|                          | IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE<br>A. BUILDING: _ |  | (X3) DATE SURVEY<br>COMPLETED    |                         |
|--------------------------|--|--|---------------------------------|--|----------------------------------|-------------------------|
|                          |  | MHL032-456   | B. WING                         |  |                                  | R<br>19/2021            |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, ST                | TATE, ZIP CODE   |                                  |                         |
|                          |  |  | OW CREST D                      | RIVE   |                                  |                         |
| BECORI                   | NG RESOURCES FOR   | DURHAN   | I, NC 27703                     |  |                                  |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 000                    | INITIAL COMMEN   | ſS   | V 000                           |  |                                  |                         |
|                          |  | w-up survey was completed<br>1. Deficiencies were cited.   |                                 |  |                                  |                         |
|                          | category: 10A NCA  | sed for the following service<br>C 27G .5600C Supervised<br>h Developmental Disabilities.  |                                 |  |                                  |                         |
| V 133                    | G.S. 122C-80 Crim  | inal History Record Check  | V 133                           |  |                                  |                         |
|                          | CHECK REQUIRE<br>APPLICANTS FOR<br>(a) Definition As a<br>"provider" applies to<br>program and any p<br>developmental disa<br>services that is lice<br>Chapter.<br>(b) Requirement<br>provider licensed u<br>applicant to fill a po<br>applicant to have a |  | 9                               |  |                                  |                         |
|                          | criminal history rec<br>the applicant has b<br>less than five years<br>is conditioned on c<br>criminal history rec<br>national criminal history  | ord check of the applicant. If<br>een a resident of this State for<br>, then the offer of employment<br>onsent to a State and national<br>ord check of the applicant. The<br>story record check shall<br>the applicant's fingerprints. If                      |                                 |  |                                  |                         |
|                          | the applicant has b<br>five years or more,<br>on consent to a Sta<br>check of the applica-<br>employ an applican<br>criminal history rec   | the applicant's ingerprints. If<br>een a resident of this State for<br>then the offer is conditioned<br>ite criminal history record<br>ant. A provider shall not<br>it who refuses to consent to a<br>ord check required by this<br>otherwise provided in this |                                 |  |                                  |                         |
| sion of H                | subsection, within f   | r of employment, a provider  |                                 |  |                                  |                         |

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

TITLE

(X6) DATE

| Division      | of Health Service Re                | egulation  |                                 |   | • |                    |
|---------------|-------------------------------------|--|---------------------------------|---|---|--------------------|
|               | IT OF DEFICIENCIES<br>OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:            | (X2) MULTIPLE<br>A. BUILDING: _ |   |   | E SURVEY<br>PLETED |
|               |                                     | MHL032-456   | B. WING                         |   |   | R<br>19/2021       |
| NAME OF F     | PROVIDER OR SUPPLIER                | STREET A   | DDRESS, CITY, S                 | TATE, ZIP CODE                              |   |                    |
|               |                                     |  | OOW CREST D                     | RIVE  |   |                    |
| SECURIN       | IG RESOURCES FOR                    | DURHAI   | M, NC 27703                     |   |   |                    |
| (X4) ID       |                                     | TEMENT OF DEFICIENCIES   | ID                              | PROVIDER'S PLAN OF                          |   | (X5)               |
| PREFIX<br>TAG |                                     | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)        | PREFIX<br>TAG                   | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO |   | COMPLETE<br>DATE   |
| IAO           |                                     |  | IAG                             | DEFICIENC                                   |   |                    |
| V 133         | Continued From pa                   | ige 1  | V 133                           |   |   |                    |
|               | shall submit a requ                 | est to the Department of   |                                 |   |   |                    |
|               |                                     | 114-19.10 to conduct a   |                                 |   |   |                    |
|               |                                     | ord check required by this                                       |                                 |   |   |                    |
