Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL086032 01/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 PEACE LILY LANE PEACE LILY #2 DOBSON, NC 27017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 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. V 110 27G .0204 Training/Supervision V 110 DHSR - Mental Health Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for Lic. & Cert. Section 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; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.

Division of Health Service Regulation

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

Kathy Kuffman, adm. /20/

(X6) DATE

STATE FORM

If continuation sheet 1 of 10

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING MHL086032 01/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 PEACE LILY LANE PEACE LILY #2 **DOBSON, NC 27017** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 1 V 110 Reace Tily is and has been actively seeking 5/6/21 a qualified professional This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 5 of 5 staff were supervised by a Qualified Professional (QP). The findings are: Interview on 12/14/20 with the Administrator in Charge revealed the facility employed a QP. Review on 12/31/20 of a list of contact numbers for all staff revealed no information for the QP. Review on 12/31/20 of the contact information for the QP revealed an email address only. Review on 12/31/20 of an email from the QP revealed that she was not employed by the facility as a QP. Interview on 1/4/21 with the Owner revealed: -The individual named as the QP provided training on alternatives to restrictive interventions to facility staff; -She also used to complete treatment plans for the facility but hadn't done so recently; -When she stopped completing treatment plans. they had asked another individual that worked at the day program that the clients attended to complete the treatment plans; -That individual left the day program so attempts had been made to contact the Owner of the day program to request another qualified staff member complete the treatment plans:

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING MHL086032 01/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 PEACE LILY LANE PEACE LILY #2 DOBSON, NC 27017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 | Continued From page 2 V 110 -She was not sure how long it had been since the individual had left the day program and stopped completing treatment plans but knew that all treatment plans were current; -She was not sure why but they were having a difficult time finding a replacement QP; -Contact had been made with the Local Management Entity/Managed Care Organization but they had offered no support. Interview on 1/4/21 with the Owner of the Day Program the clients attended revealed: -The individual that was named as the facility QP worked at the Day Program and was concerned that her name had been provided: -He didn't think the Owner of the facility understood what the duties of the QP included: -He allowed his staff to add goals for clients regarding the facility but that didn't mean they were a QP for the facility; -The individual that had most recently added goals to the treatment plans for the facility had resigned over 7 months ago; -He wouldn't allow his staff to provide QP services to the facility because he felt that was a conflict of interest. V 133 G.S. 122C-80 Criminal 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 provider of mental health, developmental disability, and substance abuse

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Chapter.

services that is licensable under Article 2 of this

(b) Requirement. - An offer of employment by a

STATE FORM

PRINTED: 01/07/2021

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY		
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- LAGE L		DOBSON	, NC 27017			
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V 133	Continued From page	3	V 133			
	provider licensed under	er this Chapter to an				
		on that does not require the				
	applicant to have an o	ccupational license is				
		nt to a State and national				
		check of the applicant. If				
		a resident of this State for				
		nen the offer of employment				
		ent to a State and national				
		check of the applicant. The				
	national criminal histor		1			
		applicant's fingerprints. If				
		a resident of this State for				
		n the offer is conditioned				
	on consent to a State of					
	check of the applicant.	ho refuses to consent to a				
	criminal history record					
	section. Except as otherwise provided in this subsection, within five business days of making					
		employment, a provider				
	shall submit a request					
	Justice under G.S. 114	-19 10 to conduct a				
	criminal history record					
	section or shall submit					1
		e criminal history record				1
		section. Notwithstanding				i
	G.S. 114-19.10, the De	partment of Justice shall				- 1
	return the results of nat					1
	record checks for employment positions not					

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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

. Division of Health Service Regulation

STATEMENT		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTI	DI E CONCEDUCTION				
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ŀ				-	52.75(2)	101)			
	V 133	Continued From page	4	V 133					
		with the provider. Prov	viders shall make available						
			on that a criminal history						
			leted on any staff covered						
			nty that has adopted an						
				1					
		(c) of this section. For p	purposes of this	1					
		criminal history record	checks utilizing public						
	ı	records obtained from a	a State agency.						
	1	ecord check reveals or	ne or more convictions of						
	1	nire the applicant:							
	(1) The level and seriousness of the crime.								
					1				
			on at the time of the						
	1 33								
			duties of the position to be						
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, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a 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:									
	n	erson since the date th	e crime was committed	1	1				

Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL086032		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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	V 133	Continued From page	5	V 133			
		(7) The subsequent coar relevant offense. The fact of conviction of shall not be a bar to endisted factors shall be of the provider disqualification of the provider may disclose the criminal history received to the disqualification, the criminal history reapplicant. (d) Limited Immunity. or employee of a provide complies with this secticivil liability for: (1) The failure of the provided in the criminal history received the criminal history received to the disqualification, the complies with this secticivil liability for: (1) The failure of the provided in the provided in the provided in the criminal offenses if the chistory record check is a compliance with this sectic compliance with th	of a relevant offense alone imployment; however, the considered by the provider. Ties an applicant after levant factors, then the information contained in ord check that is relevant but may not provide a copy ecord check to the A provider and an officer der that, in good faith, on shall be immune from ovider to employ an of information provided in ord check of the individual. employee's history of employee's criminal requested and received in ction. As used in this section, as a county, state, or of conviction or pending thether a misdemeanor or an individual's fitness to be safety and well-being of I health, developmental end abuse services. These and offenses set forth in cles of Chapter 14 of the end of the safety and other Assaults; Article 10,	V 133			
			Assaults; Article 10, on; Article 13, Malicious				

