OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				E SURVEY PLETED
CONNECTION	BENTH IOATION NOMBER.	A. BUILDING:			
	MHL086032	B. WING		01	C I/ 05/2021
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
Y #2					
	DOBSO	N, NC 27017			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
INITIAL COMMENTS	3	V 000			
complaint was unsub	stantiated (intake				
category: 10A NCAC	27G .5600C Supervised				
27G .0204 Training/S Paraprofessionals	Supervision	V 110			
SUPERVISION OF P (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as speci Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system i then qualified profess professionals shall de (e) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal ski (6) communication s (7) clinical skills. (f) The governing bo develop and impleme	ARAPROFESSIONALS o privileging requirements for s shall be supervised by an al or by a qualified fied in Rule .0104 of this s shall demonstrate l abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: dge; ss; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
	CORRECTION DVIDER OR SUPPLIER Y #2 SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS A complaint survey w complaint was unsub #NC00171974). Defic This facility is license category: 10A NCAC Living for Adults with 27G .0204 Training/S Paraprofessionals 10A NCAC 27G .020 SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessionals sociate professional associate professional associate professional c) Paraprofessional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system i then qualified profess professionals shall de (e) Competence sha exhibiting core skills i (1) technical knowled (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski (6) communication s (7) clinical skills. (1) The governing bo develop and implement	DF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL086032 DVIDER OR SUPPLIER STREETA 101 PEA DOBSON Y #2 DOBSON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 1/5/21. The complaint was unsubstantiated (intake #NC00171974). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; an	pF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE C A BUILDING:	FDERIGENCIES (X1) PROVIDENSUPPLIERCLIA (V2) MULTIPLE CONSTRUCTION A BUILDING:	properciencies [X1] PROVIDERSUPPLIERCIA IDENTIFICATION NUMBER: [X2] MULTPLE CONSTRUCTION A BUILDING: [X0] DATA A BUILDING: [Y0] DATA A BUILDING: [Y1] DATA A BUILDIN

	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
	MHL086032 B. WING				С	
		MHL086032	B. WING		01	/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2		CE LILY LANE			
		DOBSO	N, NC 27017			
(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 THE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From page	e 1	V 110			
	This Rule is not met	as evidenced by:				
		ews and interviews, the				
	facility failed to ensur					
	supervised by a Qual findings are:	ified Professional (QP). The				
) with the Administrator in facility employed a QP.				
		of a list of contact numbers no information for the QP.				
	Review on 12/31/20 of the QP revealed an e	of the contact information for mail address only.				
		of an email from the QP s not employed by the facility				
	-The individual name	rith the Owner revealed: d as the QP provided as to restrictive interventions				
	to facility staff;					
	-She also used to cor the facility but hadn't	nplete treatment plans for				
	•	completing treatment plans,				
		her individual that worked at				
		the clients attended to				
	complete the treatme					
		e day program so attempts				
		ntact the Owner of the day				
	program to request a					
	member complete the	e treatment plans;				

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 2 of 10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL086032	B. WING		01	C / 05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2		CE LILY LANE N, NC 27017			
(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 110	Continued From page	e 2	V 110			
	individual had left the completing treatment treatment plans were -She was not sure wh difficult time finding a -Contact had been m Management Entity/N but they had offered b Interview on 1/4/21 w Program the clients a -The individual that w worked at the Day Pr that her name had be -He didn't think the O understood what the -He allowed his staff regarding the facility were a QP for the fac -The individual that h goals to the treatmen resigned over 7 mon -He wouldn't allow his	ny but they were having a replacement QP; ade with the Local Managed Care Organization no support. With the Owner of the Day tittended revealed: vas named as the facility QP rogram and was concerned een provided; wher of the facility duties of the QP included; to add goals for clients but that didn't mean they cility; ad most recently added t plans for the facility had ths ago;				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any pro developmental disabi services that is licens Chapter.					

Division of Health Service Regulation STATE FORM

6899

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL086032	B. WING		C 01/05/202	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PEACE LII	LY #2		CE LILY LANE N, NC 27017			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE
V 133	Continued From page	e 3	V 133			
	provider licensed und	der this Chapter to an				
	•	ition that does not require the				
		occupational license is				
		ent to a State and national				
		d check of the applicant. If				
	-	en a resident of this State for				
		then the offer of employment				
	is conditioned on consent to a State and national					
	criminal history recor	criminal history record check of the applicant. The				
	national criminal histo	national criminal history record check shall				
	include a check of the applicant's fingerprints. If					
		en a resident of this State for				
	five years or more, then the offer is conditioned					
	on consent to a State criminal history record					
		nt. A provider shall not				
		who refuses to consent to a				
	-	d check required by this				
	•	herwise provided in this				
		e business days of making				
		of employment, a provider st to the Department of				
		14-19.10 to conduct a				
		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				
	record checks for em	ployment positions not				
	covered by Public La	w 105-277 to the				
	Department of Health	n and Human Services,				
	Criminal Records Ch					
	-	eipt of the national criminal				
		, the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		o case shall the results of the				
	national criminal histo	ory record check he shared	1			1

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:			
		MHL086032	B. WING		01	C /05/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2					
			N, NC 27017			
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 4	V 133			
	with the provider Pro	oviders shall make available				
		tion that a criminal history				
		pleted on any staff covered				
		inty that has adopted an				
	•	nance and has access to				
		al Information data bank				
	may conduct on behalf of a provider a State					
	criminal history record check required by this					
	section without the provider having to submit a					
	request to the Department of Justice. In such a					
	case, the county shall commence with the State					
	criminal history record 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,				
	except to the application	nt as provided in subsection				
	(c) of this section. Fo	r purposes of this				
	subsection, the term	"private entity" means a				
	business regularly er	igaged in conducting				
	criminal history recor	d checks utilizing public				
	records obtained from	n a State agency.				
	(c) Action If an app	licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
	-	rs in determining whether to				
	hire the applicant:					
		iousness of the crime.				
	(2) The date of the cr					
		rson at the time of the				
	conviction.					
	(4) The circumstance					
	commission of the cri					
		en the criminal conduct of				
		b duties of the position to be				
	filled.					
	(6) The prison, jail, p					
	rehabilitation, and en	ployment records of the				
		e the crime was committed.				

