STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL029-027			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		02	2/18/2020	
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
DAVIDSON	N #2		NNON DRIVE TON, NC 27292			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa 2020. Deficiencies we	s completed on February 18, ere cited.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised se primary diagnosis is a lity.				
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh	LTH 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 acces Registry (HCPR) befo	ews and interview, the s the Health Care Personnel ore hire for 2 of 3 audited e Qualified Professional				
	-Hired 11/17/14 as a -Left employment and -Again, left employme 6/26/19	staff #2's record revealed: Direct Support Professional was re-hired on 8/6/18 ant and was re-hired on mentation the HCPR was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL029-027			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL029-027			02/18/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		434 SHA	NNON DRIVE				
DAVIDSO	N #2	LEXING	TON, NC 27292				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 133	Continued From page	e 2	V 133				
	emplov an applicant	who refuses to consent to a					
		d check required by this					
	•	herwise provided in this					
	•	e business days of making					
	the conditional offer of employment, a provider						
	shall submit a request to the Department of						
	Justice under G.S. 17	14-19.10 to conduct a					
	, <u>,</u>	d check required by this					
		nit a request to a private					
	-	tate criminal history record					
		s section. Notwithstanding					
		Department of Justice shall					
		national criminal history					
		ployment 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						
		may affect the employability					
	of the applicant. In no	o 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					
	-	unty that has adopted an					
		inance and has access to					
		nal Information data bank					
	•	alf of a provider a State					
	-	d check required by this					
	section without the provider having to submit a request to the Department of Justice. In such a						
		Il commence with the State					
		d check required by this					
	section within five bu						
		mployment by the provider.					
	All criminal history in	ipio, inone by the provider.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL029-027	B. WING		02	/18/2020
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		02	10/2020
DAVIDSOI	N #2		TON, NC 27292			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(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 3	V 133			
	provider is confidenti	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. Fo	-				
	subsection, the term "private entity" means a 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					
	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 en	nployment records of the				
		e the crime was committed.				
	(7) The subsequent of	commission by the person of				
	a relevant offense.					
	The fact of conviction	n of a relevant offense alone				
	shall not be a bar to employment; however, the					
	listed factors shall be	e considered by the provider.				
		lifies an applicant after				
		relevant factors, then the				
		e information contained in				
		ecord 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				
		vider that, in good faith, ction shall be immune from				
	a a manufa a with this a a					1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
MHL029-027						
		B. WING		02	2/18/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DAVIDSO	N #2		NNON DRIVE TON, NC 27292			
(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 133	Continued From page	e 4	V 133			
	individual on the basi the criminal history re (2) Failure to check a criminal offenses if th history record check i compliance with this s (e) Relevant Offense "relevant offense" me federal criminal histor indictment of a crime, felony, that bears upo have responsibility fo persons needing mer disabilities, or substa crimes include the cri any of the following A General Statutes: Art Issuing Monetary Sut Endangering Execution Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property of Fraudulent Use of Cri Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution 29, Bribery; Article 31	A - As used in this section, eans a county, state, or ry of conviction or pending , whether a misdemeanor or on an individual's fitness to r the safety and well-being of ntal health, developmental nce abuse services. These minal offenses set forth in articles of Chapter 14 of the icle 5, Counterfeiting and ostitutes; Article 5A, ve and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, action; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, r Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			DATE SURVEY COMPLETED	
MHL029-027							
		B. WING		02	2/18/2020		
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
OAVIDSO	N #2		ANNON DRIVE TON, NC 27292				
(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	TION SHOULD BE	(X5) COMPLET DATE	
V 133	Continued From page	e 5	V 133				
	Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat 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 Employ employ an applicant of obtaining the results of check regarding the a following 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 th conditional employme 2001-155, s. 1; 2004-	hilly; Article 59, Public cle 60, Computer-Related also include possession or ion of the North Carolina es Act, Article 5 of Chapter attutes, and alcohol-related to underage persons in 302 or driving while of G.S. 20-138.1 through hing False Information Any nent 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 ne individual begins					

STATEMEN	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL029-027	B. WING		02/18/2020	
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
OAVIDSO	N #2		ANNON DRIVE TON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From page	e 6	V 133			
	facility failed to subm history record check making the condition of 3 audited staff (Sta Review on 2/13/20 or -Hired 11/17/14 as a -Left employment and -Again, left employment 6/26/19 -A criminal history rec on 11/17/14 but no su completed at the time Interview on 2/13/20 Professional revealed -She was unsure why	ews and interview, the it a request for a criminal within 5 business days of al offer of employment for 1 aff #2). The findings are: f staff #2's record revealed: Direct Support Professional d was re-hired on 8/6/18 ent and was re-hired on cord check was completed ubsequent checks were e of the two re-hire dates with the Qualified				