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: _		R	
MHL013-140		B. WING		01/08/2020			
NAME OF PROVIDER OR SUPPLIER STREET ADD				RESS, CITY, STA	TE, ZIP CODE		
FACILITY	BASED CRISIS OF CAB	ARRUS		ITIVE PARK DI , NC 28025	RIVE, SUITE 160		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	CONCORD	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
V 000	INITIAL COMMENTS			V 000			
	An annual and follow- on 1/8/20. Deficiencie	up survey was completed es were cited.	d				
		d for the following service 27G .5000 Facility Crisis lity Groups					
V 131	G.S. 131E-256 (D2) F Verification	ICPR - Prior Employmen	t	V 131			
	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.						
	Registry (HCPR) prior audited staff (Staff #1	ews and interview, the s the Health Care Person to employment for 1 of 3	3				
	- Re-Hire date of 8/25						
	Interview on 1/7/20 with The Director revealed: - The Human Resource Department was not able to find HCPR documentation for the date when staff #1 was re-hired.						

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

(X6) DATE TITLE

Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MUI 042 440		B. WING		R		
		MHL013-140			01/08/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
		280 EX	ECUTIVE PARK D	RIVE, SUITE 160		
FACILITY	BASED CRISIS OF CAB	ARRUS	ORD, NC 28025	·		
0// 15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	N 0/5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
V 133	Continued From page	2.1	V 133			
. 100	Continued From page	<i>.</i> .	• 100			
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
		•				
	G.S. §122C-80 CRIM	IINAL HISTORY RECORD				
	CHECK REQUIRED					
	APPLICANTS FOR E	MPLOYMENT.				
		ed in this section, the term				
		an area authority/county				
		vider of mental health,				
		lity, and substance abuse				
	•	able under Article 2 of this				
	Chapter.					
		n offer of employment by a				
	provider licensed under 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. 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 discrete di				
	•	•				
		herwise provided in this				
		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				
	check required by this	s section. Notwithstanding				

Division of Health Service Regulation

G.S. 114-19.10, the Department of Justice shall

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED				
					R	1		
		MHL013-140	B. WING			8/2020		
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AF	DRESS, CITY, STA	TE ZIR CODE				
NAME OF T	NOVIDEN ON 301 1 EIEN							
FACILITY	BASED CRISIS OF CAB	ARRUS	D, NC 28025	RIVE, SUITE 160				
			.D, NC 20025		. 1			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE		
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE		
				DEFICIENCY)				
V 133	Continued From page	2	V 133					
		ational criminal history						
		ployment positions not						
	covered by Public Lav	and Human Services,						
	Criminal Records Che							
		eipt of the national criminal						
		the Department of Health						
	•	Criminal Records Check						
	_	rovider as to whether the						
		may affect the employability						
	of the applicant. In no	case shall the results of the						
	national criminal histo	ry record check be shared						
	with the provider. Pro	viders shall make available						
		tion that a criminal history						
		oleted on any staff covered						
		nty that has adopted an						
	• • •	nance and has access to						
		al Information data bank						
	_	If of a provider a State						
	-	d check required by this ovider having to submit a						
	-	ment of Justice. In such a						
	-	I commence with the State						
		d check required by this						
	section within five bus							
		nployment by the provider.						
		ormation received by the						
	•	al and may not be disclosed,						
		nt as provided in subsection						
	(c) of this section. For	purposes of this						
	subsection, the term '	'private entity" means a						

Division of Health Service Regulation

hire the applicant:

