	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			R
		MHL096-117	B. WING			к 29/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COUNTR	Y PINES #1		RTH BESTON NGE, NC 2855	-		
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		w up survey was completed . Deficiencies were cited.				
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilites.				
	This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lear repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to ensure fire	et as evidenced by: eview and interview the facility e and disaster drills were held ated on each shift. The				
	Review on 3/24/22	of the facility's fire and				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATI	E SURVEY	
	I OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		MHL096-117	B. WING	B. WING		R 03/29/2022	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
			RTH BESTON				
COUNT	RY PINES #1	LA GRAM	NGE, NC 2855	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 114	Continued From pa	ge 1	V 114				
	<ul> <li>quarter (July - Sept</li> <li>No first shift disas</li> <li>(July - September)</li> <li>No first or second</li> <li>quarter (October - I</li> <li>No second or third</li> <li>fourth quarter (Octo</li> <li>During interview on</li> <li>Assistant #2 stated</li> <li>There were 3 shift</li> <li>2:00 pm; second 2:</li> <li>8:00 pm - 8:00 am.</li> <li>The facility no long</li> <li>The Licensee was</li> </ul>	d shift fire drill for the third ember) 2021. ter drill for the third quarter 2021. shift fire drill for the fourth December)2021. d shift disaster drill for the ober - December) 2021. 3/29/22 Administrative : ts at the facility: first 8:00 am - 00 pm - 8:00 pm, and third ger had "live in" staff. s trying to recruit "live in" staff. stitutes a re-cited deficiency					
V 118	<ul> <li>10A NCAC 27G .02 REQUIREMENTS</li> <li>(c) Medication adm</li> <li>(1) Prescription or r only be administered order of a person a drugs.</li> <li>(2) Medications sha client's physician.</li> <li>(3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar</li> </ul>						

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI F	CONSTRUCTION	(X3) DATE	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		MHL096-117	B. WING			R 03/29/2022	
	PROVIDER OR SUPPLIER		DRESS, CITY, S		03/		
			RTH BESTON				
COUNTF	RY PINES #1		GE, NC 2855				
(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 DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 2	V 118		· )		
	current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco	red to each client must be kept s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation					
	interviews the facilit medications as ord audited clients (#2	et as evidenced by: views, observations and ty failed to administer ered by a physician for 2 of 3 and #5) and to keep the MARs udited clients (#5). The					
	<ul> <li>57 year old male a</li> <li>Diagnoses include</li> <li>Disability, moderate</li> <li>prostate; and sease</li> <li>Physician's orders</li> </ul>	ed Intellectual/Developmental e; hypothyroidism; enlarged					
vision of H	disorder) 100 millig	ts obsessive-compulsive rams (mg) 1 tablet at bedtime sychotic) 1 mg 1 tablet at					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL096-117	B. WING			R 29/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	Y PINES #1	2307 NO	RTH BESTON	ROAD		
JUUNIR	T FINES #1	LA GRA	NGE, NC 2855	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	ge 3	V 118			
	Review on 3/24/22 January - March 20 - Transcriptions for at bedtime and risp bedtime. - No documented a or risperidone at be - No documented e Observation on 3/2 of client #2's medic - fluvoxamine 100 r dispensed 1/22/22. - risperidone 1 mg 2/22/22. During interview on took his medication and had never miss Review on 3/24/22 - 52 year old female - Diagnoses include Disability, moderate Schizoaffective Dis secondary to medic features; morbid ob disease; high chole - Physician's orders 12/15/21 (FL-2)	of client #2's MARs for 122 revealed: fluvoxamine 100 mg 1 tablet eridone 1 mg 1 tablet at dministration of fluvoxamine edtime 1/07/22. xplanation for the blanks. 4/22 at approximately 3:00 pm ations on hand revealed: ng 1 tablet at bedtime, 1 tablet at bedtime, dispensed 3/24/22 client #2 stated he is daily with staff assistance sed any medications. of client #5's record revealed: e admitted 1/02//17. ed Intellectual/Developmental				
