



Rae's Playze Adult Day Center
SEEING IN THE EYES OF OTHERS

Plan of Correction

Plan of Correction for:

Annual and Follow-up Survey Completed on 11/22/2021
Stephen Greaves , 4054 Mayberry Lane, Charlotte, NC 28212
MHL# 060-1444
Email address: cghazal@raesplayze.com

* Rae's Playze is requiring Mr. Greaves and anyone authorized to administer [REDACTED] medication to attend an in the person medication administration training before February 1, 2021

* Mr. Greaves will also need to have a medication audit weekly with the Rae's Playze RN until the RN feels that Mr. Greaves understands and can administer and document all medications. Rae's Playze RN and QP will conduct unannounced visits to watch medication administered.

* All appointment dates, times for [REDACTED] must be reported to the RN and QP; all after visit summaries must be delivered within 24-hours to Rae's Playze Office and reviewed by our RN. All medication changes will be discussed with Mr. Greaves.

Sharon M. Lee, BS., MAMFT, QP

RECEIVED

JAN 24 2022

DHSR-MH Licensure Sect

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL0601444	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/22/2021	Y3
NAME OF FACILITY STEPHEN GREAVES			STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>V0110</u>	Correction	ID Prefix <u>V0112</u>	Correction	ID Prefix <u>V0131</u>	Correction
Reg. # <u>27G .0204</u>	Completed	Reg. # <u>27G .0205 (C-D)</u>	Completed	Reg. # <u>G.S. 131E-256 (D2)</u>	Completed
LSC _____	11/22/2021	LSC _____	11/22/2021	LSC _____	11/22/2021
ID Prefix <u>V0133</u>	Correction	ID Prefix <u>V0367</u>	Correction	ID Prefix _____	Correction
Reg. # <u>G.S. 122C-80</u>	Completed	Reg. # <u>27G .0604</u>	Completed	Reg. # _____	Completed
LSC _____	11/22/2021	LSC _____	11/22/2021	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) CLL	DATE 12/08/2021	SIGNATURE OF SURVEYOR <i>Curnisha L Leak</i>	DATE 12/08/2021
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE 01-11-2022	TITLE <i>Sharon M. Jones, BS, MAUFT, QP</i>	DATE 01-11-2022
FOLLOWUP TO SURVEY COMPLETED ON 1/29/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 10, 2021

Donneka Byrd
Rae's Playze Adult Day Center
7504 E. Independence Blvd., Ste. 100
Charlotte, NC 28227

Re: Annual and Follow-up Survey Completed 11/22/2021
Stephen Greaves, 4054 Mayberry Lane, Charlotte, NC 28212
MHL# 060-1444
E-mail Address: dbryd@raeplayze.com

Dear Ms. Donneka Byrd:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed November 22, 2021.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 21, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

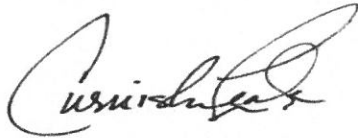
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (336) 247-1723.

Sincerely,

A handwritten signature in black ink, appearing to read "Curnisha L. Leak". The signature is fluid and cursive, with a large initial "C" and "L".

Curnisha L. Leak
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/22/2021
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NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 11/22/2021. Deficiencies were cited.</p> <p>The facility is licensed for the follow service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audit of 1 current client.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118	<p>RECEIVED</p> <p>JAN 24 2022</p> <p>DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure prescription drugs were administered based on the written order from the person authorized by law to prescribe drugs affecting 1 of 1 client (Client #1). The findings are:</p> <p>Reviews on 11/17/2021 and 11/18/2021 of Client #1's record revealed: -Admitted 06/04/2021. -Diagnosed with Autism Spectrum Disorder and Severe Intellectual Disability. -13 years old. -Medication order signed and dated 10/13/2021 was presented and reviewed on 11/17/2021 for; -Guanfacine HCL (Hydrochloride Acid) ER (Extended Release) 1 milligram (mg)- (for Attention Deficit Hyperactivity Disorder/ADHD)- 1 tab 2 times per day. -No written discontinue order for Guanfacine HCL ER 1 mg effective 11/11/2021.</p> <p>Reviews on 11/17/2021 of Client #1's MARs for August, September, and October 2021 revealed: -Staff documented administration of Guanfacine HCL ER 1 mg- 2 times per day, 7 am and 9 pm from 08/01/2021-10/31/2021.</p> <p>Review on 11/23/2021 of Client #1's MARs for</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>November 2021 revealed: -Administration instructions for Guanfacine HCL ER 1 mg; Give Amount/Quantity: 1 tablet, Frequency: 2 x daily, Begin date and Time: 10/13/2021. -Staff documented administration of Guanfacine HCL ER 1 mg- 2 times per day, 7 am and 9 pm from 11/01/2021-11/10/2021. -Staff documented administration of Guanfacine HCL ER 1 mg- 1 time per day, 9 pm from 11/11/2021 to 11/17/2021.</p> <p>Observation on 11/18/2021 of Client #1's Medications revealed: -No Guanfacine HCL ER 1 mg pill bottle.</p> <p>Interview on 11/18/2021 with Staff #1 revealed: -Did not have the Guanfacine HCL ER 1 mg pill bottle. -Turned the medication into the pharmacy. -"The doctor discontinued the medication (Guanfacine HCL ER 1 mg) last week". -Did not have a copy of the discontinue order for Guanfacine HCL ER 1 mg at the facility.</p> <p>Interviews on 11/17/2019, 11/19/2021 and 11/24/2021 the Executive Director (ED)/Qualified Professional (QP) revealed: -"Registered Nurse (RN) manages MARs monthly as Doctor (Dr) Orders are updated and provided by Alternative Family Living (AFL) staff". -"I do not monitor MARs". -RN charged with updating MARs. -Was not aware of Guanfacine HCL ER 1 mg discontinuation. -Would obtain the written discontinue order for Guanfacine HCL ER 1 mg-1 tab 2 times a day. -Would ensure the Primary AFL's understanding of medication administration guidelines moving forward.</p>	V 118		

