STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			R	
		MHL045-133		B. WING			25/2021
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TAPEST	RY ADOLESCENT RE	SIDENTIAL PROC		DERSONVIL			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	PRRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMEN	TS		V 000			
	A follow up survey of Deficiencies were of	was completed 5/25/2 cited.	1.				
	category: 10A NCA	sed for the following s C 27G .1300 Resider dren or Adolescents.					
V 131	G.S. 131E-256 (D2 Verification	2) HCPR - Prior Emplo	yment	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.						
	Based on record re facility failed to ens substantiated findin on the North Caroli Registry (HCPR) pi current staff (Staff a Staff (FS #4, FS #5	et as evidenced by: eview and interviews, to the each staff memberings of abuse or neglectina Health Care Person rior to hire for 1 of 3 and 2 of 2 audited by). The findings are:	er had no et listed nnel udited Former				
	Record review on 5/12/21 for Staff #3 revealed: -date of hire- 3/2/21 -HCPR completed 4/29/21.						
	Record review on 5/12/21 for FS #4 revealed: -date of hire- 4/5/21						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BOILDING.		R		
		MHL045-133	B. WING			5/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TAPESTI	RY ADOLESCENT RE	SIDENTIAL PROC	IDERSONVIL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 131	-date of hire- 4/20/2 -date of separation -HCPR completed Interview on 5/12/2 revealed: - their corporate Huwas responsible for checks.	- 5/8/21 5/12/21. 5/12/21 for FS #5 revealed: 20 -5/4/21 4/27/21. 1 with the Executive Director uman Resources department r completing background	V 131			
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 services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall		V 133			

Division of Health Service Regulation

STATE FORM 9GIU11 If continuation sheet 2 of 7

DIVIDION	Of Fleatill Service IN	syciation	T		1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	
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MIII 045 422		B. WING		05/2		
		MHL045-133			05/2	5/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		5030 HEN	IDERSONVIL	I F ROAD		
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170		,	IAO	DEFICIENCY)		
V 133	Continued From pa	ge 2	V 133			
	include a check of t	the applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
	,	ord check required by this				
		otherwise provided in this				
		ive business days of making				
	the conditional offer	r of employment, a provider				
	shall submit a reque	est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
	section or shall sub	mit a request to a private				
	entity to conduct a S	State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
		half of a provider a State				
		ord check required by this				
	section without the	provider having to submit a				
request to the Department of Justice. In such a						

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
MHL045-133		B. WING		05/2	₹ :5/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
TADECT	DV ADOLESCENT DE	5030 HEN	DERSONVIL	LE ROAD		
IAPESII	RY ADOLESCENT RE	FLETCHE	R, NC 2873	2		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	criminal history recisection within five to conditional offer of All criminal history provider is confider except to the applic (c) of this section. It is subsection, the term business regularly criminal history recipied obtained from (c) Action If an apprecord check reveat a relevant offense, of the following fact hire the applicant: (1) The level and so (2) The date of the (3) The age of the proviction. (4) The circumstant commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and deperson since the da (7) The subsequent a relevant offense. The fact of convictions that the provider disqueronsideration of the consideration of the consideration of the consideration of the conditions.	nall commence with the State ord check required by this business days of the employment by the provider. Information received by the ential and may not be disclosed, cant as provided in subsection for purposes of this m "private entity" means a engaged in conducting ord checks utilizing public om a State agency. Explicant's criminal history also ne or more convictions of the provider shall consider all tors in determining whether to eriousness of the crime. Experson at the time of the crime, if known. The provider shall conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of conformation on the provider of the provider all the crime was committed. It commission by the person of the employment; however, the considered by the provider. It is a publicant after the relevant factors, then the	V 133	DEFICIENCY		
provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				R	₹	
		MHL045-133	B. WING		05/2	5/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TAPEST	RY ADOLESCENT RE	SIDENTIAL PROC	DERSONVIL			
	T	FLETCHE	R, NC 2873	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
V 133	of the criminal histoapplicant. (d) Limited Immunit or employee of a promplies with this so civil liability for: (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check criminal history record check criminal history relevant offenses include the any of the following General Statutes: A lssuing Monetary Sendangering Executarticle 6, Homicide Sex Offenses; Artick Kidnapping and Ablinjury or Damage be Incendiary Device of and Other Housebrother Burnings; Artick Robbery; Article 18 False Pretenses and Obtaining Property Fraudulent Use of Carticle 19B, Finance	bry record check to the ty A provider and an officer covider that, in good faith, section shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		D. I`´	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED	
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				STATE, ZIP CODE ILLE ROAD 32		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a 0 (g) Conditional Emp employ an applican obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200	st Public Morality and A, Adult Establishments on; Article 28, Perjury; A 31, Misconduct in Public offenses Against the Public Riots and Civil Disorder on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Relates also include possessication of the North Carolic ces Act, Article 5 of Chapatatutes, and alcohol-relate to underage persons B-302 or driving while of G.S. 20-138.1 through shing False Information. Syment who willfully furnisse gives false informatic colication that is the basis ord check under this second check under this second coloyment A provider materials and the conditionally prior to see applicant if both of the	article lic			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			SURVEY PLETED	
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	PROVIDER OR SUPPLIER RY ADOLESCENT RE	SIDENTIAL PROC 5030 HE	DDRESS, CITY, S NDERSONVII ER, NC 2873			
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V 133	This Rule is not me Based on personne interviews, the facili Bureau of Investiga background checks conditional offer of staff (Staff #3), who for less than 5 year findings are: Record review on 5-date of hire- 3/2/21-high school verifica South Carolina Jun-fingerprints for SBI Interview on 5/24/2-he moved to North in February. Interview on 3/4/21 revealed: - their corporate Huwas responsible for checks for new emptons.	et as evidenced by: el record review and staff ity failed to request a State tion (SBI) national criminal within 5 days of making the employment for 1 of 3 audited had lived in North Carolina s prior to employment. The /12/21 for Staff #3 revealed: /13/14/15/15/16/15/16/16/16/16/16/16/16/16/16/16/16/16/16/				

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