Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
74121 2741	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _	A. BUILDING:			
		mhl-059036	B. WING		01/	03/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
NEBO SII	PERVISED LIVING	2121 OLD	HWY #10 EAS	Г			
11220 00	LICTION LIVING	NEBO, NO	28761				
(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 ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual, follow-up and complaint survey was completed on January 3, 2020. The complaint was substantiated (intake #NC00157693). Deficiencies were cited. This facility is licensed for the following service category: This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 105	27G .0201 (A) (1-7) G	Soverning Body Policies	V 105				
	POLICIES (a) The governing boo	1 GOVERNING BODY dy responsible for each					
	written policies for the	Il develop and implement e following: agement authority for the					
	operation of the facilit (2) criteria for admiss	ty and services; ion;					
	(3) criteria for dischar (4) admission assess (A) who will perform t	ments, including:					
	. ,	ompleting assessment.					
	(A) persons authorize (B) transporting recor	ed to document;					
	(C) safeguard of reco	rds against loss, tampering, / unauthorized persons;					
	(D) assurance of reco	ord accessibility to Il times; and					
	(E) assurance of conf (6) screenings, which						
		the individual's presenting					
	problem or need;	i colonida no monto di en este e esta e					
		whether or not the facility to address the individual's					
	1		r	l			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl-059036	B. WING		01/0	3/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NEBO SUPERVISED LIVING 2121 OLD INEBO, NC			HWY #10 EAS 28761	Г		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	Continued From page (C) the disposition, increcommendations; (7) quality assurance activities, including: (A) composition and a assurance and quality (B) written quality assimprovement plan; (C) methods for monitive quality and appropriate including delineation of utilization of services; (D) professional or climate a requirement that state professionals and prosental be supervised by that area of service; (E) strategies for impressional or climate a requirement that state professionals and prosentation made to the treatment of the state of the preventations, and the degree activities in the state of the sta	cluding referrals and and quality improvement activities of a quality improvement committee; urance and quality toring and evaluating the teness of client care, of client outcomes and inical supervision, including aff who are not qualified vide direct client services y a qualified professional in roving client care; diffications and a o grant privileges: ties of active clients who area-operated or contracted at the time of death; ards that assure operational rformance meeting of practice. For this standards of practice" petence established with	V 105		NATE	DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
		mhl-059036	B. WING		01	/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
			D HWY #10 EAST	,		
NEBO SU	PERVISED LIVING	NEBO, N				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 105	Continued From page	2	V 105			
	management failed to for proper transfer of	ew and interview, the facility oimplement the facility policy				
	Review on 1/2/20 of the facility's "Resident Funds Upon Discharge" revealed: -"Any funds to continue being received after last room and board payment is current will be issued to discharged individual." Review on 12/9/19 of FC #1's record revealed: -an admission date of 3/8/17a discharge date of 2/17/18diagnoses of Developmental Delay, Neurocognitive Disorder - frontal lobe, and Dementia.					
	-FC #1 was admitted February 2018. -FC #1 should have h 2018 checks forwards never received.	to a different facility in ad his March, April and May ed to him, but they were sed this money to pay for was in need of some				
	-initially FC #1 was in waiting to see where -once FC #1 was at the appeared he was going refunded the client. -this slipped his mind	with the Owner revealed: the hospital and he was the client was discharged to. ne new facility and it ng to stay he should have and it was his mistake. C #1 was refunded his				

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STATE FORM 6899 KPZ211 If continuation sheet 3 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		mhl-059036	B. WING		01/03/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		2121 OLI	HWY #10 EAS	г		
NEBO SU	PERVISED LIVING	NEBO, N	C 28761			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 133		al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E	FOR CERTAIN EMPLOYMENT.				
	"provider" applies to a	ed in this section, the term an area authority/county vider of mental health,				
	developmental disabi	lity, and substance abuse sable under Article 2 of this				
	Chapter.					
	provider licensed und	n offer of employment by a ler this Chapter to an				
	applicant to fill a posi	tion that does not require the				
	applicant to have an	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. The				
	national criminal histo	e applicant's fingerprints. If				
		en 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	e business days of making				
		of employment, a provider				
		t to the Department of				
	Justice under G.S. 11					
	_	d check required by this				
		it a request to a private				
	_	ate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall ational criminal history				

