Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLE	ובט			
		MHL075-025	B. WING		01/1	6/2020			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
TUE LIGU	THE LIGHTHOUSE 85 MIMOSA INN LANE								
THE LIGH	INOUSE	TRYON, NO	28782						
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENTS		V 000						
	An annual survey was 2020. Deficiencies we	s completed on January 16, ere cited.							
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.							
V 133	V 133 G.S. 122C-80 Criminal History Record Check		V 133						
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any providevelopmental disabiles services that is licens Chapter. (b) Requirement And applicant to fill a position applicant to have an expension of the applicant to have an expension of the applicant to the applicant that the applicant th	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 n offer of employment by a er this Chapter to an cion that does not require the occupational license is nt to a State and national d check of the applicant. If n a resident of this State for hen 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 n a resident of this State for en the offer is conditioned							
	on consent to a State check of the applican employ an applicant of criminal history record	criminal history record							
	subsection, within five	e business days of making f employment, a provider							

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

(X6) DATE TITLE

Division of	of Health Service Regu	lation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
		MHL075-025	B. WING		01/1	6/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		85 MIMOS	A INN LANE				
THE LIGH	THOUSE	TRYON, N	IC 28782				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)	
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE	DATE	
			1,,,,,,				
V 133	Continued From page	e 1	V 133				
	shall submit a reques	t to the Department of					
	Justice under G.S. 11	4-19.10 to conduct a					
	criminal history record	d check required by this					
	section or shall subm	it a request to a private					
	•	ate criminal history record					
	•	s section. Notwithstanding					
	•	Department of Justice shall					
		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					
		provider as to whether the					
		may affect the employability					
		case shall the results of the					
	national criminal histo	ory record check be shared					
	with the provider. Pro	viders shall make available					
	upon request verificat	tion that a criminal history					
		oleted on any staff covered					
	by this section. A cou	nty that has adopted an					
	• • •	nance and has access to					
		al Information data bank					
	-	ılf of a provider a State					
	-	d check required by this					
	-	ovider having to submit a					
	•	ment of Justice. In such a					
	case, the county shal	I commence with the State					

Division of Health Service Regulation

criminal history record check required by this section within five business days of the

(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting

conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection

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Division of Health Service Regulation

	n rieaith Service Regu				1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL075-025	B. WING		01/16/	2020
		IVITILU / 3-023			1 01/16/	2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE : :0:::	TUOLIGE	85 MIMOS	A INN LANE			
THE LIGH	IHOUSE	TRYON, N	C 28782			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	2	V 133			
	criminal history record	d checks utilizing public				
	records obtained from	.				
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	z zotog wilotiloi to				
	(1) The level and serie	ousness of the crime				
	(2) The date of the cri					
		rson at the time of the				
	conviction.					
	(4) The circumstance:	e currounding the				
	commission of the cri					
	` '	en the criminal conduct of				
	•	b duties of the position to be				
	filled.	abatian manala				
	(6) The prison, jail, pr					
		ployment records of the				
	•	the crime was committed.				
	(/) The subsequent c a relevant offense.	ommission by the person of				
	The fact of conviction	of a relevant offense alone				
	shall not be a bar to e	employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
		e information contained in				
	•	cord check that is relevant				
		, but may not provide a copy				
	of the criminal history					
	applicant.					
		- A provider and an officer				
	•	rider that, in good faith,				
		ction shall be immune from				
	civil liability for:	Suon Shall be inilificite from				
	_	provider to employ an				
	(1) The failure of the					
		s of information provided in				
		cord check of the individual.				
	(∠) Fallure to check a	n employee's history of	1			

Division of Health Service Regulation

STATE FORM SL4911 If continuation sheet 3 of 8

Division of Health Service Regulation

Division of Health Service Reg	gulation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL075-025	B. WING		01/16/2020	
			- 715 0005	1 010	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	=, ZIP CODE		
THE LIGHTHOUSE		SA INN LANE			
	TRYON,	NC 28782			
(71.)	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-/	
DECL!! ATORY O	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
TAG REGULATORY O	REGO IDENTIL TING IN GRANATION)	TAG	DEFICIENCY)	UAIL	
V 133 Continued From pa	ge 3	V 133			
criminal offenses if	the employee's criminal				
	k is requested and received in				
compliance with this					
1 -	e As used in this section,				
	neans a county, state, or				
federal criminal hist	ory of conviction or pending				
	e, whether a misdemeanor or				
l	pon an individual's fitness to				
have responsibility	for the safety and well-being of				
persons needing m	ental health, developmental				
disabilities, or subs	ance abuse services. These				
crimes include the	criminal offenses set forth in				
any of the following	Articles of Chapter 14 of the				
General Statutes: A	rticle 5, Counterfeiting and				
Issuing Monetary S	ubstitutes; Article 5A,				
	itive and Legislative Officers;				
Article 6, Homicide;	Article 7A, Rape and Other				
Sex Offenses; Artic	le 8, Assaults; Article 10,				
' ' '	duction; Article 13, Malicious				
* *	y Use of Explosive or				
1	or Material; Article 14, Burglary				
	eakings; Article 15, Arson and				
	icle 16, Larceny; Article 17,				
-	, Embezzlement; Article 19,				
	d Cheats; Article 19A,				
	or Services by False or				
	Credit Device or Other Means;				
	al Transaction Card Crime				
	ids; Article 21, Forgery; Article				
	st Public Morality and				
, ,	A, Adult Establishments;				
	on; Article 28, Perjury; Article				
	31, Misconduct in Public				
	ffenses Against the Public				
l	Riots and Civil Disorders;				
	n of Minors; Article 40,				
Protection of the Fa	mily; Article 59, Public				

