	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES II		EBANE STREET GTON, NC 27217			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 000	INITIAL COMMENTS	3	V 000			
	on April 15, 2021. The substantiated (intake Deficiencies cited.					
	category: 10A NCAC					
V 105	27G .0201 (A) (1-7) (Governing Body Policies	V 105			
	POLICIES (a) The governing bo facility or service sha written policies for th (1) delegation of mar operation of the facili	nagement authority for the ty and services;				
	 (2) criteria for admiss (3) criteria for discha (4) admission assess (A) who will perform (B) time frames for co (5) client record man (A) persons authorized 	rge; sments, including: the assessment; and ompleting assessment. agement, including:				
	defacement or use b (D) assurance of rec authorized users at a	ords against loss, tampering, y unauthorized persons; ord accessibility to				
	problem or need; (B) an assessment o	f the individual's presenting f whether or not the facility				
	needs; and	to address the individual's acluding referrals and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	CE HOMES II		EBANE STREET GTON, NC 27217			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 105	Continued From page	e 1	V 105			
	activities, including: (A) composition and assurance and qualit (B) written quality assimprovement plan; (C) methods for mon quality and appropriation including delineation utilization of services (D) professional or cl a requirement that st professionals and pro- shall be supervised be that area of service; (E) strategies for imp (F) review of staff qua- determination made treatment/habilitation (G) review of all fatal were being served in residential programs (H) adoption of stand and programmatic per applicable standards purpose, "applicable means a level of com- reference to the prev- methods, and the dep	y improvement committee; surance and quality itoring and evaluating the tteness of client care, of client outcomes and ; inical supervision, including aff who are not qualified ovide direct client services by a qualified professional in roving client care; alifications and a to grant privileges: ities of active clients who area-operated or contracted at the time of death; lards that assure operational erformance meeting of practice. For this standards of practice"				

(EACH DEFICIENC REGULATORY OR I ntinued From page sed on record revie ed to develop and ndards that ensure ogrammatic perform ndards of practice trument including to provement Amenda crovement	801 N Mi BURLIN ATEMENT OF DEFICIENCIES 'Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 2 ew and interview, the facility implement adoption of ed operational and mance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: '17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D	A. BUILDING: B. WING ADDRESS, CITY, STATE, EBANE STREET GTON, NC 27217 ID PREFIX TAG V 105		ORRECTION DN SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I ntinued From page sed on record revie ed to develop and ndards that ensure ogrammatic perforr ndards of practice trument including to provement Amenda crovement Amenda set view on 4/15/21 of dmission date of 8/ agnoses of Schizo bstance Abuse, Di astolic Dysfunction ficiency, Hyperglyo	STREET A 801 N MI BURLING ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 2 ew and interview, the facility implement adoption of ed operational and nance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: (17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D	ADDRESS, CITY, STATE, EBANE STREET GTON, NC 27217 ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	ORRECTION DN SHOULD BE IE APPROPRIATE	(X5) COMPLET
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I ntinued From page sed on record revie ed to develop and ndards that ensure ogrammatic perforr ndards of practice trument including to provement Amenda crovement Amenda set view on 4/15/21 of dmission date of 8/ agnoses of Schizo bstance Abuse, Di astolic Dysfunction ficiency, Hyperglyo	801 N Mi BURLIN ATEMENT OF DEFICIENCIES 'Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 2 ew and interview, the facility implement adoption of ed operational and mance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: '17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D	EBANE STREET GTON, NC 27217 ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	ON SHOULD BE IE APPROPRIATE	COMPLET
SUMMARY ST (EACH DEFICIENC REGULATORY OR I ntinued From page sed on record revie ed to develop and ndards that ensure ogrammatic perform ndards of practice trument including to provement Amenda crovement Amenda strument including to provement Amenda strument A	BURLING ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	GTON, NC 27217 ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	COMPLET
(EACH DEFICIENC REGULATORY OR I ntinued From page sed on record revie ed to develop and ndards that ensure ogrammatic perform ndards of practice trument including to provement Amenda crovement	e 2 ew and interview, the facility implement adoption of ed operational and nance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: (17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	COMPLET
sed on record revie ed to develop and ndards that ensure ogrammatic perform ndards of practice trument including to provement Amenda view on 4/15/21 of dmission date of 8/ agnoses of Schizo bstance Abuse, Di astolic Dysfunction ficiency, Hyperglyo	ew and interview, the facility implement adoption of ed operational and nance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: (17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D	V 105			
ed to develop and ndards that ensure ogrammatic perform ndards of practice trument including to provement Amenda e: view on 4/15/21 of dmission date of 8/ agnoses of Schizo bstance Abuse, Di astolic Dysfunction ficiency, Hyperglyd	implement adoption of ed operational and nance meeting applicable for random drug testing the CLIA (Clinical Laboratory ments) waiver. The findings f Client #1's record revealed: 17/16. ophrenia, Alcohol and abetes, Cerebral Infarctions, , Glaucoma, Vitamin D				
owing order: -Blood Glucose - ee times a day. (Fa fore supper every of -True Metrix Gluc es daily as instruc -Lantus Solostar its Sub-Q at bedtir - "BD ins syringe e as directed once view on 4/15/21 of realed: here was no evider servation on 4/15/ dication revealed: he injection was in	ed 9/10/19 included the Test - Check blood sugars asting before lunch and day). cose Test Strip - Use three ted. 100 Units/ML - Inject 10 me. 1ML 31GX6MM SFTGLID - daily. f the facility's documents nce of a CLIA waiver. 21 of Client #1's Diabetic				