|               |                                     | mit a request to a private                                       |                                 |   |   |                    |
|               | entity to conduct a                 | State criminal history record                                    |                                 |   |   |                    |
|               |                                     | his section. Notwithstanding                                     |                                 |   |   |                    |
|               | ,                                   | Department of Justice shall                                      |                                 |   |   |                    |
|               |                                     | f national criminal history<br>employment positions not          |                                 |   |   |                    |
|               | covered by Public L                 |  |                                 |   |   |                    |
|               |                                     | Ith and Human Services,  |                                 |   |   |                    |
|               | •                                   | Check Unit. Within five  |                                 |   |   |                    |
|               | business days of re                 | 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<br>story record check be shared |                                 |   |   |                    |
|               |                                     | Providers shall make available                                   |                                 |   |   |                    |
|               |                                     | cation that a criminal history                                   |                                 |   |   |                    |
|               |                                     | mpleted on any staff covered                                     |                                 |   |   |                    |
|               | by this section. A co               | ounty that has adopted an  |                                 |   |   |                    |
|               |                                     | dinance and has access to  |                                 |   |   |                    |
|               |                                     | ninal Information data bank                                      |                                 |   |   |                    |
|               |                                     | half of a provider a State                                       |                                 |   |   |                    |
|               |                                     | ord check required by this provider having to submit a           |                                 |   |   |                    |
|               |                                     | artment of Justice. In such a                                    |                                 |   |   |                    |
|               |                                     | all commence with the State                                      |                                 |   |   |                    |
|               |                                     | ord check required by this                                       |                                 |   |   |                    |
|               | section within five b               | ousiness days of the   |                                 |   |   |                    |
|               |                                     | employment by the provider.                                      |                                 |   |   |                    |
|               |                                     | information received by the                                      |                                 |   |   |                    |
|               |                                     | ntial and may not be disclosed                                   |                                 |   |   |                    |
|               |                                     | cant as provided in subsection                                   |                                 |   |   |                    |
|               |                                     | For purposes of this<br>n "private entity" means a               |                                 |   |   |                    |
|               | business regularly                  |  |                                 |   |   |                    |
|               |                                     |  |                                 |   |   |                    |

| Division      | of Health Service Re   | equlation  |                               |  |                 | APPROVED           |
|---------------|--|--|-------------------------------|--|-----------------|--------------------|
| STATEMEN      | IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:              | (X2) MULTIPLE<br>A. BUILDING: |  |                 | E SURVEY<br>PLETED |
|               |  | MHL032-456   | B. WING                       |  |                 | R<br>19/2021       |
| NAME OF I     | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, S               | TATE, ZIP CODE   |                 |                    |
| SECUDI        |  |  | OW CREST D                    | RIVE   |                 |                    |
| SECORI        | NG RESOURCES FOR   | DURHAN   | I, NC 27703                   |  |                 |                    |
