Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	TED
		MHL045-048	B. WING		11/01/	/2019
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET AD			ATE, ZIP CODE		
		717 LOOP	ROAD			
HALCYON	I, LLC #B	HENDERS	ONVILLE, NC	28792		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
				DEI IGIENOT)		
V 000	0 INITIAL COMMENTS		V 000			
	An annual survey was completed on 11/1/19. A deficiency was cited.					
	,	d for the following service				
		27G .5600C Supervised				
	Living for Adults with Developmental Disab					
Developmental Disabilities.						
V 133	V 133 G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.		V 133			
	(a) Definition As used in this section, the term "provider" applies to an area authority/county					
		vider of mental health,				
		lity, and substance abuse				
		able under Article 2 of this				
	Chapter.					
		n offer of employment by a				
	provider licensed und					
		tion that does not require the				
	• •	occupational license is ent to a State and national				
		d check of the applicant. If				
	•	en a resident of this State for				
		then the offer of employment				
		sent to a State and national				
	criminal history record	d check of the applicant. The				
	national criminal histo	-				
		e applicant's fingerprints. If				
	the applicant has been a resident of this State for					
		en the offer is conditioned				
		criminal history record				
		t. A provider shall not who refuses to consent to a				
		d check required by this				
		herwise provided in this				
	subsection, within five business days of making					

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

(X6) DATE TITLE

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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				
		MHL045-048	B. WING	11/01/2019				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								

717 LOOP ROAD

HALCYON, LLC #B 717 LOOP ROAD HENDERSONVILLE, NC 28792						
	HENDER	SUNVILLE, NC 28	5/92			
(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 133	Continued From page 1	V 133				
Division of Ho	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 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					

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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	
			A. BOILDING.			
MHL045-048		B. WING		11/0	1/2019	
NAME OF PROVIDER OR S	JPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		717 LOO	PROAD			
HALCYON, LLC #B HENDERS			SONVILLE, NC	28792		
PREFIX (EAC	H DEFICIENC	Y MUST BE PRECEDED BY FULL	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	Continued From page 2		V 133			
business recriminal his records ob (c) Action. record che a relevant of the followhire the ap (1) The lev (2) The dat (3) The agronviction. (4) The circommission (5) The neather person filled. (6) The prirehabilitation person sine (7) The sulfar relevant. The fact of shall not be listed factor of the crimination to the disquest of the crimination that disquest of the crimination to the disquest of the crimination that disquest of the crimination of the crimination that disquest	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 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		V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL045-048	B. WING		11/0	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
HALOVON		717 LOO	P ROAD			
HALCYON	N, LLC #B	HENDER	SONVILLE, NC 28	3792		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	3	V 133			
	criminal offenses if the history record check is compliance with this second check is compliance with this second compliance with this second compliance with this second compliance with the second crime of a crime, felony, that bears upon the responsibility for persons needing mer disabilities, or substancimes include the crimes and second crimes includes and second crimes includes the c	- As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or on an individual's fitness to r the safety and well-being of stal health, developmental noce abuse services. These minal offenses set forth in rticles of Chapter 14 of the sicle 5, Counterfeiting and setitutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious				

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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 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

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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	
		MHL045-048	B. WING		11/0	1/2019
NAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, STAT	E, ZIP CODE	•	
		717 LOOI	ROAD			
HALCYON	I, LLC #B	HENDER	SONVILLE, NC 2	28792		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		V 133			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request within five business days of making the conditional offer of employment, a					

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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	
		MHL045-048	B. WING			/01/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATI	E, ZIP CODE		
HALCYON	N, LLC #B		OP ROAD RSONVILLE, NC 2	8792		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	criminal history record audited (Staff #3). The Review on 11/1/19 of Staff #3 revealed: -hire date 6/26/19the criminal history of 7/10/19. Interview on 11/1/19 of Officer revealed: -she was aware the coneeded to be done withine.	d check for 1 of 3 staff ne findings are: the personnel record for check was conducted on with the Chief Executive criminal history checks ithin five business days of by there was a delay in Staff	V 133			

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