Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MUL 000 007		B. WING			
MHL036-337			B. WING		02/19/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
SERENITY	HOUSE		NSOM STREET IA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	19, 2021. The complete (Intake #NC00147121) The facility is licensed	as completed on February aint was substantiated I). Deficiencies were cited. If for the following service 27G .1700 Residential re for Children or				
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	failed to ensure the he (HCPR) was accesse documented prior to a affecting 2 of 5 audite #2). The findings are	nd record review, the facility ealthcare personnel registry d and the results an offer of employment d staff (Staff #1 and Staff : Staff #1's record revealed: Care Worker;				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
		MHL036-337	B. WING		02	/19/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SERENITY	/ HOUSE	*******	ANSOM STREET			
	OLIMAN DV OT		IIA, NC 28054	DDO//IDEDIO DI ANI OF COL	DESTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 131	Continued From page	÷ 1	V 131			
	-Employed October, 2 -Employed as Direct of HCPR was checked Interview on 2/19/21 of Professional revealed -Will ensure all HCPR	Care Worker; 11/26/20. with the Licensee/Qualified I: R checks are completed prior				
V 400	to an offer of employment in the future. V 133 G.S. 122C-80 Criminal History Record Check		V 133			
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabis services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, t is conditioned on con criminal history record national criminal histor include a check of the the applicant has bee five years or more, th on consent to a State check of the applicant employ an applicant to	INAL HISTORY RECORD FOR CERTAIN IMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this in offer of employment by a er this Chapter to an tion that does not require the occupational license is int to a State and national dicheck of the applicant. If in a resident of this State for hen the offer of employment sent to a State and national dicheck of the applicant. The ory record check shall applicant's fingerprints. If in a resident of this State for en the offer is conditioned criminal history record				

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Division of	of Health Service Regu	lation			1 Orav	IAITROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL036-337			B. WING		02/1	9/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
SERENITY	V HOUSE	508 N RA	NSOM STREET			
SEKLINIT	1 11003L	GASTON	IA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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	(X5) COMPLETE DATE
V 133	Continued From page	2	V 133			
		nerwise provided in this				
		e business days of making				
		of employment, a provider				
	· ·	t to the Department of				
	Justice under G.S. 11					
		d check required by this				
		it a request to a private ate criminal history record				
	1	s section. Notwithstanding				
		Department of Justice shall				
		ational criminal history				
	record checks for em	ployment positions not				
	covered by Public Lav					
		and Human Services,				
	Criminal Records Che					
		eipt of the national criminal				
		the Department of Health Criminal Records Check				
		rovider as to whether the				
		may affect the employability				
		case shall the results of the				
	national criminal histo	ry record check be shared				
		viders shall make available				
		tion that a criminal history				
		pleted on any staff covered				
		nty that has adopted an				
	'''	nance and has access to al Information data bank				
		alf of a provider a State				
		d check required by this				
		ovider having to submit a				
		ment of Justice. In such a				

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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

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MHL036-337 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 (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: (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.				7 11 2012211101			
SERENTY HOUSE SUMMARY STATEMENT OF DEFICIENCIES GASTONIA, NC 28054			MHL036-337	B. WING		02/1	9/2021
(A) ID PROVIDER'S PLAN OF CORRECTION (XS) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 3 (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting 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.	NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADI			TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 133 Continued From page 3 V 133	SERENITY HOUSE		SOM STREET				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 (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: (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 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.			GASTONIA	A, NC 28054			
(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: (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.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
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: (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.	V 133	Continued From page	e 3	V 133			
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	V 133	(c) of this section. For subsection, the term business regularly en criminal history record records obtained from (c) Action If an application of the following factor hire the applicant: (1) The level and seri (2) The date of the criminal history recording the perconviction. (4) The circumstance commission of the criminal history reto the disqualification of the recording the person and the journ of the person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to elisted factors shall be If the provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a provider may obtained to the criminal history applicant.	r purposes of this "private entity" means a gaged in conducting d checks utilizing public n a State agency. licant's criminal history one or more convictions of e provider shall consider all is in determining whether to ousness of the crime. ime. rson at the time of the s surrounding the me, if known. en the criminal conduct of b duties of the position to be robation, parole, inployment records of the e the crime was committed. commission by the person of of a relevant offense alone employment; however, the considered by the provider. lifies an applicant after elevant factors, then the e information contained in ecord check that is relevant by the provide a copy or record check to the - A provider and an officer vider that, in good faith,	V 133			