| (X4) ID       |  |  | ID                            | PROVIDER'S PLAN OF                                       |                 | (X5)               |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)          | PREFIX<br>TAG                 | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | THE APPROPRIATE | COMPLETE<br>DATE   |
| V 133         | Continued From pa  | ige 2  | V 133                         |  |                 |                    |
|               | criminal history reco  | ord checks utilizing public  |                               |  |                 |                    |
|               | records obtained from  |  |                               |  |                 |                    |
|               |  | oplicant's criminal history  |                               |  |                 |                    |
|               |  | Is one or more convictions of                                      |                               |  |                 |                    |
|               |  | the provider shall consider all                                    |                               |  |                 |                    |
|               | hire the applicant:  | tors in determining whether to                                     |                               |  |                 |                    |
|               |  | eriousness of the crime.   |                               |  |                 |                    |
|               | (2) The date of the  |  |                               |  |                 |                    |
|               | (3) The age of the p   | person at the time of the  |                               |  |                 |                    |
|               | conviction.  |  |                               |  |                 |                    |
|               |  | ces surrounding the  |                               |  |                 |                    |
|               | commission of the  | crime, if known.<br>een the criminal conduct of                    |                               |  |                 |                    |
|               |  | job duties of the position to be                                   |                               |  |                 |                    |
|               | filled.  |  |                               |  |                 |                    |
|               | (6) The prison, jail,  | probation, parole,   |                               |  |                 |                    |
|               |  | employment records of the  |                               |  |                 |                    |
|               |  | ate the crime was committed.                                       |                               |  |                 |                    |
|               |  | t commission by the person of                                      |                               |  |                 |                    |
|               | a relevant offense.  | on of a relevant offense alone                                     |                               |  |                 |                    |
|               | The fact of conviction of a relevant offense alone<br>shall not be a bar to employment; however, the |  |                               |  |                 |                    |
|               |  | be considered by the provider.                                     |                               |  |                 |                    |
|               |  | ualifies an applicant after  |                               |  |                 |                    |
|               |  | e relevant factors, then the                                       |                               |  |                 |                    |
|               |  | ose information contained in                                       |                               |  |                 |                    |
|               |  | record check that is relevant                                      |                               |  |                 |                    |
|               |  | on, but may not provide a copy                                     |                               |  |                 |                    |
|               | of the criminal history record check to the applicant.   |  |                               |  |                 |                    |
|               |  | ty A provider and an officer                                       |                               |  |                 |                    |
|               |  | ovider that, in good faith,  |                               |  |                 |                    |
|               |  | section shall be immune from                                       |                               |  |                 |                    |
|               | civil liability for:   |  |                               |  |                 |                    |
|               |  | e provider to employ an  |                               |  |                 |                    |
|               |  | isis of information provided in<br>record check of the individual. |                               |  |                 |                    |
|               |  | an employee's history of   |                               |  |                 |                    |
|               |  | an ompioyee a matery of  |                               |  |                 | 1                  |