ocumentation of bloorded.	-				
e it: 'e e s d e c c c c e r	s daily as instruc -Lantus Solostar s Sub-Q at bedtir - "BD ins syringe as directed once iew on 4/15/21 of aled: ere was no evider ervation on 4/15/ ication revealed: injection was in gerator. cumentation of bl rded.	ere was no evidence of a CLIA waiver. ervation on 4/15/21 of Client #1's Diabetic ication revealed: e injection was in a locked box in the gerator. cumentation of blood sugar check was rded. view on 4/15/21 with Staff #6 revealed:	s daily as instructed. -Lantus Solostar 100 Units/ML - Inject 10 s Sub-Q at bedtime. - "BD ins syringe 1ML 31GX6MM SFTGLID - as directed once daily. iew on 4/15/21 of the facility's documents aled: ere was no evidence of a CLIA waiver. ervation on 4/15/21 of Client #1's Diabetic ication revealed: e injection was in a locked box in the gerator. cumentation of blood sugar check was rded. view on 4/15/21 with Staff #6 revealed:	s daily as instructed. -Lantus Solostar 100 Units/ML - Inject 10 s Sub-Q at bedtime. - "BD ins syringe 1ML 31GX6MM SFTGLID - as directed once daily. iew on 4/15/21 of the facility's documents aled: rer was no evidence of a CLIA waiver. ervation on 4/15/21 of Client #1's Diabetic ication revealed: e injection was in a locked box in the gerator. cumentation of blood sugar check was rded. view on 4/15/21 with Staff #6 revealed:	s daily as instructed. -Lantus Solostar 100 Units/ML - Inject 10 s Sub-Q at bedtime. - "BD ins syringe 1ML 31GX6MM SFTGLID - as directed once daily. iew on 4/15/21 of the facility's documents aled: are was no evidence of a CLIA waiver. ervation on 4/15/21 of Client #1's Diabetic ication revealed: e injection was in a locked box in the gerator. cumentation of blood sugar check was rded.

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL001-237	B. WING		04/15/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	CE HOMES II		EBANE STREET GTON, NC 27217			
(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) COMPLETE DATE
V 105	Continued From page	e 3	V 105			
	a day and recorded. -Client #1 received ar night. -Confirmed the injecti in the refrigerator.	was diabetic. gar was checked three times n injection once daily at on was kept in a locked box e facility had a CLIA waiver.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	 only be administered order of a person autil drugs. (2) Medications shall clients only when autil client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for add (D) date and time the (E) name or initials of drug. (5) Client requests for 	Astration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALAMANO	CE HOMES II		EBANE STREET GTON, NC 27217			
(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	CTION SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	e 4	V 118			
	file followed up by ap with a physician.	pointment or consultation				
	facility failed to ensur administered only by unlicensed person tra pharmacist or legally privileged to prepare	iew and interview, the e medication was licensed person, or by ined by a registered nurse, qualified person and and administer medications e audited staff (#6, #7 and				
	revealed: -No hire date. -Employed as parapro	f medication administration				
	revealed: -No hire date. -Employed as parapro	f medication administration				
	revealed: -Hire date of 2012. -Employed as parapro	f medication administration				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	E HOMES II	801 N M	EBANE STREET			
		BURLIN	GTON, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 5	V 118			
	to clients. -Staff completed all t	aff administered medications				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring heat health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a hall access the Health Care and shall note each incident opriate business files.				
	failed to ensure the H Registry (HCPR) was	as evidenced by: view and interview the facility dealth Care Personnel s accessed prior to hire audited staff (#6 and #7).				
	revealed: -No hire date.	f Staff #6 personnel file				
	-Employed as parapr -No documentation o					
	Review on 4/15/21 o revealed:	f Staff #7 ' s personnel file				

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	CE HOMES II		EBANE STREET			
	1		GTON, NC 27217			
(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) COMPLETE DATE
V 131	Continued From page	e 6	V 131			
	-No hire date. -Employed as parapro -No documentation of					
	personnel file per sur	aff personnel file per I the information for the				
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. (b) Requirement Ar provider licensed und applicant to fill a positi applicant to fill a positi applicant to fill a positi applicant to have and conditioned on conse criminal history record the applicant has bee less than five years, t is conditioned on con criminal history record national criminal history include a check of the the applicant has bee five years or more, th on consent to a State check of the applicant	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a ler this Chapter to an tion 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 sent to a State and national d check of the applicant. If				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			
		MHL001-237	B. WING		04/15/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	CE HOMES II	801 N M	EBANE STREET			
		BURLIN	GTON, NC 27217			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG			THE APPROPRIATE	COMPLET DATE		
V 133	Continued From page	e 7	V 133			
	criminal history recor	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				
	•	it a request to a private				
		ate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La					
		n and Human Services,				
	Criminal Records Ch	eck Unit. Within five				
	business days of rece	eipt of the national criminal				
	history of the person,	the Department of Health				
	and Human Services	, Criminal Records Check				
	Unit, shall notify the p	provider as to whether the				
	information received	may affect the employability				
	of the applicant. In no	o case shall the results of the				
		ory record check be shared				
		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				
	•	alf of a provider a State				
	-	d check required by this				
	-	rovider having to submit a				
		tment of Justice. In such a				
		Il commence with the State				
	-	d check required by this				
	section within five bu	-				
		nployment by the provider.				
