TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MHL047-134		B. WING		12/18/2019	
AME OF PROVIDER OR SUPPLIER STREET A			TATE, ZIP CODE		
NA SOLUTION, INC			ISINESS		
SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
INITIAL COMMENT	ſS	V 000			
on December 18, 2 unsubstantiated (In	019. The complaint was take #NC00159116).				
category: 10A NCA Rehabilitation Facil	C 27G .1200- Psychosocial ities for Individuals with				
G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident	a			
failed to access the Registry (HCPR) pr	Health Care Personnel ior to employment for two of				
records revealed: -Hire date of 10/2/1 -Staff #1 was hired -HCPR check for st	8. as a Program Manager.				
	OF CORRECTION PROVIDER OR SUPPLIER JA SOLUTION, INC SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual and com on December 18, 2 unsubstantiated (In Deficiencies were of This facility is licens category: 10A NCA Rehabilitation Facil Severe and Persist G.S. 131E-256 (D2 Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of	OF CORRECTION IDENTIFICATION NUMBER: MHL047-134 PROVIDER OR SUPPLIER STREET A A SOLUTION, INC 2154 HIG RAEFOF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on December 18, 2019. The complaint was unsubstantiated (Intake #NC00159116). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1200- Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. \$131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#1 and #2). The findings are: Review on 12/18/19 of staff #1's personnel records revealed: -Hire date of 10/2/18. Staff #1 was hired as a Program Manager. -HCPR check for staff #1 was completed on	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL047-134 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STANDARD AS SOLUTION, INC 2154 HIGHWAY 401 BU RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual and complaint survey was completed on December 18, 2019. The complaint was unsubstantiated (Intake #NC00159116). V 000 Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1200- Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification V 131 G.S. \$131E-256 HEALTH CARE PERSONNEL REGISTRY V 131 (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#1 and #2). The findings are: Review on 12/18/19 of staff #1's personnel records revealed: -Hire date of 10/2/18. Staff #1 was hired as a Program Manager. -HCPR check for staff #1 was completed on	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL047-134 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE XA SOLUTION, INC 2154 HIGHWAY 401 BUSINESS RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG INITIAL COMMENTS V 000 An annual and complaint survey was completed on December 18, 2019. The complaint was unsubstantiated (Intake #NC00159116). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 1200- Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification V 131 G.S. §13IE-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. V 131 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#1 and #2). The findings are: Review on 12/18/19 of staff #1's personnel records revealed: -Hire date of 10/2/18. Staff #1 was hired as a Program Manager. -HCPR check for staff #1 was completed on Health care for Staff #1 was completed on	OF CORRECTION DENTIFICATION NUMBER: A BUILDING: 12/ Image: Control of the second of the

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:	·		
		MHL047-134	B. WING		12/	18/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
CAROLI	NA SOLUTION, INC		HWAY 401 BU	SINESS		
	1		D, NC 28376			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 1	V 131			
	records revealed: -Hire date of 6/12/1 -Staff #2 was hired	9 of staff #2's personnel 9. as the Qualified Professional. ence of a HCPR check on				
	revealed: -She confirmed the completed for staff -She had recently p #2's personnel reco Care Organization	bulled out paperwork from staff ord to fax to the local Managed				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pi developmental disa services that is liced Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to have an conditioned on cons criminal history reco the applicant has bo less than five years is conditioned on cons criminal history reco					