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Crime. These crimes also include possession or

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
7.1.12 . 27.11 .	5. G5.11.126.11611		A. BUILDING:			
		MHL075-025	B. WING		01/1	6/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE LIGH	THOUSE	85 MIMOSA TRYON, NO	A INN LANE C 28782			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE 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 employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employemploy an applicant of obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	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 same two willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. To by ment A provider may conditionally prior to of a criminal history record applicant if both of the sare met: not employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins	V 133			
	failed to request withi making the conditional	as evidenced by: ew and interview, the facility n five business days of al offer for employment a history background check				

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	i rieaitii Service Negu		1		1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MUI 075 025		B. WING		04/46/	2020	
		MHL075-025			01/16/2	2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		85 MIMOS	A INN LANE			
THE LIGH	THOUSE	TRYON, NO				
			7 20702			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
.,		,	1,10	DEFICIENCY)		
V 133	Continued From page	e 5	V 133			
	for 3 of 3 audited staf	f (Qualified Professional				
		aff #2). The findings are:				
	(QP), Stall #1 and Sta	an #2). The initings are.				
	Daview en 4/40/20 ef	the ODIs research as a send				
		the QP's personnel record				
	revealed:					
	-Hire date of 6/1/09;	7/0/00 // 1: 1: 1				
		7/8/09 that indicated a				
		check was completed;				
		nentation between 6/1/09 to				
	., .,	a date when the criminal				
	background check was requested or ordered.					
	Review on 1/16/20 of	Staff #1's personnel record				
	revealed:					
	-Hire date of 10/31/19) ;				
	-a DHHS letter dated	11/13/19 that indicated a				
	criminal background	check was completed;				
	-documentation of a 1	11/22/19 criminal				
	background check thr	ough the Office of Inspector				
	General (OIG).					
	, ,					
	Review on 1/16/20 of	f Staff #2's personnel record				
	revealed:	·				
	-Hire date of 1/22/18;					
	-A fingerprint card dat	ted 1/19/18 had no				
	• .	dicated a date for a criminal				
	background check red					
	g	1				
	Interviews on 1/16/20	with the QP and the				
	Program Integrity Administrator revealed: -FBI (Federal Bureau of Investigation) and SBI (State Bureau of Investigation) criminal background checks were done with all staff;					
		11/22/19 using a new				
	system for criminal ba	ackground checks on				
	applicants.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
			1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL075-025	B. WING		01	/16/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIGH	ITHOUSE	85 MIMO	SA INN LANE			
THE EIGH	THOUSE	TRYON,	NC 28782			
(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) COMPLETE DATE
V 736	Continued From page		V 736			
	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	3 LOCATION AND EMENTS				
		n and interview, the facility ed in a safe, clean and				
	pm of the facility reversity and or the door located in the led to the backyard or note attached to the of 1/10/20 and which gathe door completely of the door knob; -The kitchen refrigerated and/or fruit their tracks; -1 of 2 of the living route material underneasings; -Both living room sofatof debris under the culture. The 1st shared bather Clients #4 and #5, has appeared rusted and	the dining room and which If the facility had a written Idoor which was dated Ive instructions not to close Idue to the broken latch on Inter had broken plastic It of the top shelf and the Idrawers were loose from It om sofas had holes between Inter had a significant amount				
	Clients #1, #2 and #3	howered; hroom, which was shared by h, had a shower curtain with of brownish stains on the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL075-025	B. WING		01/16/2020	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
THE LIGHTHOUSE	85 MIMOS TRYON, N	A INN LANE C 28782			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTE	
stain which appeared to bottom of the sink water Interviews with Clients - They and their houser dining room to their de the backyard during fir - They needed new living there were holes in the Interview on 1/15/2020 Support Professional (- The facility was a "HU recently inspected; - She planned to pick us 1/15/2020 and have the day, 1/16/2020; - She would get new shall the soiled shower curta - She was getting cost refrigerator to be replated interview on 1/16/2020; - She was working towards as replaced due to - The Lead DSP had refrigerator to the sink was sink	ats showered and brownish to be rust around the er faucet. If and #2 revealed: mates exited the door in the esignated meeting area in re drills; ang room sofas because esofas. If with the Lead Direct (DSP) revealed: If D home" and had been are latch replaced the next estimates for the aced. If with the QP revealed: I	V 736			

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