	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL0601436	B. WING		01	/31/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ERDE CF	REEK HOME		RDE CREEK ROAD DTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on January 31, 2022. Deficiencies were cited.					
		d for the following service 27G .5600F Supervised Family Living.				
	The survey sample co current client.	onsisted of audits of 1				
V 118	27G .0209 (C) Medication Requirements		V 118			
	<ul> <li>only be administered order of a person auti drugs.</li> <li>(2) Medications shall clients only when auti client's physician.</li> <li>(3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare</li> <li>(4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name;</li> <li>(B) name, strength, a</li> <li>(C) instructions for ac (D) date and time the</li> </ul>	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The following: nd quantity of the drug; drug is administered; and				
	drug.	person administering the redication changes or				

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED			
		MHL0601436	B. WING			/31/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET	STREET ADDRESS, CITY, STATE, ZIP CODE						
		2012 VE	RDE CREEK ROAD	)					
VERDE CI	REEK HOME		OTTE, NC 28214						
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE			
V 118	Continued From pag	e 1	V 118						
		rded and kept with the MAR opointment or consultation							
	order of a person aut medications and faile by recording medicat	record review, and ity failed to ensure ministered on the written thorized by law to prescribe ed to keep the MAR current tion administration g administration affecting 1 of							
	record revealed: -Admitted 10/23/20; -Diagnosed with Sev Developmental Disat History of Constipatio Scoliosis, Wolff-Park Seizure Disorder, An	bility, Fracture of the Clavicle, on, Traumatic Hematoma, inson-White Syndrome, emia; r to start Calcium plus							
	-No physician's order softener (bowel funct function); -November, 2021 MA Vitamin D and stool s with one signature fo -December, 2021 MA the prn (as needed) in	r to start or stop stool tion) or Trulance (bowel AR listed Calcium plus softener on the same line							

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 9

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0601436		B. WING		01	/31/2022
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
ERDE CI	REEK HOME		RDE CREEK ROAD DTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	2	V 118			
	medication list with a administered 12/18/2 off daily; -January, 2022 MAR of stool softener or Tr Interview on 1/31/22 Living (AFL) Provider -Client #1 no longer u Trulance per the last physician in January, documentation regard changes; -Client #1 now uses g mixed together to stir -Will ensure to have a physician's orders pro Observation on 1/31/ 10:50am of Client #1	1 - 12/31/21 but not signed revealed no administration rulance. with the Alternative Family revealed: uses stool softener or appointment with the 2022 but does not have any ding the medication ginger ale and apple juice nulate a bowel movement; signed copies of all esent for review in the future.				
V 131	Verification G.S. §131E-256 HEA REGISTRY (d2) Before hiring hea health care facility or health care facility sh Personnel Registry a	HCPR - Prior Employment ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.	V 131			

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION		E SURVEY PLETED
		MHL0601436	B. WING		01	/31/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
VERDE C	REEK HOME		RDE CREEK ROAD OTTE, NC 28214	•		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 131	Continued From page	3	V 131			
	failed to ensure Healt (HCPR) checks were of employment affecti Family Living Provide Review on 1/12/22 of (AFL) Provider's reco -Hired 6/6/09; -HCPR check was co Interview on 1/12/22 Professional revealed -Was not aware that t	nd record review, the facility h Care Personnel Registry completed prior to an offer ing 1 of 2 staff (Alternative r). The findings are: the Alternative Family Living rd revealed: mpleted on 7/27/09. with the Qualified t: he AFL Provider's HCPR rould ensure all checks were				
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any prov developmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a positi applicant to have an o conditioned on conse criminal history record	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this	V 133			

		IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	MHL0601436 AME OF PROVIDER OR SUPPLIER STREET.					
			B. WING		01	/31/2022
NAME OF PF						
/ERDE CF	REEK HOME		RDE CREEK ROAD DTTE, NC 28214	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From pag	e 4	V 133			
	is conditioned on cor	nsent to a State and national				
	criminal history recor	d check of the applicant. The				
	-	ory record check shall				
	include a check of th	e applicant's fingerprints. If				
		en 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					
	he conditional offer of employment, a provider					
	shall submit a request to the Department of					
	Justice under G.S. 114-19.10 to conduct a					
	criminal history recor	criminal history record check required by this				
		nit a request to a private				
	-	tate criminal history record				
		is section. Notwithstanding				
		G.S. 114-19.10, the Department of Justice shall				
		eturn the results of national criminal history ecord checks for employment positions not				
	covered by Public La					
		n and Human Services,				
	Criminal Records Ch					
	business days of rec	eipt of the national criminal				
		, the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		o case shall the results of the				
		ory record check be shared				
		oviders shall make available tion that a criminal history				
		pleted on any staff covered				
		unty that has adopted an				
		inance and has access to				
		nal Information data bank				
	may conduct on beha					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			B. WING		01	/31/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
VERDE CI	REEK HOME		RDE CREEK ROAD OTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 5	V 133			
	section without the pr request to the Depart case, the county shall criminal history recor- section within five but conditional offer of er All criminal history inf provider is confidentia except to the applicat (c) of this section. Fo subsection, the term business regularly en criminal history recor- records obtained from (c) Action If an app record check reveals a relevant offense, th of the following factor hire the applicant: (1) The level and seri (2) The date of the pr conviction. (4) The circumstance commission of the cri (5) The nexus between the person and the jo filled. (6) The prison, jail, pr rehabilitation, and em person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to e listed factors shall be	nployment by the provider. formation received by the al and may not be disclosed, int as provided in subsection r purposes of this "private entity" means a logaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to dousness of the crime. time. rson at the time of the es surrounding the ime, if known. en the criminal conduct of ab duties of the position to be robation, parole, imployment records of the e the crime was committed. commission by the person of a of a relevant offense alone employment; however, the considered by the provider. lifies an applicant after				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
	MHL0601436 AME OF PROVIDER OR SUPPLIER STREE		A. BUILDING:			
			B. WING		01	/31/2022
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
/ERDE CF	REEK HOME		RDE CREEK ROAD OTTE, NC 28214			
(X4) ID			ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 133	Continued From pag	e 6	V 133			
	provider may disclos	e information contained in				
		ecord check that is relevant				
	•	, but may not provide a copy				
	of the criminal history					
	applicant.					
		(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:					
		(1) The failure of the provider to employ an				
	ndividual on the basis of information provided in					
	he criminal history record check of the individual.					
	2) Failure to check an employee's history of					
	criminal offenses if the employee's criminal					
	nistory record check is requested and received in					
	•	compliance with this section.				
		As used in this section,				
		eans a county, state, or				
		ry of conviction or pending				
		ndictment of a crime, whether a misdemeanor or				
		elony, that bears upon an individual's fitness to				
		ave responsibility for the safety and well-being of ersons needing mental health, developmental				
		ince abuse services. These				
	,	iminal offenses set forth in				
		Articles of Chapter 14 of the				
		ticle 5, Counterfeiting and				
	Issuing Monetary Su	-				
		ve and Legislative Officers;				
		Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	Injury or Damage by	Use of Explosive or				
	Incendiary Device or	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	-	ele 16, Larceny; Article 17,				
	-	Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property o		1			1

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
			B. WING		01	/31/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
	REEK HOME		RDE CREEK ROAD DTTE, NC 28214	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From page	e 7	V 133			
	Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A Article 27, Prostitution 29, Bribery; Article 37 Office; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Emplo employ an applicant o obtaining the results check regarding the a following requiremen (1) The provider shall prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shall	, Adult Establishments; n; Article 28, Perjury; Article 1, Misconduct in Public enses Against the Public Riots and Civil Disorders; of Minors; Article 40, hily; Article 59, Public cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601436	B. WING		01	/31/2022
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
ERDE CF	REEK HOME		OTTE, NC 28214			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pag	e 8	V 133			
		ent. (2000-154, s. 4; -124, ss. 10.19D(c), (h); , 5(a); 2007-444, s. 3.)				
	failed to ensure crimi requested within five employment affecting Family Living Provide	and record review, the facility inal background checks were days of an offer of g 1 of 2 staff (Alternative er). The findings are: f the Alternative Family Living				
		d check was completed on				
	background check w					