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 MHL034-366 B. WING 03/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 460 RAVEN RIDGE DRIVE SPRINGWELL NETWORK, INC-RAVEN RIDGE I KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 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. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification 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 RECEIVED health care facility shall access the Health Care Personnel Registry and shall note each incident MAR 1 8 2022 of access in the appropriate business files. **DHSR-MH Licensure Sect** Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charlens Warren, D

TITLE

(X6) DATE

**Executive Director** 

03/11/2022

Division o	of Health Service Re	gulation			
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 131	Continued From pa	ge 1	V 131		
	Based on interview failed to access the Registry and note to	et as evidenced by: and record review, the facility e Health Care Personnel hat access in a staff 's one (Group Home Supervisor) yed.			
	Group Home Supe - hire date, 12- - position title,	15-21		Health Care Personnel Registry was completed on 3/1 Information attached for staff.	03/01/2022 Renita Rolle, OD
	Operations Directors - she was respected.  - she was respected.  - she has a proper required paperwor.  - "I put the (hir together, then give her to review, decion offer will be"  - reports the Eknow if any papers.  - the Executive Supervisors paper.  - believes the	consible for completing the cotential new employees ocess she follows to ensure all k is collected ing paperwork) package it to [Executive Director] for de if we'll hire, and what their executive Director will let her work is missing a Director remembered the work was complete HCPR check confirmation form mis-filed somewhere else, and			
V 133	G.S. 122C-80 Crir	ninal History Record Check	V 133		

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Division of Health Service Regulation PRINTED: 03/04/2022 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED MHL034-366 B. WING NAME OF PROVIDER OR SUPPLIER 03/03/2022 STREET ADDRESS, CITY, STATE, ZIP CODE SPRINGWELL NETWORK, INC-RAVEN RIDGE I 460 RAVEN RIDGE DRIVE KERNERSVILLE, NC 27284 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 V 133 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 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

Division of Health Service Regulation

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

TEMENT	Health Service Re			CONSTRUCTION	(X3) DATE COMP	LETED
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V 133	Continued From p					
	covered by Public	Law 105-277 to the				
		ealth and Human Services, s Check Unit. Within five				
		resount of the national Cilling	1			
	Unit, shall notify	the provider as to whether the	ity			
		Dravidare stratt that a work				
	The second secon	completed on any staff covered				
		ardinance allulias access				
	u - Divinion of	riminal Information data barn				
	duct or	habalt of a provider a state				
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	b-action th	a term "private entity incurs of	•			
	business regu	larly engaged in conducting ry record checks utilizing public	3			
1			ne of			
1						
		ense, the provider shall considing factors in determining wheth				
1						
	(1) The level	and seriousness of the chine.				
1	(1) 1110 1040	of the crime.				

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AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
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V 133	Continued From page	ge 4	V 133			
	(3) The age of the p	erson at the time of the				
	conviction.					
	(4) The circumstance	es surrounding the			havan dan east	
	commission of the c	rime, if known.				
	the person and the i	een the criminal conduct of ob duties of the position to be				
	filled.	ob daties of the position to be				
	(6) The prison, jail, p	probation, parole				
	rehabilitation, and er	mployment records of the				
	person since the dat	e the crime was committed				
	(/) The subsequent	commission by the person of				
	a relevant offense.					
	shall not be a barto	of a relevant offense alone				
	listed factors shall be	employment; however, the considered by the provider.				
	If the provider disqua	lifies an applicant after				
	consideration of the r	elevant factors, then the				
	provider may disclose	e information contained in				
1	ine criminal history re	cord check that is relevant				
1	to the disqualification	but may not provide a conv				
1	of the criminal history applicant.	record check to the				
		A provide and				
(	or employee of a prov	- A provider and an officer vider that, in good faith,				
C	complies with this sec	etion shall be immune from				
C	CIVII liability for:	100				
(	1) The failure of the p	provider to employ an				
17	ndividual on the basis	of information provided in				
U	ne criminal history rea	cord check of the individual				
(4	<ol> <li>Fallure to check are in the control of th</li></ol>	employee's history of				
h	istory record chook is	e employee's criminal				
C	ompliance with this s	s requested and received in				
(€	e) Relevant Offense	- As used in this section,				
1	elevant offense" mea	ans a county state or				
16	derai criminal history	of conviction or pending				
111	dictment of a crime,	whether a misdemeanor or				
1e	lony, that bears upor	an individual's fitness to				
		the safety and well-being of				

Division o	f Health Service Re	egulation		5 CONSTRUCTION	(X3) DATE S	JRVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		COMPLETED		
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V 133	Continued From pa		V 133			
	persons needing n	nental health, developmental				
	disabilities or subs	stance abuse services. These criminal offenses set forth in		Salar and the American		
	any of the following	a Articles of Chapter 14 of the				
	General Statutes:	Article 5, Counterfeiting and				
	Jesuing Monetary	Substitutes: Article 5A,				
	Article 6 Homicide	cutive and Legislative Officers; e; Article 7A, Rape and Other				
	Sev Offenses Art	icle 8. Assaults; Article 10,				
	Kidnapping and A	bduction; Article 13, Malicious				
	Injury or Damage	by Use of Explosive or or Material; Article 14, Burglary				
	and Other House	breakings; Article 15, Arson and				
	Other Burnings: A	article 16. Larceny; Article 17,				
	Robbery Article	8. Embezzlement; Article 19,				
	False Pretenses	and Cheats; Article 19A, ty or Services by False or				
	Fraudulent Use of	if Credit Device or Other Means,				
	Article 19B Finar	ncial Transaction Card Crime				
	Act; Article 20, Fr	rauds; Article 21, Forgery; Article				
	26, Offenses Aga	ainst Public Morality and 26A, Adult Establishments;				
	Article 27 Prostit	tution; Article 28, Perjury; Article				
	29 Bribery Artic	le 31. Misconduct in Public				
	Office; Article 35	Offenses Against the Public A, Riots and Civil Disorders;				
	Article 39 Protect	ction of Minors; Article 40,				
	Protection of the	Family: Article 59, Public				
	Intovication, and	Article 60. Computer-Related				
	Crime. These cr	imes also include possession or violation of the North Carolina				
	sale of drugs in	tances Act, Article 5 of Chapter				
	90 of the Genera	al Statutes, and alcohol-related				
	offenses such a	s sale to underage persons in				
	violation of G.S.	18B-302 or driving while				
	G.S. 20-138.5.	ation of G.S. 20-138.1 through				
	(f) Penalty for F	urnishing False Information Ar	ıy			
	applicant for em	ployment who willfully furnishes				

