STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		100 CONTROL SERVICE	A DESTRUCT CHEST CONTRACT AND CONTRACT	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	DHSR - Mental Hea	lth
			B. WING		С
	- 1259 	MHL034-296	D. VVIIVO	JAN 28 2021	01/04/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY,	STATE, ZIP CODE	
HOME CA	RE SOLUTIONS AT HEA	ATHER VIEW 3816 HEA	THER VIEW	Lic. & Cert. Section	1
TIONE CA	INC SOLUTIONS AT HEA	WINSTO	N SALEM, NO	27127	1
(X4) ID		FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
IAG			IAG	DEFICIENCY)	
14000	INITIAL COMMENT		1,,,,,,	• Indicate what measures will l	ne put
V 000	INITIAL COMMENTS		V 000	in place to correct the deficient	
	A complaint survey w	vas completed on 1/4/21. The		of practice (i.e. changes in poli	
	complaint was substa			and procedure, staff training,	-,
	#NC00172661). Defi			changes in staffing patterns, et	c.).
	,			The staff responsible for ordering	
	This facility is license	ed for the following service		background checks will be retrain	
		27G .5600C Supervised		They will be trained on when to or	
		ose Primary Diagnosis is a		and what should be requested for	
	Developmental Disab	oility.		background. If someone has lived	
	11			outside of the state within the last	5
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133	years, a nationwide background o	heck
	G S 8122C-80 CPIM	IINAL HISTORY RECORD		will be ordered.	
	CHECK REQUIRED				
	APPLICANTS FOR E				
	(a) Definition As us	ed in this section, the term		 Indicate what measures will b 	•
		an area authority/county		in place to prevent the problem	from
		vider of mental health,		occurring again.	
		lity, and substance abuse			
	Chapter.	able under Article 2 ofthis		The background checks will be	
	Annual Control of the	offer of employment by a		reviewed by the facility director to	
	provider licensed und			ensure consistency and compliand	ce.
		ion that does not require the			
	applicant to have an	occupational license is		Indicate who will monitor the	
		nt to a State and national		situation to ensure it will not oc	cur
		d check of the applicant. If		again.	
		n a resident of this State for hen the offer of employment		The Director will monitor this to an	
		sent to a State and national		The Director will monitor this to en	Market Market Control of the Control
		d check of the applicant. The		that issues with the background chare ordered accordingly.	iecks
	national criminal histo			are ordered accordingly.	
		applicant's fingerprints. If			
		n a resident of this State for		• Indicate how often the monitor	dina
		en the offer is conditioned		will take place.	ilig
		criminal history record		will take place.	
	check of the applicant	vho refuses to consent to a		Monitoring will occur each time a	
		d check required by this		record is requested and will be one	going
		nerwise provided in this		times 2 months (monitoring) and a	
		.= -		often as needed to ensure complia	
	th Service Regulation		*	****	
BORATORY D	11 /	UPPLIER REPRESENTATIVE'S SIGNATURE		DIRCERY 1	21-21
	An Imin in An	100		Director	ardi

PRINTED: 01/05/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		D MANG	С	
	MHL034-296	B. WING	01/04/2021	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOME CARE SOLUTIONS AT HEATHER VIEW

3816 HEATHER VIEW LANE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	Continued From page 1	V 133		
V 133	Subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State 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 appropriate local ordinance and has access to the Division of Criminal 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 provider is confidential and may not be disclosed,	V 133		
	except to the applicant as provided in subsection (c) of this section. For purposes of this			
on of the	th Coning Deculation		DHSR - Mental Hea	alth
on of Heal	th Service Regulation	6899 DR		nuation sheet 2 c

Lic. & Cert. Section

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
			B. WING		C	
		MHL034-296	B. WING		01/04/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		3816 HEA	THER VIEW L	ANE		
HOME CA	RE SOLUTIONS AT HEA		N SALEM, NC	27127		
(VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (V5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(,,,)	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
				DEFICIENCY)		
V 133	Continued From page	2	V 133			
2 1/50						
		'private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained from	n a State agency.	1			
		icant's criminal history				
	record check reveals	one or more convictions of				
	a relevant offense, the	e provider shall considerall				
	of the following factors	s in determining whether to				
	hire the applicant:					
	(1) The level and serie	ousness of the crime.				
	(2) The date of the cri	me.				
	(3) The age of the per	son at the time ofthe				
	conviction.					
	(4) The circumstances	s surrounding the				
	commission of the crir	me, if known.				
	(5) The nexus betwee	n the criminal conduct of				
	the person and the job	duties of the position to be				
	filled.					
	(6) The prison, jail, pro	obation, parole,				
	rehabilitation, and em	ployment records of the				
	person since the date	the crime was committed.				
		ommission by the person of				
	a relevant offense.					
		of a relevant offense alone				
		mployment; however, the				
		considered by the provider.				
	If the provider disquali					
		elevant factors, then the				
	[- [편] [편] [- [] 대통령 [대통령] 대통령 [] 대통령	information contained in				
		cord check that is relevant				
		but may not provide a copy				
	of the criminal history	record check to the	1			
	applicant.					
		A provider and an officer				
	or employee of a provi	•				
		tion shall be immunefrom	1			
	civil liability for:					
	(1) The failure of the p				a olth	
	individual on the basis	of information provided in		DHSR - Mei	ital Healin	
			1	1 1 1 1 1 1	and the state of t	