		formation received by the al and may not be disclosed,				
	provider is contidentia	ar and may not be disclosed.	1			1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL001-237	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	CE HOMES II	801 N M	EBANE STREET			
		BURLIN	GTON, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 8	V 133			
	 (c) of this section. For subsection, the term business regularly error records obtained from (c) Action If an apprecord check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and series (2) The date of the crission of the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to consideration of the crission of the c	"private entity" means a agaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to tousness of the crime. ime. rson at the time of the s surrounding the ime, if known. en the criminal conduct of b duties of the position to be robation, parole, hployment 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 , but may not provide a copy				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL001-237	B. WING		04	/15/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALAMAN	CE HOMES II		EBANE STREET GTON, NC 27217			
(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 9	V 133			
	individual on the basis the criminal history re (2) Failure to check a criminal offenses if the history record check is compliance with this (e) Relevant Offense "relevant offense" me federal criminal histori indictment of a crime felony, that bears up have responsibility for persons needing mer disabilities, or substa crimes include the cri any of the following A General Statutes: Art Issuing Monetary Sul Endangering Executi Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Incendiary Device or 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 37, Office; Article 35, Office; Office; Article 35, Office; Statutes 35, Office; Statutes 35, Office; Statutes 35, Office; Statutes 35, Office; Article 35, Of	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 r the safety and well-being of ntal health, developmental nce abuse services. These iminal offenses set forth in articles of Chapter 14 of the icle 5, Counterfeiting and ostitutes; Article 5A, ve and Legislative Officers; Article 7A, Rape and Other 8, Assaults; Article 10, uction; Article 13, Malicious Use of Explosive or 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 s; Article 21, Forgery; Article				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED		
		MHL001-237		7/5 0.055	04	1/15/2021		
AME OF PF	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE, EBANE STREET	, ZIP CODE				
LAMANC	E HOMES II		GTON, NC 27217					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		PREFIX (EACH CORRECT TAG CROSS-REFEREN		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 10	V 133					
	Protection of the Fan 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 appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employme 2001-155, s. 1; 2004	of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on ication that is the basis for a rd check under this section lass A1 misdemeanor. oyment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins						
	This Rule is not met							

TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION UMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
MUI 004 007	B. WING		04/15/2021	
IE OF PROVIDER OR SUPPLIER STRE	ET ADDRESS, CITY, STATE		04	/15/2021
801 1	N MEBANE STREET			
AMANCE HOMES II	LINGTON, NC 27217			
K4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR 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 133 Continued From page 11	V 133			
 Based on record review and interview, the facility failed to ensure the state and national criminal history record check was requested within five business days of making the conditional offer of employment affecting three of three audited staff (#6, #7 and #8). The findings are: Review on 4/15/21 of Staff #6's personnel file revealed: No hire date. Employed as paraprofessional. No documentation of criminal history record check. Review on 4/15/21 of Staff #7's personnel file revealed: No hire date. Employed as paraprofessional. No hire date. Encycle as paraprofessional. No hire date. Employed as paraprofessional. 				
 No documentation of criminal history record check. Review on 4/15/21 of Staff #'8's personnel file revealed: Hire date of 2012. Employed as paraprofessional. No documentation of criminal history record check. 				
Interview with the Director revealed: -He would provide staff personnel file per surveyor's request. -Confirmed he had all the information for the personnel file per surveyor's request. -Upon exit the criminal record check was not in staff' personnel record.				
V 736 27G .0303(c) Facility and Grounds Maintenance	V 736			
10A NCAC 27G .0303 LOCATION AND				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 04/15/2021	
	MHL001-237				04		
IAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
LAMANO	E HOMES II		EBANE STREET GTON, NC 27217				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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	CTION SHOULD BE COMPLETE DATE		
V 736	Continued From page 12		V 736				
	EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.						
	failed to ensure facili	as evidenced by: n and interview, the facility ty grounds were maintained ve manner. The findings are:					
	-Client #1's cloth -The kitchen floor areas of the floor. -There was a tor -The red paint flo peeling throughout. -There were no	(21 at 11:00 a.m. revealed: ning was folded on the floor. or tile was peeling in different or couch in the laundry room. oor near the front door was broken windows. ith the bathrooms.					
	-The house was old a	with Staff #6 revealed: and needed some updates. proke and was waiting for a					