| Division  | of Health Service Re  | equlation   |                               |  | FORM          | APPROVED                 |  |  |
|---|---|---|-------------------------------|--|---------------|--------------------------|--|--|
| STATEMEN  | NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: | E CONSTRUCTION   |               | E SURVEY<br>PLETED       |  |  |
|   |   | MHL032-456  | B. WING                       |  |               | R<br>19/2021             |  |  |
| NAME OF   | PROVIDER OR SUPPLIER  | STREET AL   | DRESS, CITY, S                | TATE, ZIP CODE   |               |                          |  |  |
| SECURI  | NG RESOURCES FOR  | 2 CONSLIMERS II   | OW CREST D                    | DRIVE  |               |                          |  |  |
| SECURING RESOURCES FOR CONSUMERS, II     ID     DURHAM, NC 27703       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION |   |   |                               |  |               |                          |  |  |
| PREFIX<br>TAG   |   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG                 | (EACH CORRECTIVE ACTIO<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | E APPROPRIATE | (X5)<br>COMPLETE<br>DATE |  |  |
| V 133   | Continued From pa   | ge 3  | V 133                         |  |               |                          |  |  |
|   | history record check<br>compliance with this<br>(e) Relevant Offense" in<br>federal criminal hist<br>indictment of a crim<br>felony, that bears u<br>have responsibility<br>persons needing m<br>disabilities, or subsi-<br>crimes include the of<br>any of the following<br>General Statutes: A<br>Issuing Monetary S<br>Endangering Execu-<br>Article 6, Homicide;<br>Sex Offenses; Artic<br>Kidnapping and Ab-<br>Injury or Damage b<br>Incendiary Device of<br>and Other Housebr<br>Other Burnings; Art<br>Robbery; Article 18<br>False Pretenses an<br>Obtaining Property<br>Fraudulent Use of O<br>Article 19B, Financi<br>Act; Article 20, Frau<br>26, Offenses Again<br>Decency; Article 35, O<br>Peace; Article 35, O<br>Peace; Article 36A,<br>Article 39, Protectio<br>Protection of the Fa-<br>Intoxication; and Ar | the employee's criminal<br>k is requested and received in<br>s section.<br>se As used in this section,<br>neans a county, state, or<br>tory of conviction or pending<br>ne, whether a misdemeanor or<br>pon an individual's fitness to<br>for the safety and well-being of<br>ental health, developmental<br>tance abuse services. These<br>criminal offenses set forth in<br>Articles of Chapter 14 of the<br>Article 5, Counterfeiting and<br>ubstitutes; Article 5A,<br>ative and Legislative Officers;<br>Article 7A, Rape and Other<br>ele 8, Assaults; Article 10,<br>duction; Article 13, Malicious<br>y Use of Explosive or<br>or Material; Article 14, Burglary<br>eakings; Article 15, Arson and<br>icle 16, Larceny; Article 17,<br>Embezzlement; Article 19,<br>d Cheats; Article 19A,<br>or Services by False or<br>Credit Device or Other Means;<br>ial Transaction Card Crime<br>uds; Article 21, Forgery; Article<br>st Public Morality and<br>A, Adult Establishments;<br>ion; Article 28, Perjury; Article<br>31, Misconduct in Public<br>Mienses Against the Public<br>Riots and Civil Disorders;<br>on of Minors; Article 40,<br>amily; Article 59, Public<br>ticle 60, Computer-Related<br>es also include possession or | F                             |  |               |                          |  |  |

If continuation sheet 4 of 9

| MHL032-456         B. WING           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           SECURING RESOURCES FOR CONSUMERS, II         10 MEADOW CREST DRIVE<br>DURHAM, NC 27703           (M4)ID<br>PREFIX<br>TAG         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULTORY OR LSC IDENTIFYING INFORMATION)         PREFIX<br>PREFIX<br>TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD<br>(EACH CORRECTIVE ACTION SHOULD<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)           V133         Continued From page 4         V 133           Sale of drugs in violation of the North Carolina<br>Controlled Substances Act, Article 5 of Chapter<br>90 of the General Statutes, and alcohol-related<br>offenses such as sale to underage persons in<br>violation of G.S. 18B-302 or driving while<br>impaired in violation of G.S. 20-138.1 through<br>G.S. 20-138.5.         V 133           (f) Penalty for Furnishing False Information on<br>an employment application that is the basis for a<br>criminal history record check under this section<br>shall be guilty of a Class A1 misdemeanor.<br>(g) Conditional Employment - A provider may<br>employ an applicant conditionally prior to<br>obtaining the applicant if both of the<br>following requirements are met:<br>(1) The provider shall not employ an applicant<br>prior to obtaining the applicant is consent for<br>criminal history record check k as required in<br>subsection (b) of this section or the completed<br>fingerprint cards as required in G.S. 114-19.10.<br>(2) The provider shall submit the request for a<br>criminal history record check not later than five<br>business days after the individual begins<br>conditional employment. (2000-154, s. 4;<br>2001-155, s. 1, 2004-124, ss. 10.19D(c), (h);<br>2005-4, ss. 1, 2, 3, 4, 5(a); | STATEMEN  | of Health Service R<br>NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: _ | CONSTRUCTION                                    | COM                            | E SURVEY<br>PLETED      |
|--|-----------|---|---|---------------------------------|---|--------------------------------|-------------------------|