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PRINTED: 03/04/2022

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED MHL034-366 B. WING 03/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SPRINGWELL NETWORK, INC-RAVEN RIDGE I 460 RAVEN RIDGE DRIVE KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 | 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 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: Criminal background check is completed Information is attached 03/01/2022 Frenta Rolle, OC 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. The findings are: Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		81 /4	CONSTRUCTION	(X3) DATE S COMPL		
		MHL034-366	B. WING		03/03	3/2022
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V 133	Review on 3-1-22 Group Home Sup - hire date, 12	of the personnel record of the ervisor revealed: 2-15-21 Supervisor	V 133			
	<ul> <li>criminal history background check, 2-28-22,</li> </ul>					

FirstPoint Background Screening Resources, Inc.

225 Commerce Place

Greensboro, NC 27401 Phone: 877.425.4763

Fax: 800-888-3487

www.firstpointscreening.com



Requested By:

Group Homes of Forsyth, Inc

3820 North Patterson Avenue Winston-Salem, NC 27105

Phone: (336) 661-7788 Fax: (336)831-1314

Name:

Kenyetta Monee Vines

Address:

SSN

DOB:

Position:

Acct Code:

Status: Completed

Page # Solutions

2 National Criminal Index

MVR - NC / 000024292033

Completed V

V

Flagged/ Discrepancy



This report contains privileged/confidential information intended only for the use of the entity named above. If you are not the intended recipient, you are hereby notified that any dissemination or duplication is strictly prohibited. If you have received this report in error, please promptly notify us by phone (877) 46K-GRND or mail at FirstPoint Background Screening, P.O. Box 26140, Greensboro, NC, 27402 and destroy all copies of this report.

Solution ID

Completed

Flagged/ Discrepancy

source

/ 000024292033

NC Driver Record Report - 3 Year Report

Solution ID

Completed

Flagged/ Discrepancy

Wgt Eyes Hair

FEMALE

5'4

BRN

BLK

License Type: DUPLICATE

26000 LBS, 16 PASS

 Orig. Issued
 Expires
 Class
 Status

 02/18/2016
 12/04/2023
 C
 VALID

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3/1/2022 8:16 AM

Accessed On: 3/1/2022 11:27 AM

Candidate No.

Requested From: Insight Request By: Group Homes of Forsyth, Inc.

Candidate Name: Kenvetta Monee Vines Candidate SSN: Candidate

## Violation Information

		No.	animic Jogoph		##CODOMESON	
AT 1 No. 1007 - At 35 to Milder State of Miller Andreadon	Conv Date	Sp**	Code	ACD	Description	al material paper in the or as in the original pa
12/01/2021	02/16/2022 N	NC	313		SPEEDING Docket: 2021CR #:	2
**SP (A=Accident, C=0	Commercial, H=F	Hazmat)			#.	

Accidents

\*\*\*\*None To Report\*\*\*\*

Actions

\*\*\*\*None To Report\*\*\*\*

Additional State Information

REPORTED TOTAL STATE POINTS:

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Received: 2/28/2022 5:19 PM

Completed: 3/1/2022 8:16 AM

Accessed On: 3/1/2022 1

AM

No:



Health Care Personnel Registry

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the Adult Care Homes must verify the language and the

Social

listing verification to validate this inquiry which was made on 03/01/2022.

business

(To print this verification, please click on the Print buttor in your browser.)

Note: If there are pending investigations at sur-turning limings to sea chart, detailed substantial

Return to Home Page

Verity More Listing

Visit our lips page to learn how to pest use the

technical

# Search Results: Individuals

No Results were found for

Vines Kenyatta

If no results are found, this individual (if it is an entity search) excluded. page documentation

Search Again

corroucled 3/1/2022

on Exclusions

data updated 2/10/2022 8:00:00 AM

Search



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RECEIVED MAR 1 8 2022

March 7, 2022

DHSR-MH Licensure Sect

Charlene Warren Springwell Network, Inc. 3820 North Patterson Avenue Winston-Salem, North Carolina 27105

Re: Annual Survey completed March 3, 2022

Springwell Network, Inc.-Raven Ridge Road Group Home, 460 Raven Ridge Dr. Kernersville, NC.

27284

MHL # 034-366

E-mail Address: cwarren@grphms.com

Dear Ms. Warren:

Thank you for the cooperation and courtesy extended during the Annual Survey completed March 3, 2022.

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 tags cited were standard level deficiencies.

## Time Frames for Compliance

• Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is May 2, 2022.

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

## 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.* 

Send the <u>original</u> 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 Barbara Perdue at (336) 861-6283.

Sincerely,

-1110

Scott M. Walton, LCSW, CI/I

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org

Pam Pridgen, Administrative Assistant