FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING MHL024-011 01/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 168 SWEET FARM ROAD WHITEVILLE GROUP HOME WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on January 14, 2022. The complaint was DHSR - Mental Health substantiated (intake #NC00183833). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Lic. & Cert. Section Respite Services for Individuals of All Disability Groups and 10 A NCAC 27G .5600 Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 3 current clients and 1 former client. Community Innovations 2/14/22 Will ensure that all employees V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification Health Care Personnel Registry G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (HCPR) will be completed before (d2) Before hiring health care personnel into a health care facility or service, every employer at a nire and a hard copy placed health care facility shall access the Health Care Personnel Registry and shall note each incident in their personnel files. The file will be maintained of access in the appropriate business files. and monitored by admin. assistant as well as audited by QM annually to ensure it is in the file, This will cuso be monitored This Rule is not met as evidenced by: Based on record reviews and interviews, the by the Program Manager and Clinical Supermorat facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting 1 of 4 audited staff (#4).

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Ional Director STATE FORM

The findings are:

Review on 01/12/22 of staff #4's personnel record

least montly.

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	COMPLETE DATE	
V 131	revealed: - Date of hire: 06/27 - No documentation a HCPR check prior Interview on 01/12/2 Manager stated she staff #4's HCPR che Interview on 01/12/2 stated the HCPR chefor review.	of a current HCPR check or to hire. 2 and 01/14/22 the House had contacted the office for teck. 2 the Regional Director eck for staff #4 would be sent	V 131			
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR It (a) Definition As us "provider" applies to program and any prodevelopmental disabservices that is licens Chapter. (b) Requirement Alprovider licensed und applicant to fill a posi applicant to have an conditioned on consecriminal history record the applicant has been less than five years, it is conditioned on concriminal history recordinal criminal history recordinal criminal history recording a check of the	/INAL HISTORY RECORD FOR CERTAIN		Community Innovation will ensure all Crimin Background Checks are Completed prior to emanded copy will be prior the personnel file be maintained and make addited amountain property. Will also be monitored by Program Manager and Clists Supervisor, at least month	ploymer laced to: lonitor d l	

PRINTED: 01/18/2022 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL024-011 B. WING 01/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 168 SWEET FARM ROAD WHITEVILLE GROUP HOME WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 133 Continued From page 3 V 133 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 criminal history record checks utilizing public records obtained from a State agency. (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: (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. 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

Division of Health Service Regulation

applicant.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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			LE, NC 28	472			
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	(d) Limited Immunity or employee of a procomplies with this so civil liability for: (1) The failure of the individual on the bast the criminal history of (2) Failure to check criminal offenses if thistory record check compliance with this (e) Relevant Offense "relevant offense" of the indictment of a crime felony, that bears up have responsibility for persons needing medisabilities, or substactimes include the criminal statistics of the following of the follow	y A provider and an officer ovider that, in good faith, ection shall be immune from a provider to employ an asis of information provided in record check of the individual. In employee's history of the employee's criminal as is requested and received in section. The end of the individual and employee's criminal as is requested and received in section. The end of the individual and employee's criminal as county, state, or only of conviction or pending and whether a misdemeanor or on an individual's fitness to on the safety and well-being of antal health, developmental ance abuse services. These riminal offenses set forth in articles of Chapter 14 of the ticle 5, Counterfeiting and bestitutes; Article 5A, ive and Legislative Officers; Article 7A, Rape and Other as 8, Assaults; Article 10, uction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and alle 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, or Services by False or redit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article 25, Article 21, Forgery; Article 21, Forgery; Article 31, Article 21, Forgery; Article 31, Article 32, Forgery; Article 33, Article 34, Forgery; Article 35, Article 36, Forgery; Article 37, Forgery; Article 37, Forgery; Article 38, Article 31, Forgery; Ar	V 133				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 133	29, Bribery; Article 35, Office; Article 35, OPeace; Article 36A, Article 39, Protection Protection of the Fallntoxication; and Art Crime. These crime sale of drugs in violation of the General Strong of the General Stron	on; Article 28, Perjury; Article 13, Misconduct in Public Iffenses Against the Public Riots and Civil Disorders; of Minors; Article 40, mily; Article 59, Public Icle 60, Computer-Related is also include possession or ation of the North Carolina ites Act, Article 5 of Chapter is atutes, and alcohol-related le to underage persons in 8-302 or driving while of G.S. 20-138.1 through is gives false information Any ment who willfully furnishes, is gives false information on ication that is the basis for a rid check under this section lass A1 misdemeanor. Oyment A provider may conditionally prior to of a criminal history record applicant if both of the ints are met: Il not employ an applicant applicant's consent for or check as required in a section or the completed required in G.S. 114-19.10. Il submit the request for a rid check not later than five the individual begins	V 133			

