STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL081-111	B. WING		03	R / <b>06/2020</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		795 SPI	NDALE STREET			
	THE CITY HOUSE OF L	SPINDA	LE, NC 28160			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLET DATE
				DEFICIENC	,,,,	
V 000	INITIAL COMMENTS	3	V 000			
	An annual and follow on 3/6/20. A deficien	up survey was completed acy was cited.				
		ed for the following service C 27G .1300 Residential en or Adolescents .				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county					
	program and any pro developmental disab	vider of mental health, ility, and substance abuse sable under Article 2 of this				
	(b) Requirement An provider licensed und applicant to fill a posi	n offer of employment by a der this Chapter to an tion that does not require the occupational license is				
	conditioned on conse criminal history recor	ent to a State and national d check of the applicant. If en a resident of this State for				
	less than five years, is conditioned on con criminal history recor	then the offer of employment isent to a State and national d check of the applicant. The ory record check shall				
	include a check of the the applicant has been	e applicant's fingerprints. If en a resident of this State for nen the offer is conditioned				
	on consent to a State check of the applican	e criminal history record it. A provider shall not who refuses to consent to a				
	criminal history recor section. Except as ot	d check required by this herwise provided in this e business days of making				
		of employment, a provider				

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-111		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		BENTI TOATION NOMBER.	A. BUILDING:				
		MHL081-111	HL081-111 B. WING		R 03/06/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		795 SPI	NDALE STREET				
PEACE IN	THE CITY HOUSE OF L	.OVE SPINDA	LE, NC 28160				
(X4) ID			ID	PROVIDER'S PLAN O		(X5)	
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V 133	Continued From pag	e 1	V 133				
	shall submit a reques	st to the Department of					
	Justice under G.S. 1	14-19.10 to conduct a					
	criminal history recor	d check required by this					
		nit a request to a private					
	entity to conduct a S	tate criminal history record					
	check required by this section. Notwithstanding						
	G.S. 114-19.10, the Department of Justice shall						
	return the results of national criminal history record checks for employment 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 information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an						
		inance and has access to					
		nal Information data bank					
		alf of a provider a State					
	criminal history record check required by this						
		rovider having to submit a					
		tment of Justice. In such a					
		Il commence with the State					
	5	d check required by this					
	section within five business days of the						
	conditional offer of employment by the provider. All criminal history information received by the						
	-	-					
	-	al and may not be disclosed,					
		nt as provided in subsection					
	(c) of this section. For						
		"private entity" means a ngaged in conducting					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL081-111			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL081-111	B. WING	B. WING		R 3/06/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	THE CITY HOUSE OF L	OVE 795 SPI	NDALE STREET				
		SPINDA SPINDA	LE, NC 28160				
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V 133	Continued From page	e 2	V 133				
	records obtained from (c) Action If an app record check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and seri (2) The date of the cri (3) The age of the per conviction. (4) The circumstance commission of the cri (5) The nexus betweet the person and the jo filled. (6) The prison, jail, pur rehabilitation, and em person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to e listed factors shall be If the provider disquar consideration of the r provider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a pro- complies with this sec civil liability for: (1) The failure of the individual on the basi	licant's criminal history one or more convictions of ice provider shall consider all rs in determining whether to iousness of the crime. ime. rson at the time of the es surrounding the ime, if known. en the criminal conduct of bb duties of the position to be robation, parole, hployment records of the e the crime was committed. commission by the person of of a relevant offense alone employment; however, the e considered by the provider. lifies an applicant after relevant factors, then the e information contained in ecord check that is relevant b, but may not provide a copy of record check to the consider to the consider to employ an is of information provided in ecord check of the individual.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-111			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
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		MHL081-111			R 03/06/2020	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		OVE 795 SPIN	NDALE STREET			
	THE CITY HOUSE OF L	SPINDA	LE, NC 28160			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
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V 133	Continued From pag	e 3	V 133			
	criminal offenses if th	ne employee's criminal				
		is requested and received in				
	compliance with this					
	(e) Relevant Offense	e As used in this section,				
	"relevant offense" m	eans a county, state, or				
	federal criminal history of conviction or pending					
	indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to					
	have responsibility for the safety and well-being of					
	persons needing mental health, developmental					
	disabilities, or substance abuse services. These crimes include the criminal offenses set forth in					
	any of the following Articles of Chapter 14 of the					
	General Statutes: Article 5, Counterfeiting and					
	Issuing Monetary Substitutes; Article 5A,					
	Endangering Executive and Legislative Officers;					
	Article 6, Homicide; Article 7A, Rape and Other					
	Sex Offenses; Article 8, Assaults; Article 10,					
	Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17,					
	Robbery; Article 18,	Embezzlement; Article 19,				
		Cheats; Article 19A,				
	Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime					
		ds; Article 21, Forgery; Article				
	26, Offenses Against Public Morality and					
	Decency; Article 26A, Adult Establishments;					
	Article 27, Prostitution; Article 28, Perjury; Article					
	29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public					
		Riots and Civil Disorders;				
		of Minors; Article 40,				
		nily; Article 59, Public				
		-	1			
		cle 60, Computer-Related				

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V 133	Continued From page	e 4	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 employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employme 2001-155, s. 1; 2004	of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on ication that is the basis for a d check under this section ass A1 misdemeanor. oyment 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 esection or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins ent. (2000-154, s. 4; -124, ss. 10.19D(c), (h); , 5(a); 2007-444, s. 3.)				

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V 133	Continued From pag	e 5	V 133			
	conditional employm (Staff #1). The findir	ent for 1 of 3 staff audited ngs are:				
	#1 revealed:	the personnel record for Staff				
	-A resident of the sta	as the House Manager. Ite for less than 5 years. dated 9/28/18 did not include				
	Interview on 3/6/20 with the Executive Director revealed:					
	-The fingerprints wer background check. -The Chief Executive	e not included in the Officer who was responsible				
		s was not aware of the f who was a resident of the years.				