| 10 MEADOW CREST DRIVE<br>DURHAM, NC 27703           RESOURCES FOR CONSUMERS, II         10 MEADOW CREST DRIVE<br>DURHAM, NC 27703           CMUID INFORMATION         ID<br>PREFIX<br>REGULATORY OR LSC IDENTIFYING INFORMATION)         ID<br>PREFIX<br>TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD<br>(EACH DEFICIENCY MUST BE PRECEDED BO BY PULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)         ID<br>PREFIX<br>TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)           V 133         Continued From page 4         V 133         V 133           Sale of drugs in violation of the North Carolina<br>Controlled Substances Act, Article 5 of Chapter<br>90 of the General Statutes, and alcohol-related<br>offenses such as sale to underage persons in<br>violation of G.S. 188-302 or driving while<br>impaired in violation of G.S. 20-138.1 through<br>G.S. 20-138.5.         V 133           (f) Penalty for Furnishing False Information Any<br>applicant for employment who willfully furnishes,<br>supplies, or otherwise gives false information on<br>an employment application that is the basis for a<br>criminal history record check under this section<br>shall be guilty of a Class A1 misdemeanor.         (g) Conditional Employment A provider may<br>employ an applicant conditionally prior to<br>obtaining the results of a criminal history record<br>check regarding the applicant's consent for<br>criminal history record check as required in<br>subsection (b) of this section or the completed<br>fingerprint cards as required in G.S. 114-19.10.         (2) The provider shall submit the request for a<br>criminal history record check not later than five<br>business days after the individual begins<br>conditional employment.  |           |   | MHL032-456  | B. WING                         |   |                                | 19/2021                 |
| SECURING RESOURCES FOR CONSUMERS, II         DURHAM, NC 27703           (A) ID<br>PREFIX<br>TAG         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY WIST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)         ID<br>PROVIDER'S PLAN OF CORRECTIO<br>(EACH ORPECTIVE ACTION SHOLL<br>TAG         PD<br>PROVIDER'S PLAN OF CORRECTIO<br>(EACH ORPECTIVE ACTION SHOLL<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)           V 133         Continued From page 4         V 133           sale of drugs in violation of the North Carolina<br>Controlled Substances Act, Article 5 of Chapter<br>90 of the General Statutes, and alcohol-related<br>offenses such as sale to underage persons in<br>violation of G.S. 18B-302 or driving while<br>impaired in violation of G.S. 20-138.1 through<br>G.S. 20-138.5.         V 133           (f) Penalty for Furnishing False Information Any<br>applicant for employment who willfully furnishes,<br>supplies, or otherwise gives false information on<br>an employment application that is the basis for a<br>criminal history record check under this section<br>shall be guilty of a Class A1 misdemeanor.         (g) Conditional Employment A provider may<br>employ an applicant conditionally prior to<br>obtaining the results of a criminal history record<br>check regarding the applicant's consent for<br>criminal history record check as required in<br>subsection (b) of this section or the completed<br>fingerprint cards as required in G.S. 114-19.10.           (2) The provider shall submit the request for a<br>criminal history record check not later than five<br>business days after the individual begins<br>conditional employment. (2000-154, s. 4;<br>2001-155, s. 1; 2004-1124, ss. 10.19D(c), (h);  | NAME OF F | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, S                 | TATE, ZIP CODE                                  |                                |                         |
| PRÉFIX<br>TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       PRÉFIX<br>TAG       (EACH CORRECTIVE ACTION SHOULL<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)         V 133       Continued From page 4       V 133         sale of drugs in violation of the North Carolina<br>Controlled Substances Act, Article 5 of Chapter<br>90 of the General Statutes, and alcohol-related<br>offenses such as sale to underage persons in<br>violation of G.S. 18B-302 or driving while<br>impaired in violation of G.S. 20-138.1 through<br>G.S. 20-138.5.       V 133         (f) Penalty for Furnishing False Information Any<br>applicant for employment who willfully furnishes,<br>supplies, or otherwise gives false information on<br>an employment application that is the basis for a<br>criminal history record check under this section<br>shall be guilty of a Class A1 misdemeanor.       (g) Conditional Employment A provider may<br>employ an applicant if both of the<br>following requirements are met:         (1) The provider shall not employ an applicant<br>prior to obtaining the applicant'if both of the<br>following the applicant's consent for<br>criminal history record check as required in<br>subsection (b) of this section or the completed<br>fingerprint cards as required in G.S. 114-19.10.         (2) The provider shall submit the request for a<br>criminal history record check not later than five<br>business days after the individual begins<br>conditional employment. (2000-154, s. 4;<br>2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);   | SECURIN   | NG RESOURCES FO   | R CONSLIMERS II   |                                 | RIVE  |                                |                         |
