Division o	f Health Service Regu	lation			WAY DATE OF DATE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	2	MHL001-195	B. WING		08/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE	
VISION II			RETT STREET		
VISION II		BURLING	TON, NC 2721		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TO MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROFICENCY)	ULD BE COMPLETE DATE
V 000	INITIAL COMMENTS	3	V 000	EMPOYEE # HAD A RECORD ON FILE FROM C OFFICE DURING SURVEY	LERK OF COURT
	2021. A deficiency w		NOTE: VIO?	MEASURE TO CORRE	ECT: 9/2/21
	The facility is license 10A NCAC 27G .560 Adults with Mental III	d for the following service: IOA Supervised Living for ness.		MEASURE TO CORRESTATE WIDE CRIMIN BACKGROUND CHECK & ATTACHED ON 9/2/ (SEE ATTACHED)	COMLETED 121
V 107	27G .0202 (A-E) Per	sonnel Requirements	V 107	8	
	which: (1) specifies the competency, work exqualifications for the (2) specifies the the position; (3) is signed by supervisor; and (4) is retained i (b) All facilities shall each staff member o provides care or servithe facility: (1) is at least 1 (2) is able to refollow directions; (3) meets the nicompetency, work exqualifications for the (4) has no subsineglect listed on the Personnel Registry. (c) All facilities or seapplicants for employ conviction. The impadecision regarding eath Service Regulation	have a written job rector and each staff position e minimum level of education, experience and other position; e duties and responsibilities of the staff member and the n the staff member's file. ensure that the director, r any other person who vices to clients on behalf of 8 years of age; ead, write, understand and ninimum level of education, experience, skills and other position; and stantiated findings of abuse or North Carolina Health Care rvices shall require that all yment disclose any criminal act of this information on a mployment shall be based		MEASURE TO PREVENDE OF WILL CONDUCT MON CHECKS ON ALL NEW STATE WIDE CHIMINAL CHECK DOCUMENTATION FILE. WHO WILL MONITOR HOW OFTEN: AP WILL MONITOR PROCEDURE STATE OF PROVIDED IN FILE. APP WILL MONITOR PROCEDURE START DATE ANY NEW HIRES, QUARTERLY INTERN.	WHILES FILES E" TO ENSURE BACKBROUND ONL IS OR: PIOR TO E"OF AND AT AL AUDITS.
		SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE
	TI.	orma Burton	$\rightarrow a$	aministratos	9/2/21
STATE FORM			899	JY1511	If continuation sheet 1 of 2

STATE FORM

PRINTED: 08/30/2021 FORM APPROVED

Division	of Health Service Regu	ulation				FO	RM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:				E SURVEY IPLETED
•		MHL001-195	B. WING	1 y 1			2/44/2004
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		1 00	3/11/2021
VISION II		413 EVE	ERETT STREET GTON, NC 27215	ZIF CODE			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORREC RRECTIVE ACTION SHO ERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 107	which the applicant is (d) Staff of a facility of currently licensed, regaccordance with applitude services provided. (e) A file shall be maitemployed indicating the	elationship to the job for applying. In a service shall be gistered or certified in cable state laws for the intained for each individual ne training, experience and interposition, including	V 107	DEFIC CORR ON 9/1	CIENCY ECTED 2/21. ED SUPPORTIN	16 Pown	9/2/21 LEWTHTION
	failed to assure one of complete personnel re Review on 4/11/21 of s revealed: - Hire Date of 8/5/21 - No documentation of criminal background cl During interview on 41	w and interview, the facility one audited staff (#1) had cords. The findings are: staff #1's personnel record a state nor national neck. 1/21 the Licensee reported: a state or national criminal					

JYI511

CRIMINALWATCH DQG

Order ID: 840845

Report Status: Completed

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may review his or her file, we will provide the consumer a written notice in simple, plain English and Spanish of his or her right to receive all disclosures required by California law.