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

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				R			
MHL013-140			B. WING		01/08/2020		
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
FACILITY BASED CRISIS OF CABARRUS 280 EXECUTIVE PARK DRIVE, SUITE 160							
TAGILITI	DAGED GRIGIO GI GADA	CONCORE), NC 28025				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
V 133	Continued From page	: 3	V 133				
V 133	(1) The level and serie (2) The date of the cri (3) The age of the per conviction. (4) The circumstances commission of the crii (5) The nexus between the person and the jol filled. (6) The prison, jail, prorehabilitation, and emperson since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to ellisted factors shall be lifthe provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification, of the criminal history reto the disqualification, of the criminal history applicant. (d) Limited Immunity. or employee of a prove complies with this sectivil liability for: (1) The failure of the pindividual on the basis the criminal history re(2) Failure to check at criminal offenses if the history record check is compliance with this section (e) Relevant Offense. "relevant offense" me	cousness of the crime. me. reson at the time of the sesurrounding the me, if known. In the criminal conduct of to duties of the position to be cobation, parole, ployment records of the the crime was committed. commission by the person of of a relevant offense alone mployment; however, the considered by the provider. iffes an applicant after elevant factors, then the information contained in cord check that is relevant but may not provide a copy record check to the - A provider and an officer rider that, in good faith, stion shall be immune from orovider to employ an so of information provided in cord check of the individual. n employee's history of e employee's criminal section. - As used in this section, ans a county, state, or	V 133				
	"relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or						

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED				
					R	,		
		MHL013-140	B. WING		1	8/2020		
		WITE 013-140			1 01/0	0/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE				
FACILITY	BASED CRISIS OF CAB	ARRUS 280 EXEC	CUTIVE PARK D	RIVE, SUITE 160				
TAGILITI	BAOLD GITIOIO OF GAB	CONCOR	RD, NC 28025					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE		
TAG	REGULATORY ORY	130 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	VAIL	5,112		
			+					
V 133	Continued From page	e 4	V 133					
	felony, that bears upo	on an individual's fitness to						
		r the safety and well-being of						
		ital health, developmental						
		nce abuse services. These						
	crimes include the cri	minal offenses set forth in						
	any of the following A	rticles of Chapter 14 of the						
	General Statutes: Art	icle 5, Counterfeiting and						
	Issuing Monetary Sub	ostitutes; Article 5A,						
	Endangering Executive and Legislative Officers;							
		rticle 7A, Rape and Other						
		8, Assaults; Article 10,						
		ction; Article 13, Malicious						
	Injury or Damage by							
	_	Material; Article 14, Burglary						
		akings; Article 15, Arson and						
	_	e 16, Larceny; Article 17,						
	-	Embezzlement; Article 19,						
	False Pretenses and							
		Services by False or 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						
		iots and Civil Disorders;						
	Article 39, Protection							
	Protection of the Fam							
		le 60, Computer-Related						
		also include possession or						

Division of Health Service Regulation

G.S. 20-138.5.

sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL013-140		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		T ADDRESS, CITY, STAT	E. ZIP CODE	1 0	/08/2020
		280 E	XECUTIVE PARK DR			
FACILITY	BASED CRISIS OF CAB	CONC	ORD, NC 28025			
(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 DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	(f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recorshall be guilty of a Cl (g) Conditional Employment applicant obtaining the results check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history recorsubsection (b) of this fingerprint cards as re (2) The provider shall criminal history recorbusiness days after the conditional employment 2001-155, s. 1; 2004-	ning False Information Any ment who willfully furnishes, a gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. The pyment 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 the individual begins	V 133			
	facility failed to reque history record check	ew and interviews, the est the required criminal within five business days of al offer of employment for 1				
	- Re-Hire date of 8/25	staff #1's record revealed: 5/16 umentation of criminal				

Division of Health Service Regulation

STATE FORM PZ3611 If continuation sheet 6 of 7

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
MHL013-140 B. WING	R 01/08/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
FACILITY BASED CRISIS OF CABARRUS 280 EXECUTIVE PARK DRIVE, SUITE 160 CONCORD, NC 28025	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION) DEFICIENCY)	
V 133 Continued From page 6 V 133	
N 133 Continued From page 6 Interview on 1/7/20 with The Director revealed: - The Human Resource Department was not able to find criminal record check documentation for the date when staff #1 was re-hired.	

Division of Health Service Regulation

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