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Division of Health Service Regulation							
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
			_				
			D. MING				
		mhl-059036	B. WING		01/0	3/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE			
			D HWY #10 EAS				
NEBO SU	PERVISED LIVING			ı			
		NEBO, N	C 28/61				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL I SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE	
IAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)			
			+				
V 133	Continued From page	e 4	V 133				
		ployment positions not					
ļ	covered by Public Lav				ļ		
	l .	and Human Services,					
	Criminal Records Che						
	_	eipt of the national criminal					
		the Department of Health					
	-	, Criminal Records Check					
	Unit, shall notify the p	provider as to whether the					
	information received r	may affect the employability					
	of the applicant. In no	case shall the results of the					
	national criminal histo	ory record check be shared					
	with the provider. Pro	oviders shall make available					
	-	tion that a criminal history					
		pleted on any staff covered					
		inty that has adopted an					
	_	nance and has access to					
	1	nal Information data bank					
	_	alf of a provider a State					
		d check required by this					
		rovider having to submit a					
	-	ment of Justice. In such a					
		Il commence with the State					
		d check required by this					
	1						
	section within five bus						
		mployment by the provider.					
		formation received by the					
		al and may not be disclosed,					
		nt as provided in subsection					
	(c) of this section. For						
		"private entity" means a					
	business regularly en						
	1	d checks utilizing public					
	records obtained from						
	(c) Action If an appl	licant's criminal history					
	record check reveals	one or more convictions of					
	a relevant offense, the	e provider shall consider all					
	of the following factor	rs in determining whether to					
	hire the applicant:	_					

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(1) The level and seriousness of the crime.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
mhl-059036		B. WING		01	/03/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			HWY #10 EAS			
NEBO SU	PERVISED LIVING	NEBO, NO		-		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
V 133	Continued From page	e 5	V 133			
	(2) The data of the or	ima				
	(2) The date of the cr	rson at the time of the				
	conviction.	ison at the time of the				
	(4) The circumstance	s surrounding the				
	commission of the cri	<u> </u>				
		en the criminal conduct of				
	the person and the jo	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
		ployment records of the				
		the crime was committed.				
		commission by the person of				
	a relevant offense.	-f				
		of a relevant offense alone				
		employment; however, the considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
		e information contained in				
		ecord check that is relevant				
	_	, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
	` '	- A provider and an officer				
		vider that, in good faith,				
	•	ction shall be immune from				
	civil liability for:	provider to employ en				
		provider to employ an sof information provided in				
		ecord check of the individual.				
		n employee's history of				
		e employee's criminal				
		is requested and received in				
	compliance with this	· · · · · · · · · · · · · · · · · · ·				
	I	As used in this section,				
		eans a county, state, or				
	federal criminal histor	ry of conviction or pending				
		, whether a misdemeanor or				
	felony, that bears upo	on an individual's fitness to				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		mhl-059036	B. WING		01/0	3/2020
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET AD			TE, ZIP CODE		
		2121 OLD	HWY #10 EAST	Г		
NEBO SU	PERVISED LIVING	NEBO, NO				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	PRIATE	
				,		
V 133	Continued From page	e 6	V 133			
	have responsibility for	the safety and well-being of				
	persons needing men	ital health, developmental				
	disabilities, or substar	nce abuse services. These				
		minal offenses set forth in				
	_	rticles of Chapter 14 of the				
		cle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		rticle 7A, Rape and Other				
		8, Assaults; Article 10, ction; Article 13, Malicious				
	Injury or Damage by I					
		Material; Article 14, Burglary				
	•	ikings; Article 15, Arson and				
		e 16, Larceny; Article 17,				
	_	Embezzlement; Article 19,				
	False Pretenses and	Cheats; Article 19A,				
	Obtaining Property or	Services by False or				
	Fraudulent Use of Cre	edit Device or Other Means;				
	-	Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
	,	Adult Establishments;				
	-	n; Article 28, Perjury; Article				
		, Misconduct in Public				
		enses Against the Public				
	Article 39, Protection	iots and Civil Disorders;				
	Protection of the Fam					
		le 60, Computer-Related				
		also include possession or				
		ion of the North Carolina				
	_	s Act, Article 5 of Chapter				
		tutes, and alcohol-related				
		to underage persons in				
	violation of G.S. 18B-	.				

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G.S. 20-138.5.

impaired in violation of G.S. 20-138.1 through

(f) Penalty for Furnishing False Information. - Any

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Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
mhl-059036		B. WING		01/03	3/2020	
	ROVIDER OR SUPPLIER PERVISED LIVING		DRESS, CITY, STA		•	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)		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 criminal history record check for 1 of 3 staff audited (Staff #1). The findings are:					
	Staff #1 revealed: -hire date 10/1/19.	the personnel record for heck was conducted on				

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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 8 PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 133	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPLI			SURVEY LETED	
NEBO SUPERVISED LIVING 2121 OLD HWY #10 EAST NEBO, NC 28761 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 8 V 133 2121 OLD HWY #10 EAST NEBO	mhl-059036			B. WING 01/03/2020			
NEBO, NC 28761 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 NEBO, NC 28761 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 8 V 133	NAME OF P	PROVIDER OR SUPPLIER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 8 PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) V 133	NEBO SU	IPERVISED LIVING			Т		
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Interview on 12/9/19 with the Director/Owner revealed: -she was aware Staff #1's criminal history check was out of compliance.	V 133	Interview on 12/9/19 v revealed: -she was aware Staff	with the Director/Owner #1's criminal history check	V 133			

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