STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL043-103	B. WING		R 04/28/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PEACH FA	ARM ROAD		H FARM ROA	D		
		LILLINGTO	N, NC 27546			
(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 APPROPF DEFICIENCY)	BE COMPLET	TE
V 000	00 INITIAL COMMENTS		V 000			
	An annual and follow on April 28, 2021. De	-up survey was completed eficiencies cited.				
	category: 10A NCAC	d for the following service 27G. 5600C Adults with Developmental				
	Disabilities	Addits with Developmental				
V 131	V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.					
	failed to access the H Registry (HCPR) prio	ew and interview the facility lealth Care Personnel r to employment for three of ouse Manager, staff #5 and				
	personnel record rever- - Hire date: 5/18/20. - Job title: House Ma	nager nce the HCPR check was				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			SURVEY PLETED	
		MHL043-103	B. WING		04	R / 28/2021
PEACH FARM ROAD 1391 PEAC			DDRESS, CITY, STATE ACH FARM ROAD TON, NC 27546	, ZIP CODE		
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 131	revealed: - Hire date: 2/28/20 - Job title: Direct Support of the example of the	port Professional nee the HCPR check was ployment. Staff #6's personnel record poort Professional. nee the HCPR check was ployment.	V 131			
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, to	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	V 133			

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STATE FORM 6899 GCZ111 If continuation sheet 2 of 7

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	Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY				
	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED				
				R				
		MHL043-103	B. WING	04/28/2021				
		IVITLU43-103		04/26/2021				
	NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STATE, ZIP CODE					
	DEACH FARM BOAR	1391 PEAC	H FARM ROAD					
PEACH FARM ROAD		LILLINGTO						

PEACH FARM ROAD		GTON, NC 27546		
(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	criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this 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	V 133		
	• •			

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STATE FORM 6899 If continuation sheet 3 of 7 GCZ111

Division of Health Service Regulation					1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
			_	_		
		B. WING		R		
		MHL043-103	D. WING		04/2	8/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1391 PEA	CH FARM ROA	n.		
PEACH FA	ARM ROAD		ON, NC 27546	5		
		LILLING	JN, NC 27546			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
V 133	Continued From page	2 3	V 133			
	saction without the pr	covider having to submit a				
	•	ovider having to submit a				
		ment of Justice. In such a				
		I commence with the State				
	,	d check required by this				
	section within five bus					
		nployment by the provider.				
	_	ormation received by the				
	•	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
		"private entity" means a				
	business regularly en	gaged in conducting				
	criminal history record	d checks utilizing public				
	records obtained from	n a State agency.				
	(c) Action If an appl	licant's criminal history				
	record check reveals	one or more convictions of				
	a relevant offense, the	e provider shall consider all				
		rs in determining whether to				
	hire the applicant:	ŭ				
		ousness of the crime.				
	(2) The date of the cri					
		rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri	<u> </u>				
		en the criminal conduct of				
		b duties of the position to be				
	filled.					
	(6) The prison, jail, pr	ohation parole				
		ployment records of the				
	person since the date the crime was committed. (7) The subsequent commission by the person of					
	a relevant offense.	ommission by the person of				
		of a relevant offense alone				
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
provider may disclose information contained in						