	vitamin B1 (dietary at bedtime	betic) 500 mg 1/2 tablet daily supplement) 100 mg 2 tablets high cholesterol) 10 mg 1 a				
	11/17/21 azelastin	e nasal spray (antihistamine) hcg) 1 spray each nostril twice				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING:       (X3) DATE SURVEY COMPLETED         MHL096-117       B. WING       B. WING       03/29/2022         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       03/29/2022         COUNTRY PINES #1       2307 NORTH BESTON ROAD LA GRANGE, NC 28551       UNIMARY STATEMENT OF DEFICIENCIES         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION       (X5)	Division	of Health Service Re	egulation			FORM	1 APPROVED
MHL096-117         E.WING         O3/29/2022           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         2307 NORTH BESTON ROAD LA GRANGE, NC 28551           COUNTRY PINES #1         2307 NORTH BESTON ROAD LA GRANGE, NC 28551         PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DERICISE) DENTFINING INFORMATION)         0.051 PREVULATORY OR LSC IDENTFINING INFORMATION         0.051 PREVULATORY OR L	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
BIONTIFIESTION DEBUGIES           COUNTRY PINES #1         BIONTOFIC DESTIGATION SHOULD BE DEACH DEPICIENCY MUST BE PRECEDED BY FULL TAG         PROVIDER'S PLAN OF CORRECTION SHOULD BE DEPICIENCY         (0)           V 118         Continued From page 4         V 118         CONTROL MARKET BE PRECEDED BY FULL TAG         PROVIDER'S PLAN OF CORRECTION SHOULD BE DEPICIENCY         (0)         (0)         (0)           V 118         Continued From page 4         V 118           Addition of provide the preceded and the precemised and the preceded and the preceded and the pre			MHL096-117	B. WING			
COUNTRY PIRES #1       LA GRANGE, NC 28551       TAG       EXCMPARE TATEMENT OF DEFICIENCIES INCOMPARE TO PROVIDER'S PLAN OF CORRECTION SHOULD BE MEDUL/TORY OR USE DEPIRITIYING INFORMATION)     DEPOVIDER'S PLAN OF CORRECTION OF COUNT (EACH CORRECTION SHOULD BE DEFICIENCY)       V 118     Continued From page 4     V 118       daily and 12/15/21 one spray each nostril as directed.     V 118       Review on 3/24/22 of client #5's MARs for January - March 2022 revealed: - Transcriptions for the following: lamotrigine 150 mg 1 tablet twice daily metform in 50 mg 12 tablet (250 mg) twice daily vitamin B1 100 mg 1 tablet were yeach nostril Wrice daily 3/24/22; 8:00 pm 3/02/22 through 3/24/22; 8:00 pm 3/02/22 azelastine nasal spray 137 mg 1 spray each nostril wrice daily administration of medications as follows: lamotrigine 6:00 pm 2/03/22 azelastine nasal spray 8:00 pm 3/02/22 through 3/24/22; 8:00 pm 3/24/22 at approximately 2:35 pm of client #5's machine 11 do marks. - Documentation of administration of simvastatin at 8 pm daily January 2022 - March 2022. - Watim B1 100 pm 1 tablet twice daily, dispensed 3/22/22. - Not acalestine nasal spray was available for observation.	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CLA GRANGE, NC 2853         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PLUL PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICENCY)         (ms) V118           V118         Continued From page 4         V118         V118         DEFICIENCY)         DEFICIENCY)           V118         Continued From page 4         V118         V118         DEFICIENCY)           V118         Continued From page 4         V118         V118           daily and 12/15/21 one spray each nostril as directed.         V118         V118           Review on 3/24/22 of client #5's MARs for January - March 2022 revealed: - Transcriptions for the following: lamotrigine 150 mg 1 tablet twice daily witamin B1 100 mg 1 tablet twice daily simvastatin 10 mg 1 tablet twice daily azelastine nasal spray 137 mg 1 spray each nostril twice daily 32/422; 8:00 mm 3/21/22 through 33/4/22; 8:00 mm 1 tablet twice daily, dispensed 2/22/22.         - March 2022.           Observation on 3/24/22 at approximately 2:35 pm of client #5's medications on hand revealed: - lamotrigine 150 mg 1 tablet twice daily, dispensed 2/22/22.         - No azelastine nasal spray was available for observation.           During i	COUNTE	V DINES #1	2307 NOF	RTH BESTON	ROAD		