	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDEN	ITIFICATION NUMBER:	A. BUILDIN	A. BUILDING:		COMPLETED	
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V 133 Continued From page 6		V 133				
This Rule is not met as evid Based on record review and failed to request the criminal check within 5 days of makin offer of hire affecting 1 of 4 a findings are: Review on 01/12/22 of staff # revealed: - Date of hire: 06/27/17. - No documentation of a state Interview on 01/12/22 and 01 Manager stated she had constaff #4's criminal check. Interview on 01/12/22 the Restated the criminal record chebe sent for review. No statewide criminal record	interview, the facility background record of the conditional audited staff (#4). The example of the conditional audited staff (#4). The example of the conditional record exampl	V 291	Community Innovation as a service provider wantain service coord and participation between the program manager as family by notifying of a	unation Wan nd the	the	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL024-011 01/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 168 SWEET FARM ROAD WHITEVILLE GROUP HOME WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) Concerning clients treatment
This will be done by the
Program Manager and the 1/14/22
Clinical Supervison as
needed at least monthly. V 291 Continued From page 7 V 291 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination and participation between the facility operator and family who are responsible for the client's treatment, affecting one of one former clients (FC #5). The findings are: Review on 01/12/22 of FC #5's record revealed: - 53 year old male. - Admission date of 08/30/07. - Diagnoses of Moderate Intellectual Developmental Disability and Chronic Schizophrenia. - Discharge to the hospital after 11/17/21. - Was transferred to a higher level of care from - No letter of appointment of guardian for FC #5.

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Interview on 01/12/22 FC #5's Care Coordinator

- She was made aware the facility had not contacted FC #5's sister for hospital stay and visits.

- ER 11/16/21. - ER 10/27/21. - ER 10/28/21. - ER 10/18/21.

- FC #5 had behaviors and was transferred to another facility.

Interview on 01/12/22 FC #5's sister stated:

- She had not been made aware FC #5 had been to the emergency room or had a hospital stay in
- She was FC #5's guardian "verbally."
- She was told FC #5 was transferred to another facility.
- She was told the facility would contact her about FC #5's current address and phone number but she was not notified of the information.

Interview on 01/12/22 the Regional Director

- The facility should have notified FC #5's sister of FC #5's hospital and emergency room visits.

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
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V 291	Continued From page	ge 9	V 291			
	within her agency She had contacted letter was sent with - She spoke with FC	rred to a higher level of care I FC #5's sister and a certified relevant information. #5's sister again today to on on FC #5's current				
V 736	27G .0303(c) Facility	y and Grounds Maintenance	V 736			
		REMENTS				
	was not maintained is and orderly manner. Observation on 01/129:25am revealed: The 5 dining room of the fabric. The back door had client #2's bedroom near the head of bed. The bathroom adjace #2's bathroom had bloof the shower. The slessubstance in the seal	n and interview, the facility n a safe, clean, attractive The findings are: 2/22 at approximately chairs had soiled surfaces on scuff marks on surface. In wall had the paint rubbed of cent to client #1 and client ack mildew near the ceiling nower/tub had dark		Community Innovations will Maintain a facility that is Safe, Clean and orderly manner. All repairs and interior it have been completed and Program Manager and Supervisor will ensure it is	ems and orrected	

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Division of Health Service Regulation

corrected.

YTKB11