Division of Health Service Regulation

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DIVISION	n nealth Service Negu	ialion	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING			
	MHL036-337				02/19/2021	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET A			TE, ZIP CODE		
		508 N RAI	ISOM STREET			
SERENITY	/ HOUSE		A, NC 28054			
			7, 140 20004			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(-)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
IAG	TAZOGZATOTAT OTAZ	iso is a river in the order to the control of the c	IAG	DEFICIENCY)		
V 133	Continued From page	e 4	V 133			
	individual on the basis	s of information provided in				
		cord check of the individual.				
	_					
	` '	n employee's history of				
		e employee's criminal				
		s requested and received in				
	compliance with this s					
		- As used in this section,				
	"relevant offense" means a county, state, or					
		y of conviction or pending				
	indictment of a crime, whether a misdemeanor or					
	felony, that bears upon an individual's fitness to					
	have responsibility 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 A	rticles of Chapter 14 of the				
	General Statutes: Arti	icle 5, Counterfeiting and				
	Issuing Monetary Sub	ostitutes; Article 5A,				
	Endangering Executiv	ve and Legislative Officers;				
	Article 6, Homicide; A	rticle 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by I					
		Material; Article 14, Burglary				
	-	kings; Article 15, Arson and				
		e 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or	*				
		edit Device or Other Means;				
		Transaction Card Crime				
	·	s; Article 21, Forgery; Article				
	26, Offenses Against					
		Adult Establishments;				
	_	n; Article 28, Perjury; Article				
	_	, Misconduct in Public				
		enses Against the Public				
		iots and Civil Disorders;				
	Article 39, Protection	ot Minors; Article 40,	1			

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	DELAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION		
,	A. BUILDING:		LETED			
MHL036-337 B. WING 02/19				19/2021		
NAME OF P				E, ZIP CODE		
SERENITY	SERENITY HOUSE 508 N RA GASTON					
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Crime. These crimes sale of drugs in violate 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 employing supplies, or otherwise an employment application of G.S. 20-138.5. (g) Conditional Employing supplies, or otherwise an employment application of G.S. 20-138.5. (g) Conditional Employing employ an applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as reconstructed to the conditional employing 2001-155, s. 1; 2004-	nily; Article 59, Public cle 60, Computer-Related also include possession or sion of the North Carolina as Act, Article 5 of Chapter attutes, and alcohol-related a to underage persons in 302 or driving while of G.S. 20-138.1 through a sing False Information Any ment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the as are met: I not employ an applicant applicant applicant's consent for dicheck as required in section or the completed applicant in G.S. 114-19.10. I submit the request for a dicheck not later than five the individual begins and control of the control of the section of the section of the section of the section of the completed and check not later than five the individual begins and control of the section of the	V 133			
		nd record review, the facility				

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	MHL036-337				02	2/19/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SERENITY HOUSE		ANSOM STREET IIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION OF THE CORREST TO THE CORRE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	completed and docu days of an offer of el audited staff (Staff # Review on 2/12/21 c -Employed October, -Employed as Direct -Criminal backgroun Interview on 2/19/21 Professional reveale	inal background checks were mented within five business imployment affecting 1 of 5 2). The findings are: of Staff #2's record revealed: 2020; Care Worker; d check completed 2/1/21. with the Licensee/Qualified ed: nal background checks are days of an offer of	V 133			
V 736	10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not met Based on interview a was not maintained findings are: Observation on 2/11 12:15-12:30pm reverse	REMENTS its grounds shall be , clean, attractive and orderly expect kept free from offensive t as evidenced by: and observation, the facility in a safe manner. The	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL036-337	B. WING		02	/19/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
SERENIT	Y HOUSE		NSOM STREET A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	tree in the same locat -The fallen tree limb v discarded at the stree -The tree in question appeared unstable. Interview on 2/12/21 v Professional revealed -Spoke with the landle	ion; vas tangled with fallen wire et; had additional limbs which with the Licensee/Qualified	V 736			

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