 did not think that there had been any problems with the medication administration process at the facility.</p> <p>Interview on 8/26/2019 with staff #3 revealed: - Staff #3 had never seen any issues with the MARs or medication bottles; - "Everything is always good with the meds."</p> <p>Interview on 8/23/2019 with the Supervisor revealed: - There had not been any problems with the MARs or medications; - MARs and medications were checked at least twice weekly to ensure there were no problems with them.</p> <p>Interview on 8/28/2019 with the Qualified Professional (QP) revealed: - The QP was not aware of any problems with the MARs; - The QP did not know why client #1's August MAR had calcium citrate listed instead of vitamin D3; - He was not aware of client #1 having been administered acetaminophen-codeine #3 longer than the 5 days specified by the physician's order.</p> <p>Interview on 8/28/2019 with the Owner revealed: - The Owner thought that calcium citrate listed on client #1's MAR was the same as vitamin D3; - The Owner tried to simplify the medication purchase by getting the same strength (2000 IU) calcium citrate that client #3 had been taking previously; - The previous bottles had been calcium citrate with vitamin D3; - The Owner believed that client #1 was getting</p>	V 118	<p>by one person that the agency will delegate to be responsible for making sure that the MAR is correct with any changes.</p> <p>5). The nurse in charge of training all staff will come out to the home monthly to monitor the medication and to complete any retraining as needed.</p> <p>6). The team will also work with the consumers to ensure that they are aware of their medication.</p> <p>7). Any over the counter medication must be approved by the agency nurse to ensure the medication is in compliance to the consumer needs.</p>		

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V 118	Continued From page 4 the correct vitamin D dose every day; - Client #3's acetaminophen-codeine #3 continued to be administered longer than the 5 days ordered because he continued to have pain; - The 5-day limit for the acetaminophen-codeine #3 was confusing because the pharmacy had filled the bottle with 30 tablets, which seemed to be more than a 5-day supply - The Owner would ensure client #1's MAR was corrected. This deficiency constitutes a re?cited deficiency and must be corrected within 30 days.	V 118			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national 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	V 133			

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V 133	Continued From page 5 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 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	V 133			

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V 133	Continued From page 6 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 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. (d) Limited Immunity. - A provider and an officer	V 133		

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V 133	Continued From page 7 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 the criminal history record check of the individual. (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 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article	V 133			

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V 133	Continued From page 8 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 Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record 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 check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

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V 133	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a nationwide criminal history background check within 5 days of making the conditional offer of employment for and individual who had resided in a different state within the past five years affecting 1 of 5 surveyed staff (#1). The findings are: Review on 8/9/2019 of staff # 1's employee record revealed: - Hire date: 6/3/2019 - A Pennsylvania drivers licensed was issued on 5/24/2018; - Documentation that a North Carolina statewide criminal history check was requested on 6/4/2019; - No national criminal history record check was requested. Interview on 8/28/2019 with the Qualified Professional revealed: - The Owner requested criminal background checks for new staff. Interview on 8/28/2019 with the Owner revealed: - The Owner was the person who requested criminal background checks for staff; - The Owner had mistakenly requested a state-wide criminal history instead of the required nation-wide criminal history for staff #1.	V 133	<i>The owner of the Agency will continue to do background checks on all new employees. A national check will be done on any staff who has lived outside of North Carolina for any period of time. To ensure that the Agency have all the correct information the Agency will update its Authorization form for all new hires. A copy of the form will be attached to all application. A copy is enclosed with this plan of correction. Also a copy of Agency Procedures for new hires are enclosed to ensure everyone is on the same page within the Agency.</i>		

Quality Care III LLC

Medication Monitoring form (supervisors)

Date of Monitoring	Time of Monitoring	Name of staff	Staff completing Monitoring	Outcome

*Agency
implemented
Inte policy*

Procedure for New Hires

Steps for new hires coming into the agency

- 1) Fill out Application- Complete Record Check and Health Care Registry.
- 2) Review References
- 3) Interview process

Once the person has been offered a job follow the following steps:

- 1) **First day of orientation**-must bring copies of any trainings, Drivers License, Social Security (For verification), High School Diploma/GED/ or College degree, TB Test, Car Insurance (only if they will be using their personal vehicles to assist the Individuals with transportation).

Review:

- a) Complete all paper (signing)
- b) Role/Purpose agency philosophy
- c) Overview of services-definition of Mental Health/Developmental Disability/Substance Abuse
- d) Client Rights
- e) Confidentiality
- f) Abuse and Neglect
- g) HIPPA

2) Second day of orientation-

- a) Documentation
- b) Incident Reporting
- c) Crisis Prevention
- d) Person Centered Thinking
- e) Person Centered Plans/ISP
- f) Interaction Communication
- g) Diversity
- h) Healthy and Safety
- i) Alternative to Restrictive Interventions
- j) Corporate Compliance
- k) Core Values

3) Third Day of Orientation- Client Specific/ Supervision Plans

Note: All other training should be conducted after agency orientation. Staff must attend all training in person, if the agency supplies the training. Staff will be responsible for payment for initial trainings, the agency will pay for all training once the staff has been employed for a year. No staff will receive copies of their trainings, if they did not pay for them.

Quality Care III, LLC

Agency Application with Authorization to Conduct Background Checks

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				

College or Business/Trade School

Military

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date
Specialty			

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.	
2.	
3.	
4.	
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.</i>	
Signature	Date

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.