		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			A. BUILDING: B. WING		R-C 01/08/2020		
		MHL036-336					
IAME OF PF	OVIDER OR SUPPLIER	STREET	T ADDRESS, CITY, STATE, ZIP CODE				
RIGHTER	R DAYZ LLC #2		ISTRONG DRIVE NT, NC 28012				
	STIMMADY ST					0.0	
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III						
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131				
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.					
	facility failed to access Registry (HCPR) price audited staff (Staff #7	ews and interview, the ss the Health Care Personnel or to employment for 1 of 1 1). The findings are: Staff #1's record revealed:					
	 Hire date of 5/15/19 Direct Care HCPR accessed on 						
	Interview on 1/7/20 w Professional (QP) rev						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			ATE SURVEY DMPLETED	
		MHL036-336	B. WING			R-C / 08/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
BRIGHTEI	R DAYZ LLC #2		ISTRONG DRIVE NT, NC 28012				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page	e 1	V 131				
	hire but shredded it b new one - He wasn't aware the	d the original HCPR prior to ecause they completed a ey needed to have the ICPR documentation on file forward					
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133				
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any pro- developmental disabi- services that is license Chapter. (b) Requirement Ar provider licensed und applicant to fill a posi- applicant to fill a posi- applicant to have an conditioned on conse criminal history record the applicant has bee less than five years, to is conditioned on con- criminal history record national criminal histor the applicant has bee five years or more, the on consent to a State check of the applicant employ an applicant of criminal history record section. Except as oth	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this a offer of employment by a ler this Chapter to an 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 d check of the applicant. If en a resident of this State for then the offer of employment sent to a State and national d check of the applicant. The ory record check shall e applicant's fingerprints. If en a resident of this State for en the offer is conditioned a criminal history record					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		E SURVEY PLETED	
			A. BUILDING:			
		MHL036-336	B. WING		२-C / 08/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		205 ARM	ISTRONG DRIVE			
SKIGHTE	R DAYZ LLC #2	BELMO	NT, NC 28012			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETI DATE
V 133	Continued From pag	e 2	V 133			
	shall submit a reque	st to the Department of				
		14-19.10 to conduct a				
		d check required by this				
	section or shall subm	nit a request to a private				
		tate 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					
		o case shall the results of the				
	national criminal history record check be shared with the provider. Providers shall make available					
		ation that a criminal history				
	check has been completed on any staff covered					
		unty that has adopted an				
		inance and has access to				
		nal Information data bank				
	may conduct on beha	alf of a provider a State				
	criminal history recor	d check required by this				
	section without the p	rovider having to submit a				
		tment 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				
		al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. Fo					
		"private entity" means a				
	business regularly er	iyayeu in conuucting	1			1

Division o	of Health Service Regu	lation				M APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			B. WING			R-C
		MHL036-336	B. WING		01	/08/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BRIGHTE	R DAYZ LLC #2	205 ARM	INSTRONG DRIVE			
		BELMO	NT, NC 28012			
(X4) ID			ID			(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		DATE
				DEFICIEN	CY)	
V 133	Continued From page	e 3	V 133			
	criminal history recor	d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
		rs 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.				
		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					
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
	•	e 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.					
	••	- A provider and an officer				1
	(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				
	civil liability for:	•				
	-	provider to employ an				
	. ,	is of information provided in				1
		ecord check of the individual.				
	-	an employee's history of				
		· · · ·				
ivision of Hea	alth Service Regulation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		· ,		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL036-336	B. WING		२-C / 08/2020	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			ISTRONG DRIVE			
BRIGHTEF	R DAYZ LLC #2	BELMON	NT, NC 28012			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pag	e 4	V 133			
	criminal offenses if th	e employee's criminal				
		is requested and received in				
	compliance with this	-				
	-	As used in this section,				
		eans a county, state, or				
	federal criminal history of conviction or pending					
	indictment of a crime, whether a misdemeanor or					
	felony, that bears up	on an individual's fitness to				
	have responsibility for	r 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					
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	njury or Damage by Use of Explosive or					
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	• • •	r Services by False or edit Device or Other Means;				
		I 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;					
		of Minors; Article 40,				
		nily; Article 59, Public				
	Intoxication; and Artic	-				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
MHL036-336		MHL036-336	B. WING		R-C 01/08/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
BRIGHTE	R DAYZ LLC #2		MSTRONG DRIVE NT, NC 28012				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 133	Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant of obtaining the results check regarding the a following requirement (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after the conditional employme 2001-155, s. 1; 2004.	tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins	V 133				
	facility failed to reque history record check	as evidenced by: ew and interviews, the est the required criminal within five business days of al offer of employment for 1					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R-C	
			A. BUILDING:			
		MHL036-336	B. WING			/08/2020
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
BRIGHTE	R DAYZ LLC #2		MSTRONG DRIVE NT, NC 28012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 6	V 133			
	of 1 audited staff (#1). The findings are:				
	Review on 1/7/20 of Staff #1's record revealed: - Hire date of 5/15/19 - Direct Care - Criminal history record check requested on 12/20/19 Interview on 1/7/20 with The Qualified Professional (QP) revealed: - They had completed the original criminal background check upon hire but shredded it because they completed a new one - He wasn't aware they needed to have the original documentation on file but will have it going forward					