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MARE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SPRINGWELL NETWORK, INC-RAVEN RIDGE 469 RAVEN RIDGE DRIVE KERNERSVILLE, NC 2724 (X)ID PRET/ TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATIONY ON LSC IDENTIFYING INFORMATION) Image: Control of the control				· ,			
PRINCIPAL NETWORK, INCRAVEN RIDE 469 RAVEN RIDGE DRIVE KERNERSVILLE, KC 27284 (A)IID PREFIX (EACH DEFICENCY MUST BE PRECIDED BY FULL (EACH DEFICENCY MUST BE PRECIDED BY FULL TAG (EACH DEFICENCY MUST BE PRECIDED BY FULL TAG (EACH DEFICENCY MUST BE PRECIDED BY FULL TAG (EACH DEFICENCY MUST BE PRECIDED BY FULL (EACH DEFICENCY BE PRECIDED BY FULL (EACH DEFICENCY BE PRECIDED BY FULL (EACH DEFICENCY BE PRECIDED BY FULL (EACH DEFICENCY) (A) MONTAL COMMENTS (A) MONTAL C			MHL034-366	B. WING		03/0	3/2022
SPRINGWELL NE WORK, NC-KAVEN RIGE1 KERNERSVILLE, NC 27284 PX010 PREEX TAG SUMMARY STATEMENT OF DEFICIENCES (EXOL DEFICIENCY) D PROVIDERS PLAN OF CORRECTION REGULATORY ON LSC DEMTRY NO. MFORMATION) PREX PREX PREX NAC PROVIDERS PLAN OF CORRECTION (EXOL DEFICIENCY) Construction (EXOL DEFICIENCY) V 000 INITIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Prégrix TAG (EACH OBFICIENCY MUST BE INECCEDE BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION) PRÉFIX TAG CACH CORRECTE ACTION SHOULD BE CROSS-REFERENCE OT IN HEAPPORTATE COMPLETE DEFICIENCY) V 000 INITIAL COMMENTS V 000	SPRING	WELL NETWORK, INC	C-RAVEN RIDGE I				
An annual survey was completed on March 3, 2022. Deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C - Supervised Living for Adults with Developmental Disabilities The survey sample consisted of audits of 3 current clients, 0 former clients and 0 deceased clients. V131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 (D2) HCPR - Prior Employment V131 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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.	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
category: - 10A NCAC 27G .5600C - Supervised Living for Adults with Developmental Disabilities The survey sample consisted of audits of 3 current clients, 0 former clients and 0 deceased clients. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY V 131 (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility and shall note each incident of access in the appropriate business files. V 131	V 000	An annual survey w	/as completed on March 3,	V 000			
REGISTRY (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.	V 131	category: - 10A NCAC 27 for Adults with Deve The survey sample current clients, 0 fo clients. G.S. 131E-256 (D2	G .5600C - Supervised Living elopmental Disabilities consisted of audits of 3 rmer clients and 0 deceased	V 131			
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	Division of H	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry of access in the ap	ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.				(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
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IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
SPRING	WELL NETWORK, IN	C-RAVEN RIDGE I	EN RIDGE DRI RSVILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
V 131	Continued From pa	age 1	V 131			
	Based on interview failed to access the Registry and note t	et as evidenced by: and record review, the facility Health Care Personnel that access in a staff ' s one (Group Home Supervisor) yed.				
	Group Home Supe - hire date, 12- - position title, 5	15-21				
	Operations Directo - she was resp HCPR checks for p - she has a pro- required paperwork - "I put the (hiri together, then give her to review, decid offer will be" - reports the Ex- know if any paperw - the Executive Supervisors paperw - believes the b	onsible for completing the potential new employees ocess she follows to ensure all k is collected ing paperwork) package it to [Executive Director] for de if we ' II hire, and what their xecutive Director will let her york is missing Director remembered the work was complete HCPR check confirmation form nis-filed somewhere else, and				
	G.S. 122C-80 Crim		V 133			