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V 118	Continued From page 3 Attempted interviews on 11/17/2021, 11/19/2021, and 11/24/2021 with the Registered Nurse were unsuccessful due to no response to phone calls (2 messages left) or emailed correspondence prior to exit.	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 3 Staff (Staff #1, #2 and the Executive Director (ED)/Qualified Professional (QP)). The findings are:</p> <p>Review on 11/17/2021 of Staff #1's personnel record revealed: -Hire date of 08/30/2018. -Job title of Primary Alternative Family Living (AFL) staff. -HCPR accessed on 12/10/2019.</p>	V 131		

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V 131	<p>Continued From page 4</p> <p>Review on 11/17/2021 of Staff #2's personnel record revealed: -Hire date of 08/30/2018. -Job title of Backup AFL staff -HCPR accessed on 06/19/2019.</p> <p>Review on 11/17/2021 of the ED/QP personnel record revealed: -Hire date of 03/19/2019. -Job title of ED/QP. -HCPR accessed on 04/20/2020.</p> <p>Interview on 11/18/2021 with Staff #1 revealed: -Not sure of his hire date. -Thought it (hire date) was around September 2020. -Served as the Primary AFL staff for Client #1.</p> <p>Interview on 11/18/2021 with Staff #2 revealed: -Not sure of her hire date. Started the same time as Staff #1. -Served as the Backup AFL staff for Client #1.</p> <p>Interview on 11/17/2021 with the ED/QP revealed: -Hired March 2019. -Served as the facility's ED/QP. -Formal job duties; operations manager and oversee QPs.</p> <p>Interview on 11/22/2021 with the Administrative Director revealed: -Started with the agency on 10/17/2019. -Responsible for accessing HCPR prior to the hire of a new employee. -Was not employed with agency at the time of hire for Staff #1, #2 and the Executive Director (ED)/Qualified Professional (QP). -No Human Resource department in place during the time of hire for Staff #1, #2 and the ED/QP. -Licensee/owner was responsible for completing</p>	V 131		

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V 131	Continued From page 5 the HCPR check for all potential new hires prior to her (the Administrative Director's) hire. -Since her hire have developed and implemented an electronic verification process to ensure the completion of HCPR check prior to the hire of a potential employee.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check 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 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	V 133		

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V 133	<p>Continued From page 6</p> <p>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 section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of 	V 133		

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V 133	<p>Continued From page 8</p> <p>criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/22/2021
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NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212
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(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	<p>Continued From page 9</p> <p>sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request the required statewide criminal records check no later than five business days after the individual begins conditional</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/22/2021
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NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212
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(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	<p>Continued From page 10</p> <p>employment for 2 of 3 Staff (Staff #2 and the Executive Director (ED)/Qualified Professional (QP). The findings are:</p> <p>Review on 11/17/2021 of Staff #2's personnel record revealed: -Hire date of 08/30/2018. -Job title of Backup Alternative Family Living (AFL) staff -Request for statewide criminal records check ordered on 06/20/2019.</p> <p>Review on 11/17/2021 of the ED/QP personnel record revealed: -Hire date of 03/19/2019. -Job title of ED/QP. -Request for statewide criminal records check ordered on 07/18/2019.</p> <p>Interview on 11/18/2021 with Staff #2 revealed: -Not sure of her hire date. Started the same time as Staff #1. -Served as the backup AFL staff.</p> <p>Interview on 11/17/2021 with the ED/QP revealed: -Hired March 2019. -Formal job duties; operations manager and oversee QPs .</p> <p>Interview on 11/22/2021 with the Administrative Director revealed: -Started with the agency on 10/17/2019. -Responsible for requesting statewide criminal records check prior to the hire of a new employee. -Was not employed with agency at the time of hire for Staff #2 and the facility's ED/QP. -No Human Resource department in place during the time of hire for Staff #2 and the facility's ED/QP.</p>	V 133		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/22/2021
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NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212
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(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	Continued From page 11 -Licensee/owner was responsible for completing the statewide criminal records check for all potential new hires prior to her (the Administrative Director's) hire. -Since her hire have developed and implemented an electronic verification process to ensure the completion of statewide criminal record checks prior to the hire of a potential employee.	V 133		