Data is collected from state repositories, counties, correctional institutions, and other government agencies. Criminal history information reflected should not be considered as a 100% comprehensive history of any individual.

Search Data

Reason for Search:

Self Check (Non-FCRA)

Date:

9/2/2021 2:58:25 PM

Name:

Date of Birth:

Search Type:

National

Result Summary

Criminal Check Results Found:

0 2

Criminal Search Result: 1 of 2

Offender:

ALISHA M QUICK

Date of Birth:

Sex:

Sex.

Race: Hair Color:

Eye Color:

Weight:

Height:

Address:







	PROVIDER	JURISDICTION	REAL NAME MATCH	DOB MATCH
	AOC - NORTH CAROLINA- DEMOGRAPHIC	STATEWIDE	YES	YES
Section of the sectio	AKA Match	Offender ID	State	
Annumento spiritificado pelos			NC	

DEGREE OF OFFENSE	JURISDICTION	DISPOSITION	DESCRIPTION
	DURHAM		The report details of your instant criminal search contain record(s) from North Carolina's Administrative Office of the Courts (NC AOC). Due to recent changes beyond our control, criminal reports derived from the NC AOC may be reduced to name, date of birth and case number without any pertinent case details (such as charge or disposition). Because of this, we highly recommend you initiate a manual North Carolina statewide search.
Arrest Date	Arresting Agency	Court Costs	Court Decision
Offense Date	File Date	Disposition Date	Sentence
	06/02/2017		
Plea	Probation	Fine	Statute
SUPPLEMENTS			
Case Number:			
CASE SUPPLEMENTS			
DISPOSED FLAG:		DISPOSED	

Criminal Search Result: 2 of 2

Offender:	Date of Birth:		
	Sex:	F-	
	Race:		
	Hair Color:		
	Eye Color:		
	Weight:		
	Height:		
	Address:		
		,	

PROVIDER	JURISDICTION	REAL NAME MATCH	DOB MATCH	
DOC - NORTH CAROLINA- SUPERVISION	STATEWIDE	YES	YES	

AKA Watch	Offender ID	State	Property of the Control of the Contr
		NC	
DEGREE OF OFFENSE	JURISDICTION	DISPOSITION	DESCRIPTION
		GUILTY	ASSAULTISI
Arrest Date	Arresting Agency	Court Costs	Court Decision
Offense Date	File Date	Disposition Date	Sentence
09/28/2011		02/13/2012	
Plea	Probation	Fine	Statute
Company of the state of the sta			14-33(C)(1)
SUPPLEMENTS			
Case Number:		i	# (
Charge Date:		09/28/2011	
Charge Description:		ASSAULT ISI	
Charge Statute:		14-33(C)(1)	
Statute:		14-33(C)(1)	
Arrest Offense:		ASSAULT ISI	
COURT TYPE:		DURHAM DISTRICT	
CASE TYPE:		MISDEMEANOR CLASS A	1 MISDEMEANOR SS LEVEL II
CASE SUPPLEMENTS			
ADMITTED DATE:		02/13/2012	Territorio e e con con en escolarenti una activo e e e e e e e e e e e e e e e e e e e

Notice to Employees in California

California law requires the following notices when obtaining a pre-employment screening report. This report is only provided on the condition that an employer subject to California law agrees to abide by these conditions. Furthermore, by requesting a screening report, an employer certifies compliance with California Civil Code Section 1786.16.

- 1. The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Evidence of identity theft may or may not be identified from this report.
- 2. The recipient of this report shall give a copy of this report to the subject of the report.
- 3. Failure to provide a copy of the report as required by law may expose you to liability as specified in Section 1786.50. Section 1786.50 provides for fines and damages in the event a consumer is harmed by an employer not complying with this section. Section 1786.16 refers to certain requirements already in existence, such as obtaining releases.

Sources Searched

AK Administrative Office of the Courts, Alaska Medicaid Provider Exclusions, Fairbanks County Sheriff, Sex Offender Registry