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL034-366	B. WING		03/	03/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
PRING	WELL NETWORK, INC	C-RAVEN RIDGE I	EN RIDGE DRI SVILLE, NC 2				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 133	Continued From pa	ge 2	V 133				
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any pu- 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 bo- less than five years is conditioned on co- criminal history reco- national criminal his- include a check of the applicant has bo- five years or more, on consent to a Sta- check of the applican- criminal history reco- section. Except as a subsection, within f the conditional offer shall submit a requi- Justice under G.S. criminal history reco- section or shall sub- entity to conduct a check required by t G.S. 114-19.10, the return the results of						

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 03/03/2022		
		MHL034-366	B. WING				
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	03/03/2022		
		460 RAV	EN RIDGE DR				
SPRING	WELL NETWORK, INC	C-RAVEN RIDGE I KERNEF	SVILLE, NC 2	27284			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From pa	age 3	V 133				
	Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. P upon request verifie check has been co by this section. A co appropriate local or the Division of Crim may conduct on be criminal history rec section without the request to the Depa case, the county sh criminal history rec section within five b conditional offer of All criminal history is provider is confider except to the applic (c) of this section. If subsection, the terr business regularly criminal history rec records obtained fr (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant:	Ith and Human Services, Check Unit. Within five exceipt of the national criminal on, the Department of Health es, Criminal Records Check e provider as to whether the ed may affect the employability no case shall the results of the story record check be shared Providers shall make available cation that a criminal history mpleted on any staff covered ounty that has adopted an rdinance and has access to ninal Information data bank shalf of a provider a State ord check required by this provider having to submit a artment of Justice. In such a nall commence with the State ord check required by this pusiness days of the employment by the provider. information received by the tial and may not be disclosed, cant as provided in subsection For purposes of this m "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history als one or more convictions of the provider shall consider all tors in determining whether to	3				

						E SURVEY PLETED
		MHL034-366	B. WING		03/	03/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		460 RAV	EN RIDGE DRI	VE		
SPRING	WELL NETWORK, INC	KERNER	SVILLE, NC 2	7284		
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V 133	Continued From pa	age 4	V 133			
	 conviction. (4) The circumstan commission of the (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequen a relevant offense. The fact of convicti shall not be a bar to listed factors shall I If the provider disqu consideration of the provider may discle the criminal history to the disqualification of the criminal history (d) Limited Immunition or employee of a price complies with this sindividual on the bat the criminal history (2) Failure to check criminal offenses if history record check compliance with this indictment of a criminal history federal criminal history 	veen the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. t commission by the person of on of a relevant offense alone of 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 ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from asis of information provided in record check of the individual. c an employee's history of the employee's criminal k is requested and received in				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVE COMPLETED	
		MHL034-366	B. WING		03/	03/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
SPRING	WELL NETWORK, INC	C-RAVEN RIDGE I	EN RIDGE DR SVILLE, NC 2			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133		0	V 133			
	disabilities, or subs crimes include the any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide Sex Offenses; Artic Kidnapping and Ab Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses ar Obtaining Property Fraudulent Use of 0 Article 19B, Financ Act; Article 20, Frau 26, Offenses Again Decency; Article 26 Article 27, Prostitut 29, Bribery; Article Office; Article 35, C Peace; Article 36A, Article 39, Protectio 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. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furn	ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the Article 5, Counterfeiting and bubstitutes; Article 5A, utive and Legislative Officers; Article 7A, Rape and Other cle 8, Assaults; Article 10, duction; Article 13, Malicious by Use of Explosive or or Material; Article 14, Burglary reakings; Article 15, Arson and ticle 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 bA, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Diffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or lation 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 ashing False Information Any yment who willfully furnishes,				