PHEFIX TAG       CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS DEATLIFYING INFORMATION)       PHEFX TAG       CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION SHOULD BE DEFICIENCY)       COMMENT V118         V118       Continued From page 4       V118       V118       V118         Review on 3/24/22 of client #5's MARs for January - March 2022 revealed: - Transcriptions for the following: lamotrigine 150 mg 1 tablet twice daily metformin 500 mg 1/2 tablet (250 mg) twice daily vitamin B1 100 mg 1 tablet twice daily simvastatin 10 mg 1 tablet twice daily azelastine nasal spray 137 mcg 1 spray each nostril twice daily 33/4/22; 8:00 am 30/2/22 through 33/4/22; 8:00 am 30/2/22 through 33/4/22; 8:00 mg 1 tablet by 2:35 pm of client #5's medications of and revealed: - lamotrigine 150 mg 1 tablet twice daily, dispensed 2/2/2/2. - witamin B1 10 bing 1 tablet twice daily, dispensed 2/2/2/2. - witamin B1 10 mg 1 tablet twice daily, dispensed 2/2/2/2. - witamin B1 10 mg 1 tablet twice daily, dispensed 2/2/2/2. - No acalestine nasal spray was available for observation.       -         During interview on 3/24/22 time #5 stated she took her medications daily with staff assistance and had never miseed any medications.       -         During interview on 3/24/22 staff #1 stated clients'       -	COUNTR		LA GRAN	GE, NC 285	51		
<ul> <li>daily and 12/15/21 one spray each nostril as directed.</li> <li>Review on 3/24/22 of client #5's MARs for January - March 2022 revealed: <ul> <li>Transcriptions for the following:</li> <li>Iamotrigine 150 mg 1 tablet twice daily</li> <li>metformin 500 mg 1/2 tablet (250 mg) twice daily</li> <li>simvastatin 10 mg 1 tablet twice daily</li> <li>simvastatin 10 mg 1 tablet twice daily</li> <li>azelastine nasal spray 137 mg 1 spray each</li> <li>nostril twice daily</li> <li>No documented administration of medications</li> <li>as follows:</li> <li>lamotrigine 8:00 pm 2/03/22</li> <li>azelastine nasal spray 8:00 pm 3/02/22 through</li> <li>3/24/22; 8:00 am 3/21/22 through 3/24/22</li> <li>No documented explanation for the blanks.</li> <li>Documentation of twice daily administration of</li> <li>metformin and vitamin B1 January 2022 - March 2022.</li> <li>Observation on 3/24/22 a tapproximately 2:35 pm</li> <li>of client #5's medications on hand revealed:</li> <li>lamotrigine 150 mg 1 tablet twice daily,</li> <li>dispensed 2/22/22.</li> <li>witamin B1 100 mg 1 tablet twice daily.</li> <li>dispensed 2/22/22.</li> <li>witamin B1 100 mg 1 tablet twice daily,</li> <li>dispensed 2/22/22.</li> <li>No azelastine nasal spray was available for observation.</li> <li>During interview on 3/24/22 client #5 stated she took her medications adily mith staff assistance and had never missed any medications.</li> </ul></li></ul>	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
directed. Review on 3/24/22 of client #5's MARs for January - March 2022 revealed: - Transcriptions for the following: lamotrigine 150 mg 1 tablet twice daily metformin 500 mg 1/2 tablet (250 mg) twice daily vitamin B1 100 mg 1 tablet twice daily simvastatin 10 mg 1 tablet twice daily azelastine nasal spray 137 mcg 1 spray each nostril twice daily - No documented administration of medications as follows: lamotrigine 8:00 pm 2/03/22 azelastine nasal spray 8:00 pm 3/02/22 through 3/24/22; 8:00 am 3/21/22 through 3/24/22 - No documented explanation for the blanks. - Documentation of twice daily administration of metformin and vitamin B1 January 2022 - March 2022. - Documentation of administration of simvastatin at 8 pm daily January 2022 - March 2022. Observation on 3/24/22 at approximately 2:35 pm of client #5's medications on hand revealed: - lamotrigine 150 mg 1 tablet twice daily, dispensed 2/22/22. - witamin B1 100 mg 1 tablet twice daily, dispensed 2/22/22. - No azelastine nasal spray was available for observation. During interview on 3/24/22 client #5 stated she took her medications daily with staff assistance and had never missed any medications. During interview on 3/24/22 client #5 stated she took her medications daily with staff assistance and had never missed any medications.	