STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MHL045-062		B. WING		02/0	02/04/2020	
				DRESS CITY S	STATE, ZIP CODE		
		HENDERSON C		RTANBURG			
VOCATIO	ONAL SOLUTIONS OF	HENDERSON C	E FLAT R	OCK, NC 28	726		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs		V 000			
	An annual survey w Deficiencies were c		/4/20.				
	This facility is licens categories: 10A NCAC 27G .23						
	Program; 10A NCAC 27G .54	•					
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Emp	oloyment	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.						
	This Rule is not me Based on record re facility failed to ensi substantiated findin on the North Carolii Registry (HCPR) pr staff (Qualified Prof The findings are: Record review on 2 - Hire Date: 5/28/08 -HCPR check dated	view and interviews ure each staff memory of abuse or negona Health Care Peroior to hire for 2 of 3 dessional (QP) and 1/4/20 for the QP respectively.	ber had no lect listed sonnel sampled Staff #1).				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL045-062	B. WING		02/0	4/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VOCATIO	ONAL SOLUTIONS OF	HENDERSON CI	RTANBURG OCK, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOSED DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 1	V 131			
	Record review on 2/4/20 for Staff #1 revealed: - Hire Date: 3/5/98 -HCPR check dated 9/13/01.					
	Interview on 2/4/20 with the Program Director revealed: -She was also Director of Human Resources and was responsible for collecting new hire informationBegan as HR Director in January 2007She suspected the HCPR checks were completed but probably purged. There were many boxes of purged files.					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is licer. Chapter. (b) Requirement provider licensed unapplicant to fill a post applicant to have a conditioned on concriminal history reconstitution of the applicant conditioned on concriminal history reconstitutional criminal history reconstitutional					

Division of Health Service Regulation

PRINTED: 02/07/2020 FORM APPROVED

Division of Health Service Regulation

Division of Health Service Regulation				П		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
				-		
MHL045-062		B. WING		02/0	4/2020	
		WITILU43-U02			UZ/U	4/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
VOCATIO	NAL COLUTIONS OF	2110 S	PARTANBURG	HWY		
VUCATIO	ONAL SOLUTIONS OF	E FLAT	ROCK, NC 28	726		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 2	V 133			
	•					
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a	ì			
	criminal history reco	ord check required by this				
	section. Except as	otherwise provided in this				
	subsection, within fi	ive business days of making				
	the conditional offer	r of employment, a provider				
	shall submit a reque	est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employabilit				
		no case shall the results of the				
		story record check be shared				
	•	roviders shall make available	•			
		cation that a criminal history				
		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				
	section without the	provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
	section within five husiness days of the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE: COMPL			E SURVEY PLETED	
		MHL045-062	B. WING		02/	04/2020
	PROVIDER OR SUPPLIER DNAL SOLUTIONS OF	HENDERSON C	ODRESS, CITY, S ARTANBURG ROCK, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 133	All criminal history i provider is confident except to the application. For subsection, the term business regularly excriminal history records obtained from the following fact hire the applicant: (1) The level and set (2) The date of the (3) The age of the provider and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions are levant offense. The fact of convictions hall not be a bar to listed factors shall to the provider may disclost the criminal history to the disqualification of the criminal history to the di	employment by the provider. Information received by the stial and may not be disclosed, ant as provided in subsection for purposes of this in "private entity" means a sengaged in conducting part checks utilizing public on a State agency. In ordinary is criminal history is one or more convictions of the provider shall consider all ors in determining whether to be riousness of the crime. In ordinary is a criminal to the crime is a conduct of the position to be sended.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					X3) DATE SURVEY COMPLETED		
		MHL045-062		B. WING		02/	04/2020
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VOCATION	ONAL SOLUTIONS O	HENDERSON C		RTANBURG OCK, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY I SC IDENTIFYING INFORMAT	=ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	or employee of a promplies with this so civil liability for: (1) The failure of the individual on the bath the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense "relevant offense" relevant offense" relevant offense "relevant offense" relevant offense responsibility persons needing medisabilities, or subscrimes include the any of the following General Statutes: A Issuing Monetary Sendangering Exect Article 6, Homicide Sex Offenses; Artick Kidnapping and Ab Injury or Damage be Incendiary Device of and Other Housebrother Burnings; Article 18 False Pretenses ar Obtaining Property Fraudulent Use of Article 19B, Financ Act; Article 20, Frau 26, Offenses Again Decency; Article 26	rovider that, in good fasection shall be immure e provider to employ asis of information provider to ecord check of the irection an employee's historithe employee's criminal k is requested and re-	ne from an vided in ndividual. ry of nal ceived in ection, , or ending neanor or ness to ll-being of mental . These forth in 4 of the g and Officers; I Other 10, alicious Burglary rson and cle 17, cle 19, or r Means; Crime ry; Article nts;	V 133			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL045-062		B. WING		02/0	4/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
VOCATIO	ONAL SOLUTIONS OF	F HENDERSON CI	RTANBURG OCK, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	29, Bribery; Article Office; Article 35, C Peace; Article 36A, Article 39, Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in violation of G.S. 18 impaired in violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furniapplicant for emplosupplies, or otherw an employment approximinal history recessful be guilty of a (g) Conditional Empemploy an applicant obtaining the result check regarding the following requirement (1) The provider shipping to obtaining the criminal history recessibsection (b) of the fingerprint cards as (2) The provider shipping conditional employing 2001-155, s. 1; 200	31, Misconduct in Public offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Cloyment A provider may at conditionally prior to so fa criminal history record applicant if both of the	V 133			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL045-062	B. WING		02/0	4/2020
	PROVIDER OR SUPPLIER	HENDERSON C	DDRESS, CITY, SARTANBURG			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	facility failed to requence within five date employment for 1 or Professional (QP). Record review on 2 - Hire Date: 3/5/98 - Criminal Backgrou Interview on 2/4/20 Resources Director - Had no idea where check from 1998 myears ago Have not had a new record record results of the check from 1998 myears ago.	view and interviews, the uest a criminal background bys of a conditional offer of 3 sampled staff (Qualified The findings are: 1/4/20 for Staff #1 revealed: 1/4/20 the check ordered on 7/6/06. With the Program/Human				

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