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		ESURVEY	
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DEACELL	PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 6 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						
PEACE LI	LT #Z	DOBSON,	NC 27017				
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V 133	Continued From page	6	V 133				
	Injury or Damage by Uncendiary Device or Mand Other Housebreal Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property or Fraudulent Use of Cre Article 19B, Financial Act; Article 20, Frauds 26, Offenses Against F Decency; Article 26A, Article 27, Prostitution; 29, Bribery; Article 35, Offer Peace; Article 35, Offer Peace; Article 36A, Ric Article 39, Protection of Protection of the Family Intoxication; and Article Crime. These crimes as ale of drugs in violation Controlled Substances 90 of the General Statu offenses such as sale to violation of G.S. 18B-30 impaired in violation of G.S. 20-138.5. (f) Penalty for Furnishin applicant for employme supplies, or otherwise gan employment application of the General Employment application of the General Statu offenses and the substances of the General Statu offenses such as sale to violation of G.S. 20-138.5. (g) Conditional Employment application of the General Statu offenses and the substances of the General Statu offenses such as sale to violation of G.S. 20-138.5. (g) Conditional Employment application of the General Statu offenses such as sale to violation of G.S. 20-138.5. (g) Conditional Employment application of the General Statu of the General	Jse of Explosive or Material; Article 14, Burglary kings; Article 15, Arson and e 16, Larceny; Article 17, mbezzlement; Article 19, Cheats; Article 19A, Services by False or dit Device or Other Means; Transaction Card Crime; Article 21, Forgery; Article Public Morality and Adult Establishments; Article 28, Perjury; Article Misconduct in Public cots and Civil Disorders; Minors; Article 40, y; Article 59, Public e 60, Computer-Related elso include possession or en of the North Carolina Act, Article 5 of Chapter etes, and alcohol-related of underage persons in 22 or driving while G.S. 20-138.1 through enter the section of the North Carolina et al. (20) and the section of the North Carolina	V 133				
f	following requirements at 1) The provider shall no	are met:					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING MHL086032 01/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 PEACE LILY LANE PEACE LILY #2 DOBSON, NC 27017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 | Continued From page 7 V 133 prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) Peace Lily will ensure
that when a staff member 1/20/21
transfers from one
commonly overed facility
to another, that a
crimenal background
check will be completed
again. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to request a state criminal background check within five business days of making the conditional offer of employment for 1 of 1 audited staff (staff #1). The findings are: Interviews on 12/14/20 with staff #1 revealed: -She had worked for the Owner of the facility for 8 -She had worked at the facility since 6/27/19 and prior to that at an adult care home; -She did have a criminal history but she refused to provide details: -She was going to consult with her attorney because she didn't want the results of her criminal history discussed. Interviews on 12/14/20 with the Administrator in Charge revealed: -Staff #1 was hired as the Group Home Manager of the facility on 6/27/19; -Staff #1 had previously worked in an adult care

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home with the same Owner as the facility:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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V 133	Continued From page	8	V 133				
	She had been instale	stad by the facility Owner to					
		ted by the facility Owner to					
		ney prior to releasing any					
	criminal history record	requests.					
	Interview on 12/15/20	solah ahan Asharininta tarah a					
	Charge revealed:	with the Administrator in					
		alo to conquit with their					
		ole to consult with their					
	attorney yet;	one and the control of the form					
		unseal the criminal history					
		staff #1 provided consent					
	or their attorney advise	ed her to do so.	1				
	Review on 12/29/20 of an email from the facilities						
	attorney revealed: -An attachment with an email dated 7/1/14 from a company that completes background checks to an employee of the Owner included a handwritten note of"07/01/2014						
			1				
	Received/Reviewed/In	terviewed/Sealed:"					
		handwritten note on an					
	envelope, "Background						
	Received/Reviewed/Interviewed/Sealed;" -An attachment with an email dated 8/2/17 from a company that completes background checks to						
		arge included handwritten					
	notes of"08/02/2017		İ				
	Received/Reviewed/Sealed - No changes;"						
	-An attachment with a l						
	envelope, "[Staff #1] 08						
	Received/Reviewed/Se						
		email dated 12/4/20 from					
- 1		etes background checks to					
		ner included a handwritten	1				
		eceived/Reviewed/Sealed	1				
	*Background check pull						
	Changes;"	270.7 0 700.0 110					
	-An attachment with a h	andwritten note on an					
	envelope, "[Staff #1] Ba						
		Sealed Updated every 3					
	Years."	odica opadica every 5					

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (Y4) B

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			
		MHL086032	B. WING				
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V 133	Interview on 1/5/20 wi -Staff member #1 work care home but worked from 7/1/14 until she w facility in 2019; -She was not sure why on the staff census pro	th the Owner revealed: ked primarily at the adult l as needed at the facility vas hired full time at the y staff #1 was never listed by staff during state surveys 6/16, 10/26/16, 10/20/17,	V 133				