STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE	017	14/2022
	LLE GROUP HOME	168 SWE	EET FARM ROA	ND .		
(X4) ID	SUMMARY STA		ILLE, NC 2847	2 PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	categories: 10A NC Respite Services for	sed for the following service AC 27G .5100 Community or Individuals of All Disability CAC 27G .5600 Supervised h Mental Illness.				
	The survey sample current clients and	consisted of audits of 3 1 former client.				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.	a.			
	facility failed to ens Registry (HCPR) w employment affecti The findings are:	et as evidenced by: views and interviews, the ure the Health Care Personne as accessed prior to ng 1 of 4 audited staff (#4). 2 of staff #4's personnel record				

STATEMEI	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
WHITEV	ILLE GROUP HOME	168 SWE	ET FARM ROA	AD		
vviiii i L v		WHITEVI	LLE, NC 2847	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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 131	Continued From pa	ge 1	V 131			
	revealed: - Date of hire: 06/27	7/17. n of a current HCPR check or				
		22 and 01/14/22 the House e had contacted the office for eck.				
		22 the Regional Director neck for staff #4 would be sent				
	No HCPR record ch	neck was provided.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pi developmental disa services that is liced Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to fill a po applicant to have an conditioned on con- criminal history reco- the applicant has be less than five years is conditioned on co- criminal history reco- national criminal his- include a check of t					

	of Health Service Re		Т			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
AME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		168 SWE	ET FARM ROA	AD.		
VHILEVI	ILLE GROUP HOME	WHITEVI	LLE, NC 2847	2		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
				DEFICIENC	CY)	
V 133	Continued From pa	ge 2	V 133			
	five vears or more.	then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
	criminal history reco	ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
	record checks for e	mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check 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				
	check has been co	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				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State ord check required by this				

Division	of Health Service Re	gulation				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
WHITEV	VHITEVILLE GROUP HOME 168 SWEET FARM ROAD WHITEVILLE, NC 28472 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5 COMPL					
						(X5)
				CROSS-REFERENCED TO TI	HE APPROPRIATE	DATE
V 133	Continued From pa	ge 3	V 133			
	All criminal history is provider is confiden- except to the applic (c) of this section. F subsection, the term business regularly ec- criminal history reco- records obtained fro- (c) Action If an ap- record check revea a relevant offense, f of the following fact hire the applicant: (1) The level and se (2) The date of the p conviction. (4) The circumstance commission of the p conviction. (4) The circumstance (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and ep person since the da (7) The subsequent a relevant offense. The fact of conviction	nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				
	If the provider disqu consideration of the provider may disclo the criminal history to the disqualification	be considered by the provider. Halifies an applicant after relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the				

Division	of Health Service Re	equiation			FURM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	ILLE GROUP HOME	168 SWE	ET FARM RO	AD		
VVIIIEV		WHITEVI	LLE, NC 2847	72		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	or employee of a pr complies with this s civil liability for: (1) The failure of th individual on the ba the criminal history (2) Failure to check criminal offenses if history record chec compliance with this (e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears u have responsibility persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Again	ey A provider and an officer rovider 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 s section. se As used in this section, neans a county, state, or tory of conviction or pending he, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other ele 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, , Embezzlement; Article 19A, or Services by False or Credit Device or Other Means; ial Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and A, Adult Establishments;				

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WHITEV	ILLE GROUP HOME		ET FARM ROA			
••••••		WHITEVI	LLE, NC 2847	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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
ivision of H	29, Bribery; Article 3 Office; 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 Substan 90 of the General S offenses such as sa violation of G.S. 181 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 C (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	ion; Article 28, Perjury; Article 31, Misconduct in Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on oblication that is the basis for a ord check under this section Class A1 misdemeanor. oloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
WHITEV	ILLE GROUP HOME					
(X4) ID	SUMMARY STA		LLE, NC 2847	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE
V 133	Continued From pa	ge 6	V 133			
	failed to request the check within 5 days offer of hire affectin findings are: Review on 01/12/22 revealed: - Date of hire: 06/27	view and interview, the facility e criminal background record of making the conditional g 1 of 4 audited staff (#4). The 2 of staff #4's personnel record				
	Manager stated she staff #4's criminal c Interview on 01/12/2	22 and 01/14/22 the House e had contacted the office for heck. 22 the Regional Director record check for staff #4 would				
		nal record check was provided.				
V 291	10A NCAC 27G .56 (a) Capacity. A fac six clients when the developmental disa on June 15, 2001, a than six clients at th provide services at licensed capacity. (b) Service Coordin maintained between	sed Living - Operations OPERATIONS cility shall serve no more than e clients have mental illness or ibilities. Any facility licensed and providing services to more hat time, may continue to no more than the facility's nation. Coordination shall be n the facility operator and the hals who are responsible for	V 291			

	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL024-011	MHI 024_011 B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
			EET FARM ROA			
WHILEV	ILLE GROUP HOME	WHITEV	ILLE, NC 2847	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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 291	Continued From pa	ge 7	V 291			
	 Continued From page 7 treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. 	t				
	facility failed to main participation betwee family who are resp	views and interviews, the ntain coordination and en the facility operator and oonsible for the client's one of one former clients (FC	;			
	 - 53 year old male. - Admission date of - Diagnoses of Moc Developmental Disa Schizophrenia. - Discharge to the h 	lerate Intellectual ability and Chronic nospital after 11/17/21. o a higher level of care from				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	DENTITIOATION NOMBER.	A. BUILDING:			
		MHL024-011	B. WING		01/	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NHITEV	ILLE GROUP HOME		ET FARM ROA LE, NC 2847			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 291	Continued From pa	ge 8	V 291			
		n FC #5's family was notified of ergency room visits.				
	Plan dated 08/01/2 - Important People:					
	emergency room (E	2 of FC #5's hospital stay and ER) visits revealed: 11/09/21 thru 11/15/21.				
	stated: - She was made aw contacted FC #5's s visits.	22 FC #5's Care Coordinator vare the facility had not sister for hospital stay and ors and was transferred to				
	 She had not been to the emergency re 2021. She was FC #5's g She was told FC # facility. She was told the f 	5 was transferred to another acility would contact her about fress and phone number but				
vision of H	Interview on 01/12/ stated: - The facility should	22 the Regional Director have notified FC #5's sister of d emergency room visits.				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
WHITEV	ILLE GROUP HOME		ET FARM ROA LE, NC 2847			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 291	Continued From pa	ge 9	V 291			
	within her agency. - She had contacted letter was sent with - She spoke with F0	erred to a higher level of care d FC #5's sister and a certified relevant information. C #5's sister again today to tion on FC #5's current				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	was not maintained and orderly manner Observation on 01/ 9:25am revealed: - The 5 dining room the fabric. - The back door had - Client #2's bedroo near the head of be - The bathroom adj #2's bathroom had of the shower. The substance in the se	on and interview, the facility in a safe, clean, attractive The findings are: 12/22 at approximately chairs had soiled surfaces on d scuff marks on surface. we wall had the paint rubbed of ed. acent to client #1 and client black mildew near the ceiling shower/tub had dark				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		MHL024-011	B. WING		01/	14/2022
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
VHITEVI	LLE GROUP HOME		EET FARM ROA ILLE, NC 2847			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 10	V 736			
	off the walls.	om walls had the paint peeled om ceiling fan had 1 of 4 light				
	stated: - She understood the xit conference.	22 the Regional Director ne interior items discussed at				
	- She would ensure corrected.	e identified issues were				
sion of H	ealth Service Regulation		6899	TKB11		on sheet 11 o