Division of Health Service Regulation STATE FORM

DRQ711

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7111012111	OF CONTRECTION	BENTI TOATTON NOMBER.	A. BUILDING: _		OOM! EETED	
		MHL034-296	B. WING		C 01/04/2021	
NAME OF E	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE ZIP CODE		
TW WILL OF T	NOVIDEN ON OUT EIEN		THER VIEW LA			
HOME CA	RE SOLUTIONS AT HEA	THER VIEW	SALEM, NC 27			
()(4) ID	CLIMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 133	Continued From page	3	V 133			
	(2) Failure to check an criminal offenses if the history record check is compliance with this s (e) Relevant Offense. "relevant offense" mer federal criminal history indictment of a crime, felony, that bears upo have responsibility for persons needing mendisabilities, or substancrimes include the crimany of the following Ar General Statutes: Articlssuing Monetary Sub Endangering Executiv	s requested and received in section. - As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or n an individual's fitness to the safety and well-being of tal health, developmental ace abuse services. These minal offenses set forth in ticles of Chapter 14 of the cle 5, Counterfeiting and stitutes; Article 5A, e and Legislative Officers;				
	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, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; 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 Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public			DHSR - Menta	ıı Health	

Division of Health Service Regulation

STATE FORM

JAN 28 2017 continuation sheet 4 of 7

DRQ711

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					l ,	
		MHL034-296	B. WING			04/2021
					01/0	J472021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	*		
HOME CA	RE SOLUTIONS AT HEA	THER VIEW 3816 HEA	THER VIEW LAI	NE		
		WINSTON	SALEM, NC 27	127		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 4	V 133			
V 133	Intoxication; and Artic Crime. These crimes sale of drugs in violatic Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employment applicant for employment applicant for employment application of G.S. 20-138.5. (g) Conditional Employment applica	ele 60, Computer-Related also include possession or ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related it to underage persons in 302 or driving while of G.S. 20-138.1 through ing False Information Any ment who willfully furnishes, is gives false information on eation that is the basis for a dicheck under this section is A1 misdemeanor. In a criminal history record policant if both of the is are met: not employ an applicant applicant in G.S. 114-19.10. In submit the request for a check not later thanfive individual begins int. (2000-154, s. 4; 124, ss. 10.19D(c), (h);	V 133			
	This Rule is not met as Based on record review facility failed to reques	-		DHSR - Mental	Health	

Division of Health Service Regulation

STATE FORM

JAN 28 2021r continuation sheet 5 of 7

DRQ711

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
71101011	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		1,000,000,000,000	LD	
		MHL034-296	B. WING		01/04/	/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE			
HOME CA	RE SOLUTIONS AT HEA	THER VIEW	HER VIEW L				
			SALEM, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 133	V 133 Continued From page 5		V 133				
	criminal record checks within 5 business days of offering employment for 3 of 5 surveyed staff (#1, #2 and #4). The findings are: Review on 12/29/2020 of staff #1's record revealed: - Hire Date: 3/20/2019 - Position: Residential Manager - On her job application under employment history she had worked in another state from 2017 to 2/2019. - A nationwide background check had not been completed. Review on 12/29/2020 of staff #2's record revealed: - Hire Date: 2/15/2019 - Position: Paraprofessional - On her job application under employment history she had worked in another state from 11/2010 to 1/2017. - A nationwide background check had not been completed.						
	9/2018 to 10/2019 as 10/2017 A nationwide backgrocompleted.	on under employment d in another state from					
	- She lived out of the s February or March 20	tate from 2016 until					
	Interview on 12/29/202	20 with staff #2 revealed:					

Division of Health Service Regulation

STATE FORM

6899

DRQ711

DHSR - Mental Health

JAN 28 2021

PRINTED: 01/05/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 3	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		500	
		MHL034-296	B. WING		C 01/04/2021	
HOME CARE SOLUTIONS AT HEATHER VIEW 3816 HEAT			RESS, CITY, ST HER VIEW L SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 APPROPE DEFICIENCY)	BE COMPL	LETE
In - S In re - H WI - " mi	sterview on 12/30/2025 She had lived in the sterview on 12/30/2025 Evealed: He typically did the content of the staff were hired. It (the nationwide criticity in the staff were hired. It (the nationwide criticity in the staff were overlied) The staff were hired. It (the nationwide criticity in the staff were hired. The staff wer	state for the past 2 years. 20 with staff #4 revealed: state since 10/1/19. 20 with Licensee #2 riminal background checks minal background checks) looked." with the Qualified	V 133			

Division of Health Service Regulation

STATE FORM DRQ711 If continuation sheet 7 of 7