STATEMEN	of Health Service Regunt TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
		A. BUILDING:				
		MHL086032	B. WING		C 01/05/20	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2		CE LILY LANE N, NC 27017			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 133	Continued From page	e 5	V 133			
	a relevant offense. The fact of conviction shall not be a bar to of listed factors shall be lf 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 se civil liability for: (1) The failure of the individual on the basis the criminal history re- (2) Failure to check a criminal offenses if th history record check compliance with this (e) Relevant Offense "relevant offense" me federal criminal histor indictment of a crime felony, that bears up have responsibility for persons needing me disabilities, or substa crimes include the cri- any of the following A General Statutes: Art Issuing Monetary Sul Endangering Executi Article 6, Homicide; A	 A provider and an officer vider that, in good faith, ction shall be immune from provider to employ an is of information provided in ecord check of the individual. In employee's history of the employee's criminal is requested and received in section. 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 or the safety and well-being of the safety and well-being of an individual's fitness to or the safety and well-being of an individual's fitness to or the safety and well-being of an individual's fitness to or the safety and well-being of an individual's fitness to or the safety and well-being of an individual's form the safety and well-being an individual's form the safety and well-being of an individual's form the safety and well-being an individual's form the safety a				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED									
		IDENTIFICATION NOMBER.	A. BUILDING:											
		MHL086032 B. WING		MHL086032 B. WING		MHL086032 B. WING		MHL086032 B. WING		B. WING		B. WING		C / 05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	LEET ADDRESS, CITY, STATE, ZIP CODE											
PEACE LI	LY #2		CE LILY LANE N, NC 27017											
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)								
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE								
V 133	Continued From page	e 6	V 133											
	and Other Housebrea Other Burnings; Artic Robbery; Article 18, F False Pretenses and Obtaining Property of Fraudulent Use of Cr Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution 29, Bribery; Article 31 Office; Article 35, Off Peace; Article 36A, F 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 employr supplies, or otherwise an employment applic criminal history record shall be guilty of a Cl (g) Conditional Emplo	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; I Transaction Card Crime ls; Article 21, Forgery; Article Public Morality and , Adult Establishments; n; Article 28, Perjury; Article 1, Misconduct in Public enses Against the Public Riots and Civil Disorders; of Minors; Article 40, hily; Article 59, Public cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment 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:												

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL086032	B. WING		C 01/05/2	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2		ACE LILY LANE N, NC 27017			
			,		CORRECTION	0.00
(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) COMPLET DATE
V 133	Continued From page	e 7	V 133			
	criminal history recom- subsection (b) of this fingerprint cards as re (2) The provider shall criminal history recom- business days after the conditional employme 2001-155, s. 1; 2004-	-				
	facility failed to reque background check wi making the condition	ews and interviews the				
	-She had worked for years; -She had worked at the prior to that at an aduler -She did have a crimit to provide details; -She was going to consider the because she didn't worked	inal history but she refused nsult with her attorney ant the results of her				
	Charge revealed: -Staff #1 was hired as of the facility on 6/27/	20 with the Administrator in s the Group Home Manager /19; sly worked in an adult care				

STATE FORM

STATEMEN	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BENTI IOATION NOMBER.	A. BUILDING:			
		MHL086032	B. WING		01	C / 05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
PEACE LI	LY #2		CE LILY LANE N, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page	e 8	V 133			
		cted by the facility Owner to prney prior to releasing any d requests.				
	Interview on 12/15/20 with the Administrator in Charge revealed: -They had not been able to consult with their attorney yet; -She was not going to unseal the criminal history record request unless staff #1 provided consent or their attorney advised her to do so.					
	attorney revealed: -An attachment with a company that complete an employee of the C note of"07/01/2014 Received/Reviewed// -An attachment with a envelope, "Backgrout Received/Reviewed// -An attachment with a company that complete the Administrator in C notes of"08/02/201	Interviewed/Sealed;" a handwritten note on an nd Check 07/01/2014 Interviewed/Sealed;" an email dated 8/2/17 from a etes background checks to Charge included handwritten 7				
	-An attachment with a envelope, "[Staff #1] Received/Reviewed/ -An attachment with a a company that comp an employee of the C note of, "12/04/2020 *Background check p Changes;" -An attachment with a envelope, "[Staff #1]	Sealed;" an email dated 12/4/20 from oletes background checks to Owner included a handwritten Received/Reviewed/Sealed oulled every 3 years* No a handwritten note on an				

Division of Health Service Regulation STATE FORM

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		MHL086032	B. WING		01	/05/2021
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
EACE LI	LY #2		ACE LILY LANE N, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pag	e 9	V 133			
	-Staff member #1 wo care home but worke from 7/1/14 until she facility in 2019; -She was not sure wi on the staff census p	with the Owner revealed: orked primarily at the adult ad as needed at the facility was hired full time at the hy staff #1 was never listed provided during state surveys /16/16, 10/26/16, 10/20/17, 18.				