AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL001-239	B. WING		03/1	2/2020
NAME OF	PROVIDER OR SUPPLIER		IDRESS CITY S	STATE, ZIP CODE	1 00/1	2,2020
	QUALITY CARE FIRST INC 1216 WAI BURLING			ET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	2020. A deficiency of this facility is licens	sed for the following service C 27G. 5600F. Supervised				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a personnel in				
	facility failed to assu Registry (HCPR) ch	views and interviews, the ure a Health Care Personnel neck was completed before idited health care personnel				
	- Hire date of 7/20/ - State and Nationa 4/3/19 with Staff #1 specifically name, of Security (SS) numb - HCPR included wi	Criminal record check dated 's identifying information: late of birth and Social				

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)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL001-239	B. WING		03/	12/2020	
QUALITY CARE FIRST INC 1216 WAI			DRESS, CITY, S LACE STRE TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 131	However, the HCPF SS number and do identifying informati - Staff #1's name w the HCPR documenumber on the HCPR the number on the record check docur. During interview on Professional said: - The agency's Directeding and provious taff She would inform above document coaccurate document. Review on 3/12/20 the agency Director - He completes all in State "typically at the certain it (HCPR) with the past severabove process and Staff #1's HPCR chelic the searching of agency's records to documentation for Staff reported he with the HCPR in the HCPR in the reported he with the HCPR in the	R document only includes the es not include any other ion. The shand-written on the top of the provided. However, the SS or PR document did not match specifically identified criminal ment for Staff#1. 3/10/20, the facility's Qualified ector is responsible for ding the documents for facility the agency Director of the onflict and the need to provide action. of documentation provided by revealed: record checks required by the need to meet the same time" and is "fairly eas completed." eral years" he has followed the believes documentation of neck was "misfiled." ther personnel files in the or try to locate the accurate	V 131				
V 133	G.S. §122C-80 CR	inal History Record Check	V 133				
	CHECK REQUIRES APPLICANTS FOR	D FOR CERTAIN					

Division of Health Service Regulation

STATE FORM 6899 K6UD11 If continuation sheet 2 of 8

Division of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL001-239	B. WING	<u> </u>	03/1	2/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1216 WAL	LACE STRE	ET		
QUALITY	CARE FIRST INC		TON, NC 27			
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX	-	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI ICIENCT)		
V 133	Continued From pa	ge 2	V 133			
	"provider" applies to	o an area authority/county				
	program and any p	rovider of mental health,				
	developmental disa	bility, and substance abuse				
		nsable under Article 2 of this				
	Chapter.					
		An offer of employment by a				
		nder this Chapter to an				
		sition that does not require the noccupational license is				
		sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
		, then the offer of employment				
	_	onsent to a State and national				
		ord check of the applicant. The				
		story record check shall				
	include a check of t	the applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
	,	ord check required by this otherwise provided in this				
	•	ive business days of making				
	,	r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		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				
	i business davs of re	ceipt of the national criminal				

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			7. BOILDING.				
		MHI 004 220	B. WING	0.22		ミノコンハンハ	
		MHL001-239	B. WING 03/12/2020				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
QUALITY CARE FIRST INC		LACE STRE	ET				
W CLIT	OAKE I IKOT IKO	BURLING	TON, NC 27	217			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE	
IAG	THE GOLD TO THE OTHER		IAG	DEFICIENCY)	110/112		
V 133	Continued From no	ao 2	V 133				
V 133	Continued From pa	ge 3	V 133				
		n, the Department of Health					
		es, Criminal Records Check					
		provider as to whether the					
		d may affect the employability					
		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					
		provider having to submit a					
		artment of Justice. In such a all commence with the State					
		ord check required by this					
		ousiness days of the					
		employment by the provider.					
		nformation received by the					
		itial and may not be disclosed,					
		ant as provided in subsection					
	(c) of this section. F						
		n "private entity" means a					
		engaged in conducting					
	0,	ord checks utilizing public					
	records obtained from						
		oplicant's criminal history					
		ls one or more convictions of					
	a relevant offense,	the provider shall consider all					
	of the following fact	ors in determining whether to					
	hire the applicant:						
		eriousness of the crime.					
	(2) The date of the						
	. ,	person at the time of the					
	conviction.						
		ces surrounding the					
	commission of the	crime if known					