| <ul> <li>sale of drugs in violation of the North Carolina<br/>Controlled Substances Act, Article 5 of Chapter<br/>90 of the General Statutes, and alcohol-related<br/>offenses such as sale to underage persons in<br/>violation of G.S. 18B-302 or driving while<br/>impaired in violation of G.S. 20-138.1 through<br/>G.S. 20-138.5.</li> <li>(f) Penalty for Furnishing False Information Any<br/>applicant for employment who willfully furnishes,<br/>supplies, or otherwise gives false information on<br/>an employment application that is the basis for a<br/>criminal history record check under this section<br/>shall be guilty of a Class A1 misdemeanor.</li> <li>(g) Conditional Employment A provider may<br/>employ an applicant conditionally prior to<br/>obtaining the results of a criminal history record<br/>check regarding the applicant if both of the<br/>following requirements are met:</li> <li>(1) The provider shall not employ an applicant<br/>prior to obtaining the applicant's consent for<br/>criminal history record check as required in<br/>subsection (b) of this section or the completed<br/>fingerprint cards as required in G.S. 114-19.10.</li> <li>(2) The provider shall submit the request for a<br/>criminal history record check not later than five<br/>business days after the individual begins<br/>conditional employment. (2000-154, s. 4;<br/>2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);</li> </ul>  | PRÉFIX    | (EACH DEFICIENC   | Y MUST BE PRECEDED BY FULL  | PREFIX                          | (EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO TH | ON SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| Controlled Šubstances Act, Article 5 of Chapter<br>90 of the General Statutes, and alcohol-related<br>offenses such as sale to underage persons in<br>violation of G.S. 18B-302 or driving while<br>impaired in violation of G.S. 20-138.1 through<br>G.S. 20-138.5.<br>(f) Penalty for Furnishing False Information Any<br>applicant for employment who willfully furnishes,<br>supplies, or otherwise gives false information on<br>an employment application that is the basis for a<br>criminal history record check under this section<br>shall be guilty of a Class A1 misdemeanor.<br>(g) Conditional Employment A provider may<br>employ an applicant conditionally prior to<br>obtaining the results of a criminal history record<br>check regarding the applicant if both of the<br>following requirements are met:<br>(1) The provider shall not employ an applicant<br>prior to obtaining the applicant's consent for<br>criminal history record check as required in<br>subsection (b) of this section or the completed<br>fingerprint cards as required in G.S. 114-19.10.<br>(2) The provider shall submit the request for a<br>criminal history record check not later than five<br>business days after the individual begins<br>conditional employment. (2000-154, s. 4;<br>2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);   | V 133     | Continued From pa   | age 4   | V 133                           |   |                                |                         |
| This Rule is not met as evidenced by:<br>Based on record reviews and interview, the<br>facility failed to ensure the criminal history record   |           | Controlled Substar<br>90 of the General S<br>offenses such as s<br>violation of G.S. 18<br>impaired in violatio<br>G.S. 20-138.5.<br>(f) Penalty for Furn<br>applicant for emplo<br>supplies, or otherw<br>an employment ap<br>criminal history red<br>shall be guilty of a<br>(g) Conditional Em<br>employ an applican<br>obtaining the resul<br>check regarding th<br>following requirem<br>(1) The provider sh<br>prior to obtaining th<br>criminal history red<br>subsection (b) of th<br>fingerprint cards as<br>(2) The provider sh<br>criminal history red<br>business days afte<br>conditional employ<br>2001-155, s. 1; 200<br>2005-4, ss. 1, 2, 3,<br>This Rule is not m<br>Based on record red | nces Act, Article 5 of Chapter<br>Statutes, and alcohol-related<br>sale to underage persons in<br>3B-302 or driving while<br>on of G.S. 20-138.1 through<br>hishing False Information Any<br>pyment who willfully furnishes,<br><i>v</i> ise gives false information on<br>plication that is the basis for a<br>cord check under this section<br>Class A1 misdemeanor.<br>ployment A provider may<br>nt conditionally prior to<br>ts of a criminal history record<br>is applicant if both of the<br>ents are met:<br>hall not employ an applicant<br>he applicant's consent for<br>cord check as required in<br>his section or the completed<br>is required in G.S. 114-19.10.<br>hall submit the request for a<br>cord check not later than five<br>er the individual begins<br>ment. (2000-154, s. 4;<br>04-124, ss. 10.19D(c), (h);<br>4, 5(a); 2007-444, s. 3.) |                                 |   |                                |                         |

If continuation sheet 5 of 9

|                          | OF CORRECTION IDENTIFICATION NUMBER:  |   | A. BUILDING:                    |  |                                   | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|---|---|---------------------------------|--|-----------------------------------|-------------------------------|--|
|                          |   |   |                                 |  |                                   | R                             |  |
|                          |   | MHL032-456  |                                 |  | 10/                               | 19/2021                       |  |
|                          | ROVIDER OR SUPPLIER   | 10 MEA  | DDRESS, CITY, ST<br>DOW CREST D |  |                                   |                               |  |
