Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL045-048 11/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 717 LOOP ROAD HALCYON, LLC #B HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/1/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities. V 133 G.S. 122C-80 Criminal History Record Check V 133 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 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 Division of Health Service Regulation

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

TITLE

(X6) DATE

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DIVISION	of Fleatiff Service Negu	ialion				
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	****	111	/01/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
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HALCYON	N, LLC #B		SONVILLE, NC	28792		
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V 133	Continued From page	1	V 133			
	the conditional offer or shall submit a request Justice under G.S. 11 criminal history record section or shall submit entity to conduct a Stacheck required by this G.S. 114-19.10, the Distriction return the results of na record checks for emprovered by Public Law Department of Health Criminal Records Chebusiness days of receinstory of the person, and Human Services, Unit, shall notify the prinformation received in of the applicant. In no national criminal history with the provider. Provupon request verificatic check has been compiby this section. A cour appropriate local ordinate Division of Criminal may conduct on behalt criminal history record section without the provider to the Department case, the county shall criminal history record section within five busic conditional offer of emall criminal history inforprovider is confidential	f employment, a provider to the Department of 4-19.10 to conduct a check required by this to a request to a private at ecriminal history record section. Notwithstanding epartment of Justice shall ational criminal history ployment positions not a 105-277 to the and Human Services, ck Unit. Within five ipt of the national criminal the Department of Health Criminal Records Check rovider as to whether the may affect the employability case shall the results of the ry record check be shared riders shall make available on that a criminal history leted on any staff covered by that has adopted an ance and has access to all Information data bank of of a provider a State check required by this evider having to submit a ment of Justice. In such a commence with the State check required by this				
	(c) of this section. For subsection, the term "p	purposes of this				

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PRINTED: 11/04/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING MHL045-048 11/01/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 717 LOOP ROAD HALCYON, LLC #B HENDERSONVILLE, NC 28792 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 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.

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applicant.

civil liability for:

a relevant offense.

(7) The subsequent commission by the person of

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

(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.

(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

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STATEMENT OF DEFICIENCIES (X1) P

NAME OF PROVIDER OR SUPPLIER  A. BUILDING:  B. WING  11/01/2019  STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
			MHL045-048	B. WING		11/0	1/2019
PART A ARREST	NAME OF PRO	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
717 LOOP ROAD		N	717 LOOP F	ROAD			
HALCYON, LLC #B HENDERSONVILLE, NC 28792	HALCYON,	ON, LLC #B	HENDERSO	ONVILLE, NC	28792		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
V133  (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 6, 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 19, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Pergrey; Article 22, Offenses Against Public Morality and Decency; Article 25A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 30, Offenses Against the Public Office; Article 35, Offenses Against the Public Office; Article 36, Offenses Against the Public Office; Article 36, Offenses Against the Public Office; Article 36, Orfenses Against the Public Offic		(2) Failure to check a criminal offenses if the history record check is compliance with this: (e) Relevant Offense. "relevant offense" metederal criminal historic indictment of a crime felony, that bears upon have responsibility for persons needing meredisabilities, or substate crimes include the criminary of the following A General Statutes: Artilesuing Monetary Sulford Endangering 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 of Fraudulent Use of Crarticle 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution 29, Bribery; Article 36A, Farticle 39, Protection Protection of the Famer 20, Fraud 20, Protection	an employee's history of the employee's criminal is requested and received in section.  A As used in this section, the ans a county, state, or the safety and well-being of the safety and t	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL045-048	B. WING		11/01/2019	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  717 LOOP ROAD  HENDERSONVILLE, NC 28792						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			BE COMPLETE		
V 133	Crime. These crimes sale of drugs in violatic 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 Fumish applicant for employment applicant for employment applicant for employment application of G.S. 20-138.5.  (g) Conditional Employment of G.S. 20-138.5.  (g) The provider shall prior to obtaining the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as reconstitutional employment conditional employment	also include possession or ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related to underage persons in 302 or driving while of G.S. 20-138.1 through the ing False Information Anyment who willfully furnishes, a gives false information on eation that is the basis for a dicheck under this section ass A1 misdemeanor. The ingrenal ing	V 133			
	failed to request within	as evidenced by: ew and interview, the facility n five business days of al offer of employment, a				

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING\_ 11/01/2019 MHL045-048 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 717 LOOP ROAD HALCYON, LLC #B HENDERSONVILLE, NC 28792 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 5 criminal history record check for 1 of 3 staff audited (Staff #3). The findings are: Review on 11/1/19 of the personnel record for Staff #3 revealed: -hire date 6/26/19. -the criminal history check was conducted on 7/10/19. Interview on 11/1/19 with the Chief Executive Officer revealed: -she was aware the criminal history checks needed to be done within five business days of hire. -she was not sure why there was a delay in Staff #3's criminal history check.