6899

Division of Health Service Regulation STATE FORM

K6UD11 If continuation sheet 4 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MUU 004 000	B. WING		00/40/0000	
		MHL001-239	D. WING		03/1	2/2020
NAME OF P	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
QUALITY	CARE FIRST INC		LACE STRE			
			TON, NC 27			
(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 APPROF	D BE	(X5) COMPLETE DATE
V 133	Continued From page	ge 4	V 133			
	(5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall be listed factors shall be listed factors shall be growider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (2) Limited Immunit or employee of a procomplies with this soivil liability for: (1) The failure of the individual on the base the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense in federal criminal hist indictment of a criminal hist indictment of a criminal history responsibility in persons needing medisabilities, or substantial crimes include the compliance with the criminal history responsibility in persons needing medisabilities, or substantial crimes include the criminal crimes include the criminal crimes include the criminal history responsibility in persons needing medisabilities, or substantial crimes include the criminal crimes in crimes include the criminal crimes in crimes include	een the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of on of a relevant offense alone of employment; however, the person of the considered by the provider. It is an applicant after experience that is relevant factors, then the see information contained in record check that is relevant on, but may not provide a copy by record check to the experience to employ and the immune from the provider to employ and the provider to employ and the employee's history of the employee's criminal is requested and received in				

6899

Division of Health Service Regulation STATE FORM

K6UD11 If continuation sheet 5 of 8

ווטופועום	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL001-239	B. WING	<u> </u>	03/1	2/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI	T NOVIDEN ON OUT LIEN		LACE STRE			
QUALIT	Y CARE FIRST INC		TON, NC 27			
			1			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artick Kidnapping and Ablinjury or Damage b Incendiary Device of and Other Housebrother Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 27, Prostituti 29, Bribery; Article 36A, Article 39, Protection Office; Article 36A, Article 39, Protection Protection of the Fallotoxication; and Arcrime. These crimes ale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplosupplies, or otherwian employment applicant and Applicant ap	article 5, Counterfeiting and substitutes; Article 5A, artive and Legislative Officers; Article 7A, Rape and Other see 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and sicle 16, Larceny; Article 17, Embezzlement; Article 19, and Cheats; Article 19A, or Services by False or Credit Device or Other Means; and Transaction Card Crime ands; Article 21, Forgery; Article st Public Morality and and A, Adult Establishments; and; Article 28, Perjury; Article 31, Misconduct in Public and Civil Disorders; and Civil Disorders; and Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as 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				

6899

Division of Health Service Regulation STATE FORM

If continuation sheet 6 of 8 K6UD11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL001-239	B. WING		03/1	03/12/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•		
QUALITY	CARE FIRST INC		LACE STRE				
(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 SHOULD CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE	
				DEFICIENCY)			
V 133	(g) Conditional Empemploy an applican obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shippion criminal history reconsultational employr 2001-155, s. 1; 200	oloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the	V 133				
	facility failed to assi Criminal record che business days of m employment for 1 of findings are: Review on 3/9/20 of Hire date of 7/20/1/20 - State and National 4/3/19. The criminal record completed three modate. No documentation offered the position	views and interviews, the ure a State and National eck was requested within five aking the conditional offer of f 3 (#1) audited staff. The					

Division of Health Service Regulation

STATE FORM 6899 K6UD11 If continuation sheet 7 of 8

STATEMENT OF DEFICIENCIES (X'AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
ı						
		MHL001-239	B. WING		03/1	2/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
QUALIT	Y CARE FIRST INC		LACE STRE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	date the criminal re used.	cord check completed was	V 133			

Division of Health Service Regulation

STATE FORM 6899 K6UD11 If continuation sheet 8 of 8