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		MHL047-134	B. WING		12/	18/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	NA SOLUTION, INC	2154 HIG	HWAY 401 BU	SINESS		
	NA SOLUTION, INC	RAEFOR	D, NC 28376			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 2	V 133			
	include a check of t	he applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. 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					
		ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
	-	national criminal history				
	record checks for e	mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		heck Unit. Within five				
	5	ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
	•	ation that a criminal history				
	check has been cor	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				
	LIEQUESLIQ THE LIED?					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL047-134 B. WING			12/	18/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		2154 HIG	HWAY 401 BU	SINESS		
JARULII	NA SOLUTION, INC	RAEFOR	RD, NC 28376			
(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 ACT CROSS-REFERENCED TO		COMPLET DATE
				DEFICIENC	CY)	
V 133	Continued From pa	ge 3	V 133			
		-				
		all commence with the State ord check required by this				
	section within five b					
		employment by the provider.				
		nformation received by the				
		tial and may not be disclosed,				
	except to the applic	ant as provided in subsection				
	(c) of this section. F					
	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					
		ls one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	ore in determining whether to				
		eriousness of the crime.				
	(2) The date of the					
	(3) The age of the p	person at the time of the				
	conviction.					
	(4) The circumstance					
	commission of the o					
		een the criminal conduct of				
	filled.	job duties of the position to be				
	(6) The prison, jail,	probation parole				
		employment records of the				
		ate the crime was committed.				
		commission by the person of				
	a relevant offense.	5				
	The fact of conviction	on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
		alifies an applicant after				
		e relevant factors, then the				
		se information contained in				
		record check that is relevant				
	to the discussification	on, but may not provide a copy	,			

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
	MHL047-134		B. WING		12/	18/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		2154 HIG	HWAY 401 BU	ISINESS		
	NA SOLUTION, INC	RAEFOR	D, NC 28376			
(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 AC CROSS-REFERENCED TO		COMPLET DATE
				DEFICIENC	CY)	
V 133	Continued From pa	ge 4	V 133			
	of the criminal histo	ry record check to the				
	applicant.					
		y A provider and an officer				
		ovider that, in good faith,				
		ection 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					
		e As used in this section,				
		neans a county, state, or				
		ory of conviction or pending				
		e, whether a misdemeanor or				
		pon an individual's fitness to for the safety and well-being o	f			
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		rticle 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		itive 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,				
	Robbery; Article 18	, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
	Fraudulent Use of (1
		Credit Device or Other Means;				
	Article 19B, Financi	al Transaction Card Crime Jos; Article 21, Forgery; Article				

	of Health Service Re		T			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		MHL047-134	B. WING		12/	18/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
CAROLII	NA SOLUTION, INC		HWAY 401 BU D, NC 28376	ISINESS		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protectio Protection of the Fa Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applican obtaining the results check regarding the following requireme	ast 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, mily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in 3-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on blication that is the basis for a ord check under this section Class A1 misdemeanor. bloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the	V 133			
	criminal history reco subsection (b) of the fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200	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 nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL047-134		B. WING		12/18/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
CAROLII	NA SOLUTION, INC		HWAY 401 BU D, NC 28376	SINESS		
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	facility failed to acce	et as evidenced by: records and interview, the ess the criminal history record t for one of three audited staff				
	records revealed: -Hire date of 6/12/1 -Staff #2 was hired -There was no docu	9 of Staff #2's personnel 9. as the Qualified Professional. umentation of a criminal k completed for staff #2.				
	revealed: -She had recently p from staff #2's file to Care Organization (-Paperwork was at placed back to staff -She confirmed that	her home and had not been				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	MHL047-134		B. WING		12/	18/2019
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
AROLI	NA SOLUTION, INC		GHWAY 401 BU RD, NC 28376	SINESS		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 7	V 736			
	failed to assure faci in a safe, clean, attr The findings are: Observation on 12/ activity room area re- Paint from flooring large sections all ov Observation on 12/ bathroom revealed: -Linoleum tiles were Interview on 12/18/ revealed: -She was aware that been chipping/peeli -She was aware that repainted. -Landlord was resp maintenance. -Landlord was aware wrong paint for the -Landlord had sche sometime next mor -She confirmed the	on and interview, the facility lity grounds were maintained ractive and orderly manner. 18/19 at 12:15 PM of the evealed: was chipping/peeling off in ver the room. 18/19 at 12:25 PM of the e missing at the entrance. 19 with the Facility Director at the paint from the floor had ng off. at the floor needed to be onsible for doing re that they had used the floor. duled to re-paint the floor				