| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | |
|---------------|--|---|-------------------------|---|-------------------------------|-----------------|
| | | | A. BUILDING: B. WING | | | |
| | | MHL088-026 | | | | R 11/14/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| TANJER | HOUSE | | D, NC 28712 | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| V 000 | INITIAL COMMEN | ſS | V 000 | | | |
| | | w up survey was completed 019. A deficiency was cited. | | | | |
| | category: 10A NCA | sed for the following service AC 27G .5600C Supervised th Developmental Disabilities. | | | | |
| V 133 | G.S. 122C-80 Crim | inal History Record Check | V 133 | | | |
| | "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed u applicant to fill a po applicant to have a conditioned on con- criminal history reco the applicant has b less than five years is conditioned on con- criminal history reco national criminal his include a check of the applicant has b five years or more, on consent to a Sta check of the applican criminal history reco | R EMPLOYMENT. used in this section, the term o an area authority/county rovider of mental health, ability, and substance abuse nsable under Article 2 of this An offer of employment by a nder this Chapter to an usition that does not require the n occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for s, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If een a resident of this State for then the offer is conditioned ate criminal history record ant. A provider shall not at who refuses to consent to a ord check required by this | | | | |
| | subsection, within f | otherwise provided in this ive business days of making r of employment, a provider | | | | |

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

TITLE

(X6) DATE

| | of Health Service Re | | | | A/A = /= | |
|---------------|--|--|---|--|----------------|----------------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | COM | E SURVEY PLETED |
| | | MHL088-026 | | | | R 1 4/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| TANJER | HOUSE | 260 OAK | PARK DRIVE | | | |
| | HOUSE | BREVAR | D, NC 28712 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF C | | |
| PREFIX TAG | | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | IE APPROPRIATE | COMPLET DATE |
| | | | | DEFICIENCY | <i>(</i>) | |
| V 133 | Continued From pa | ge 1 | V 133 | | | |
| | shall submit a reque | est to the Department of | | | | |
| | | 114-19.10 to conduct a | | | | |
| | | ord check required by this | | | | |
| | | 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 business days of receipt of the national criminal | | | | | |
| | history of the person, the Department of Health | | | | | |
| | and Human Services, Criminal Records Check | | | | | |
| | | provider as to whether the | | | | |
| | | d may affect the employability | | | | |
| | of the applicant. In | no case shall the results of the | • | | | |
| | | story record check be shared | | | | |
| | | roviders shall make available | | | | |
| | | cation that a criminal history | | | | |
| | | mpleted on any staff covered | | | | |
| | | ounty that has adopted an | | | | |
| | | dinance and has access to inal Information data bank | | | | |
| | | half of a provider a State | | | | |
| | | ord check required by this | | | | |
| | | provider having to submit a | | | | |
| | | artment of Justice. In such a | | | | |
| | | all commence with the State | | | | |
| | | ord check required by this | | | | |
| | section within five b | | | | | |
| | | employment by the provider. | | | | |
| | | nformation received by the | | | | |
| | provider is confiden | tial and may not be disclosed. | | | | |
| | | | | | | |
| | | ant as provided in subsection | | | | |
| | (c) of this section. F | ant as provided in subsection or purposes of this | | | | |
| | (c) of this section. F subsection, the term | ant as provided in subsection | | | | |

If continuation sheet 2 of 6

| | of Health Service Re | guiation (X1) Provider/Supplier/Clia | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE | E SURVEY |
|---|--|---|---------------------|---|--------------------------------|--------------------------|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBE | | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
| | | MHL088-026 | B. WING | | R 11/14/2019 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| TANJER | HOUSE | 260 OAK | PARK DRIVE | | | |
| | HOUDE | BREVAR | D, NC 28712 | | | - |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\ | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| V 133 | Continued From pa | ge 2 | V 133 | | | |
| | records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstance commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall b If the provider disque consideration of the provider may disclo the criminal history to the disqualification of the criminal history | oplicant's criminal history Is 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 crime, if known. een the criminal conduct of job duties of the position to be | | | | |

| | of Health Service Re | | | | (VA) D | |
|--------------------------|--|--|---------------------------------|---|------------------------------|--------------------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | | (X3) DATE SURVE COMPLETED | |
| | | MHL088-026 | B. WING | | R 11/14/2019 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | HOUSE | | PARK DRIVE | | | |
| | | BREVAR | D, NC 28712 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| V 133 | Continued From pa | ge 3 | V 133 | | | |
| | history record check compliance with this (e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears up have responsibility of persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execut Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage by Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18, False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protectio Protection of the Fa Intoxication; and Article 37, O | the employee's criminal k is requested and received in s section. e As used in this section, neans a county, state, or ory of conviction or pending le, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental rance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ids; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders; n of Minors; Article 40, imily; Article 59, Public ticle 60, Computer-Related es also include possession or | | | | |

If continuation sheet 4 of 6

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-026 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|--|-------------------------------|-------------------------|
| | | B. WING | | R 11/14/2019 | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| TANJER | HOUSE | | PARK DRIVE D, NC 28712 | | | |
| (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 CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLET DATE |
| V 133 | Continued From pa | age 4 | V 133 | | | |
| rision of H | Controlled Substan 90 of the General S offenses such as si- violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherw an employment app criminal history rec shall be guilty of a G (g) Conditional Employ employ an applicant obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining the criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not me Based on record re failed to submit the check within five bu | all not employ an applicant le applicant's consent for ord check as required in its section or the completed a required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.) et as evidenced by: eview and interview the facility request for a criminal record usiness days of making the employment for 1 of 3 audited | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-026 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---------------------|--|----------------|-------------------------|
| | | MHL088-026 | B. WING | | | R 14/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| TANJER | HOUSE | | A PARK DRIVE | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| V 133 | Continued From pa | ige 5 | V 133 | | | |
| | staff (Staff #2). The | e findings are: | | | | |
| | Review on 11/13/19 of the personnel record for Staff #2 revealed: -Date of hire was 2/10/19. -Criminal check completed on 3/7/19. Interview on 11/13/19 with the Human Resources Manager revealed: -She indicated that she sent the request on 1/29/19 at the time the staff member signed the consent but had no record of that. -The only record was the one in the record that was dated 3/7/19. -She indicated that she would correct the process. | | \$ | | | |
| | revealed: | | | | | |