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STATE FORM 6899 GCZ111 If continuation sheet 4 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		OOMII EETEB	
					R	
MHL043-103		B. WING		04/28/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1391 PEA	CH FARM ROA	D		
PEACH FA	ARM ROAD	LILLINGT	ON, NC 27546			
(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 133	Continued From page	2 4	V 133			
V 133	the criminal history reto the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a procomplies with this sectivil liability for: (1) The failure of the pindividual on the basisthe criminal history re (2) Failure to check a criminal offenses if the history record check is compliance with this section (e) Relevant Offense. "relevant offense" me federal criminal history indictment of a crime, felony, that bears upon have responsibility for persons needing mer disabilities, or substancimes include the criminal offenses: Article 6, Homicide; A General Statutes: Artillssuing Monetary Substancimes include the criminal history of the following A General Statutes: Artillssuing Monetary Substancimes include the criminal history of the following A General Statutes: Artillssuing Monetary Substancimes include the criminal history of the following A General Statutes: Artillssuing Monetary Substancimes include the criminal history of the following A General Statutes: Artillssuing Monetary Substanciang Monetary Subst	cord check that is relevant but may not provide a copy record check to the - A provider and an officer vider that, in good faith, ction shall be immune from crovider to employ an sof information provided in cord check of the individual. In employee's history of employee's criminal section. - As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or on an individual's fitness to the safety and well-being of the health, developmental fince abuse services. These minal offenses set forth in ricles of Chapter 14 of the cole 5, Counterfeiting and destitutes; Article 5A, we and Legislative Officers; ricle 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary skings; Article 15, Arson and e 16, Larceny; Article 17, Embezzlement; Article 19,	V 133			
	any of the following A General Statutes: Arti Issuing Monetary Sub Endangering Executiv Article 6, Homicide; A Sex Offenses; Article	rticles of Chapter 14 of the cle 5, Counterfeiting and estitutes; Article 5A, we and Legislative Officers; rticle 7A, Rape and Other 8, Assaults; Article 10,				
	Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article 18, E False Pretenses and Obtaining Property or	Use of Explosive or Material; Article 14, Burglary Ikings; Article 15, Arson and e 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A,				

Division of Health Service Regulation

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Division of Health Service Regulation							
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
				R			
MIII 042 402		B. WING					
MHL043-103		1		04/28/2021			
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
	1391 PEACH FARM ROAD						
PEACH FA	ARM ROAD		ON, NC 27546				
	CUMMADVCT			DROVIDEDIC DI ANI CE CODDECTIO	NI		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(- /		
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP			
				DEFICIENCY)			
1/ 400	0 (: 15		V 422				
V 133	Continued From page	9 5	V 133				
	Article 19B. Financial	Transaction Card Crime					
		s; Article 21, Forgery; Article					
	26, Offenses Against						
		, Adult Establishments;					
		n; Article 28, Perjury; Article					
		I, Misconduct in Public					
		enses Against the Public					
		Riots and Civil Disorders;					
	Article 39, Protection						
	Protection of the Fam	-					
		cle 60, Computer-Related					
		also include possession or					
	•	ion of the North Carolina					
		es Act, Article 5 of Chapter					
		atutes, and alcohol-related					
		e to underage persons in					
	violation of G.S. 18B-						
		of G.S. 20-138.1 through					
	G.S. 20-138.5.						
	•	ning False Information Any					
		nent who willfully furnishes,					
		e gives false information on					
		cation that is the basis for a					
	•	d check under this section					
	0 ,	ass A1 misdemeanor.					
		oyment A provider may					
	employ an applicant of						
	•	of a criminal history record					
		applicant if both of the					
	following requirement						
		l not employ an applicant					
		applicant's consent for					
		d check as required in					
		section or the completed					
		equired in G.S. 114-19.10.					
	• •	submit the request for a					
		d check not later than five					
	business days after the	ne individual begins					
conditional employment. (2000-154, s. 4;							

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STATE FORM 6899 GCZ111 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R	
		MHL043-103	B. WING		04/28/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
PEACH FA	ARM ROAD		ACH FARM ROAI TON, NC 27546	D	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 133		124, ss. 10.19D(c), (h);	V 133		
	failed to ensure the st was ordered within five the conditional offer of three audited staff (st	ew and interview, the facility ate criminal record check business days of making f employment for one of aff #6). The findings are:			
	Review on 4/28/21 of Staff #6's personnel record revealed: - Hire date: 4/5/21 Job title: Direct Support Professional There was no evidence the criminal record check was ordered.				
	ordering the criminal I	evealed: sistance was responsible for			

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