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION		E SURVEY PLETED
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Continued From p	age 6	V 133			
an employment ap criminal history red shall be guilty of a (g) Conditional Em employ an applica obtaining the resul check regarding the following requirem (1) The provider sl prior to obtaining the criminal history red subsection (b) of the fingerprint cards as (2) The provider sl criminal history red business days after conditional employ 2001-155, s. 1; 20	oplication that is the basis for a cord check under this section Class A1 misdemeanor. aployment A provider may nt conditionally prior to lts of a criminal history record he applicant if both of the tents are met: hall not employ an applicant he applicant's consent for cord check as required in his section or the completed s required in G.S. 114-19.10. hall submit the request for a cord check not later than five er the individual begins yment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h);				
This Rule is not m	net as evidenced by:				
failed to ensure a check was completed making a condition verification of the correquest, for one (Correct)	criminal history background eted within 5 business days of nal offer of employment, and check made available upon Group Home Supervisor) of	/			
	PROVIDER OR SUPPLIER WELL NETWORK, IN SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From p supplies, or otherwan employment ap criminal history reashall be guilty of a (g) Conditional Em employ an applica obtaining the resu check regarding th following requirem (1) The provider s prior to obtaining to criminal history reasing subsection (b) of to fingerprint cards a (2) The provider s criminal history reasing subsection (b) of to fingerprint cards a (2) The provider s criminal history reasing subsection (b) of to fingerprint cards a (2) The provider s criminal history reasing a conditional employ 2001-155, s. 1; 20 2005-4, ss. 1, 2, 3 This Rule is not m Based on interview failed to ensure a check was complemation werification of the or- request, for one (C) three staff surveysed	OF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: MHL034-366 STREET / MELL NETWORK, INC-RAVEN RIDGE I 460 RAV KERNE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 60 RAV KERNE Continued From page 6 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. (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: (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. (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.) This Rule is not met as evidenced by: . . Based on interview and record review, the facility failed to ensure a criminal history background check was completed within 5 business days of making a conditional offer of employment, and verification of the check made available upon request, for one (Group Home Supervisor) of three staff surveyed.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL034-366 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL034-366 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WELL NETWORK, INC-RAVEN RIDGE I 400 RAVEN RIDGE DRIVE KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 V 133 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. (g) Conditional Employment - A provider may employ an applicant conditionally prior to obtaining the applicant for other the following requirements are met: (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. (2) The provider shall submit the request for a 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. (2) The provider shall submit the request for a criminal history record check as the facility failed to ensure a criminal history background check was completed within 5 business days of making a conditional for of employment, and verification of the check made available upon request, for one (Group Home Supervisor) of three staff surveyed.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL034-366 B. WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 480 RAVEN RIDGE DRIVE WELL NETWORK, INC-RAVEN RIDGE I ID PROVIDER'S PLAN OF CORRECTION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION) ID PREVEX SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PRCOVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OR LSC IDENTFYING INFORMATION) ID Continued From page 6 V 133 COMMON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Conditional Employment, - A provider may employ an applicant to check under this section an employment applicant for the oblight of a Class AI misdemeanor. V 133 (1) The provider shall not employ an applicant for the oblight of a Class AI misdemeanor. V 100 (0) of this section or the completed fingerprint cards are required in subsection (0) of the ison or the completed fingerprint cards are required in subsection (0) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (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, sall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment, sall submit the requestingen data structure data structure data stru

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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AME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
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V 133	Continued From pa	ge 7	V 133			
	Group Home Super - hire date, 12- - position title, S	15-21				
	Operations Director - she was the s completing the crim for potential new er - she has a pro required paperwork together - "I put the (hirin together, then give her to review, decid offer will be" - reports; the E know if any paperw - the Executive Supervisors paperv missing any require - believes the c check report and ve	taff person responsible for ninal history background check nployees cess she follows to ensure all is collected and assembled ng paperwork) package it to [Executive Director] for le if we ' II hire, and what their xecutive Director will let her rork is missing Director remembered the vork was complete and not				