STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		С		
MHL092-857		B. WING		_	06/15/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ANINI'C LI	AVEN OF DEST II	1919 BOA	Z ROAD			
ANN'S H	AVEN OF REST II	RALEIGH	, NC 27610			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
		was completed on 6/15/20. unsubstantiated Intake eficiency was cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness				
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 liced Chapter.  (b) Requirement A provider licensed un applicant to fill a position applicant to have an conditioned on conscriminal history reconstituted applicant has beliess than five years is conditioned on consistency reconstituted a check of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history reconsent criminal history reco					

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

(X6) DATE TITLE

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-857	B. WING		06/1	5/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TV IVIL OI	THOUBER OR GOLT EIER			517(12, 211 00BE		
ANN'S H		RALEIGH	, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	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 1	V 133			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL092-857	B. WING		06/1	5/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
диис н	AVEN OF REST II	1919 BOA	Z ROAD			
ANNOTE	AVEN OF REOTH	RALEIGH,	NC 27610			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
	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 employment records of the person since the date the crime was committed.  (7) The subsequent commission by the person of a relevant offense.  The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.  (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:  (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.		V 133			

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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		MUI 002 957	B. WING		C <b>06/15/2020</b>	
		MHL092-857			1 06/1	5/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1919 BOA	Z ROAD			
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			, NC 2/610			
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V 133	Continued From pa	ge 3	V 133			
	(O) <b>F</b> . T	· · · · · · · · · · · · · · · · · · ·				
		an employee's history of				
		the employee's criminal				
		k is requested and received in				
	compliance with thi					
		se As used in this section,				
	"relevant offense" n	neans a county, state, or				
	federal criminal hist	tory of conviction or pending				
	indictment of a crim	ne, whether a misdemeanor or				
		pon an individual's fitness to				
		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					
		ubstitutes; Article 5A,				
		utive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
	Injury or Damage b	y Use of Explosive or				
	Incendiary Device of	or Material; Article 14, Burglary				
	and Other Housebr	eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
	<b>J</b> '	d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
	• •	A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
Ì		31, Misconduct in Public				
Ì		Offenses Against the Public				
Ì	Peace; Article 36A,	Riots and Civil Disorders;				
Ì	Article 39, Protection	on of Minors; Article 40,				
	T	amily; Article 59, Public				
	Intoxication; and Article 60, Computer-Related					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
		A. BOILDING.		С			
MHL092-857		B. WING		06/15/2020			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ANN'S H	AVEN OF REST II	1919 BOA	Z ROAD , NC 27610				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 133	Continued From pa	ge 4	V 133				
	Crime. 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 Furniapplicant for emplosupplies, or otherw an employment approximinal history recessful be guilty of a (g) Conditional Employ an applican obtaining the result check regarding the following requirement (1) The provider shipprior to obtaining the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shipprior to obtain the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shipprior to obtain the criminal history recession (b) of the fingerprint cards as (2) The provider shipprior to obtain the criminal history recession (b) of the fingerprint cards as (2) The provider shipprior to obtain the criminal history recession (b) of the fingerprint cards as (2) The provider shipprior to obtain the conditional employing 2001-155, s. 1; 2002001-155,	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, is 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 for a criminal history record explicant if both of the ents are met: all not employ an applicant experience applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a pord check not later than five the individual begins ment. (2000-154, s. 4; 14-124, ss. 10.19D(c), (h); 14, 5(a); 2007-444, s. 3.)					
	Based on record review and interview, the facility failed to ensure the criminal record check was completed within five business days of making						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '			SURVEY LETED
			D. WING		С	
		MHL092-857			06/1	5/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI		STATE, ZIP CODE		
ANN'S H	AVEN OF REST II		, NC 27610			
(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)	ILD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
		r of employment affecting one e Manager/staff #1). The				
	record check revea	of staff #1's faxed criminal led: cord check was completed on				
	During interview on 6/15/20 the Chief Information Officer reported: - staff #1 had worked at the facility for a year - the Director was responsible for completing criminal record checks - she was not sure why the criminal record check was not completed - criminal record checks are normally completed prior to hire - she had no concerns about staff #1's criminal history					

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