| ECURIN                   | IG RESOURCES FOR  |   | A, NC 27703                     |  |                                   |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLE<br>DATE        |  |
| V 133                    | Continued From pa   | age 5   | V 133                           |  |                                   |                               |  |
|                          | affecting one of three staff (#1). The findings are:  |   |                                 |  |                                   |                               |  |
|                          | Review on 10/19/21 of Staff #1's personnel<br>record revealed:<br>-He was hired on 11/18/20.<br>-He was hired as a Residential Counselor.<br>-He worked second shift.<br>-The criminal background check was conducted<br>on 11/24/20. |   |                                 |  |                                   |                               |  |
|                          | revealed:<br>-Human Resources<br>obtaining the crimin<br>hires.<br>-He was not aware<br>check for Staff #1 w<br>-Agency completed<br>checks yearly and p<br>records.<br>-He confirmed the of<br>Staff #1 was not re                   | 21 with the Supervisor<br>s staff was responsible for<br>nal background check for new<br>that the criminal background<br>was conducted after hiring.<br>I new criminal background<br>placed on their personnel<br>criminal background check for<br>quested within five business<br>conditional offer of |                                 |  |                                   |                               |  |
| V 736                    | 10A NCAC 27G .03<br>EXTERIOR REQU<br>(c) Each facility and<br>maintained in a saf   | ity and Grounds Maintenance<br>303 LOCATION AND<br>IREMENTS<br>d its grounds shall be<br>ie, clean, attractive and orderly<br>be kept free from offensive   | V 736                           |  |                                   |                               |  |
|                          | This Rule is not m  | et as evidenced by:   |                                 |  |                                   |                               |  |

|                          | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                     |  | (X3) DATE SURVEY<br>COMPLETED  |                         |
|--------------------------|--|---|---------------------|--|--------------------------------|-------------------------|
|                          |  | MHL032-456  | B. WING             |  |                                | R<br>19/2021            |
| NAME OF I                | PROVIDER OR SUPPLIER   | STREET A  | DDRESS, CITY, S     | TATE, ZIP CODE   |                                |                         |
|                          | NG RESOURCES FOR   |   | DOW CREST D         | RIVE   |                                |                         |
| SECORI                   | IG RESOURCES FOR   | DURHAN  | A, NC 27703         |  |                                |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO T<br>DEFICIENC <sup>\</sup> | ON SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 736                    | Continued From pa  | nge 6   | V 736               |  |                                |                         |
|                          | failed to ensure fac   | Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The  |                     |  |                                |                         |
|                          | Kitchen area revea<br>-Corner cabinets w<br>-Paint on wall next<br>the cooking range   | ere broken and falling apart.<br>to the refrigerator and behind<br>was chipping/peeling off.<br>tain on the mica on top of  | •                   |  |                                |                         |
|                          | Client #1's bedroor<br>-There was a large<br>softball on the wall<br>-Walls were scratcl<br>-There was an unfi<br>in front of the bed. | 19/21 at about 11:35 am of<br>n revealed:<br>hole about the size of a<br>behind the entrance door.<br>ned all over by color pencils.<br>nished patch-up work on wall<br>en with broken drawers and no | ,                   |  |                                |                         |
|                          | Client #3's bedroor<br>-Carpets were dirty<br>-Walls were dirty/st   | /stained.<br>ained.<br>of railing and placed leaning  |                     |  |                                |                         |
|                          | Client #2's bedroor<br>-Carpet was old, di   |   |                     |  |                                |                         |
|                          | bathroom located in revealed:  | 19/21 at about 11:47 am of<br>nside of Client #2's bedroom<br>nd bottom of the cabinet had  |                     |  |                                |                         |

|               | IT OF DEFICIENCIES<br>OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:     | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING |   | (X3) DATE SURVEY<br>COMPLETED                 |  |
|---------------|--|---|---|---|---|--|
|               |  | MHL032-456  |   |   | R<br>10/19/2021                               |  |
| AME OF F      | PROVIDER OR SUPPLIER                             | STREET A  | DDRESS, CITY, S                                 | TATE, ZIP CODE                                |   |  |
|               |  |   | OOW CREST D                                     | RIVE  |   |  |
| ECURIN        | IG RESOURCES FOR                                 | DURHAN  | M, NC 27703                                     |   |   |  |
| (X4) ID       |  | TEMENT OF DEFICIENCIES                                    | ID  | PROVIDER'S PLAN OF                            |   |  |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG                                   | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1 | TION SHOULD BE COMPLE<br>THE APPROPRIATE DATE |  |
| 1710          |  | ,   | 1/10  | DEFICIENC                                     |   |  |
| V 736         | Continued From pa                                | age 7   | V 736   |   |   |  |
|               | significant water da                             | image   |   |   |   |  |
|               |  | eled off on some areas.                                   |   |   |   |  |
|               | Observation on 10/                               | 19/21 at about 11:50 am of the                            | <u> </u>  |   |   |  |
|               |  | n the Hall revealed:                                      |   |   |   |  |
|               | -There was a large section of the wall above the |   |   |   |   |  |
|               | shower head that was broken off.                 |   |   |   |   |  |
|               | -There was water dame on floor and wall behind   |   |   |   |   |  |
|               | the toilet.                                      |   |   |   |   |  |
|               | Observation on 10/                               | 19/21 at about 11:55 pm of the                            | -   |   |   |  |
|               | Outside of the hom                               |   |   |   |   |  |
|               | -Each corner wood                                | beams were rotten.  |   |   |   |  |
|               |  | ow of Living area was                                     |   |   |   |  |
|               | damaged.   |   |   |   |   |  |
|               | -Wood on ceiling/ro                              | oof by the entrance door had                              |   |   |   |  |
|               | significant rot.                                 |   |   |   |   |  |
|               |  | 21 with the Supervisor                                    |   |   |   |  |
|               | revealed:  |   |   |   |   |  |
|               |  | ggressive client and made a                               |   |   |   |  |
|               | lot of destruction in                            | e the wall damage in the                                  |   |   |   |  |
|               | bathroom and his r                               | 0   |   |   |   |  |
|               |  | or had been addressed in his                              |   |   |   |  |
|               | treatment plan.                                  |   |   |   |   |  |
|               |  | nsible for maintaining and                                |   |   |   |  |
|               |  | ide the home as well as                                   |   |   |   |  |
|               | painting inside.                                 | onsible for maintaining                                   |   |   |   |  |
|               |  | and the outside of the home.                              |   |   |   |  |
|               |  | cted Landlord a while back                                |   |   |   |  |
|               |  | at needed to be fixed.                                    |   |   |   |  |
|               |  | ly planned to change cabinets                             |   |   |   |  |
|               |  | pathrooms as well as paint the                            |   |   |   |  |
|               | -  | bout to begin the remodeling                              |   |   |   |  |
|               | process.<br>-He confirmed the t                  | facility failed to ensure facility                        |   |   |   |  |
|               |  | tained in a safe, clean,                                  |   |   |   |  |
|               | attractive and order                             |   |   |   |   |  |

STATE FORM

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL<br>AND PLAN OF CORRECTION IDENTIFICATION N |                                      | (X1) PROVIDER/SUPPLIER/CLIA   |                     |  | (X3) DATE SURVEY |                         |
|--|--------------------------------------|---|---------------------|--|------------------|-------------------------|
| ND PLAN  | OF CORRECTION IDENTIFICATION NUMBER: |   | A. BUILDING:        |  | COMPLETED        |                         |
|  |                                      | MHL032-456  | B. WING             |  |                  | R<br>19/2021            |
| AME OF F   | PROVIDER OR SUPPLIER                 | STREET A  | DDRESS, CITY, ST    | TATE. ZIP CODE   | -                |                         |
|  |                                      | 10 MEAI   | DOW CREST D         |  |                  |                         |
| ECURIN   | IG RESOURCES FO                      | R CONSUMERS, II DURHAI  | M, NC 27703         |  |                  |                         |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC                      | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | TION SHOULD BE   | (X5)<br>COMPLET<br>DATE |
| V 736  | Continued From pa                    | age 8   | V 736               |  |                  |                         |
|  |                                      | nstitutes a recited deficiency<br>cted within 30 days.                                |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |
|  |                                      |   |                     |  |                  |                         |