V 118	Continued From pa	ge 4	V 118			
January - March 2022 revealed: - Transcriptions for the following: Iamotrigine 150 mg 1 tablet twice daily metformin 500 mg 1/2 tablet (250 mg) twice daily vitamin B1 100 mg 1 tablet twice daily simvastatin 10 mg 1 tablet every evening azelastine nasal spray 137 mcg 1 spray each nostril twice daily - No documented administration of medications as follows: Iamotrigine 8:00 pm 2/03/22 azelastine nasal spray 8:00 pm 3/02/22 through 3/24/22, 8:00 am 3/21/22 through 3/24/22 - No documented explanation for the blanks. - Documentation of twice daily administration of metformin and vitamin B1 January 2022 - March 2022. - Documentation of administration of sinvastatin at 8 pm daily January 2022 - March 2022. - Documentation on 3/24/22 at approximately 2:35 pm of client #55 medications on hand revealed: - Iamotrigine 150 mg 1 tablet twice daily, dispensed 2/22/22. - witformin 500 mg 1/2 tablet (250 mg) twice daily, dispensed 2/22/22. - vitamin B1 100 mg 1 tablet twice daily, dispensed 2/22/22. - No azelastine nasal spray was available for observation. During interview on 3/24/22 client #5 stated she took her medications daily with staff assistance and had never missed any medications. During interview on 3/29/22 staff #1 stated clients'			one spray each nostril as				
		January - March 20 - Transcriptions for lamotrigine 150 mg metformin 500 mg vitamin B1 100 mg simvastatin 10 mg azelastine nasal sp nostril twice daily - No documented a as follows: lamotrigine 8:00 pm azelastine nasal sp 3/24/22; 8:00 am 3/ - No documented e - Documentation of metformin and vitar 2022. - Documentation of at 8 pm daily Januar Observation on 3/2 of client #5's medic - lamotrigine 150 mg dispensed 2/22/22. - metformin 500 mg daily, dispensed 2/2 - vitamin B1 100 mg dispensed 2/22/22. - No azelastine nas observation. During interview on took her medication	22 revealed: the following: 1 tablet twice daily 1/2 tablet (250 mg) twice daily 1 tablet twice daily 1 tablet twice daily 1 tablet every evening ray 137 mcg 1 spray each dministration of medications 1 2/03/22 ray 8:00 pm 3/02/22 through 21/22 through 3/24/22 xplanation for the blanks. twice daily administration of nin B1 January 2022 - March administration of simvastatin rry 2022 - March 2022. 4/22 at approximately 2:35 pm ations on hand revealed: g 1 tablet twice daily, g 1/2 tablet (250 mg) twice 22/22. g 1 tablet twice daily, al spray was available for 3/24/22 client #5 stated she ns daily with staff assistance				
		During interview on	3/29/22 staff #1 stated clients'				
	ivision of H	-		μ l			

Division of Health Servic STATE FORM

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If continuation sheet 5 of 14

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
	OF CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:				
		MHL096-117	B. WING			R 03/29/2022	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
OUNTR	Y PINES #1		RTH BESTON				
			NGE, NC 2855				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ge 5	V 118				
	medication changes	lways available; stant #1 communicated s to staff verbally and in changes were written on the					
	During interview on medications were a	3/29/22 staff #2 stated clients lways available.					
	<ul> <li>She could not reca medications.</li> <li>Medication change</li> </ul>	3/29/22 staff #5 stated: all ever running out of any es were communicated to staf ng by Administrative Assistant					
	Assistant #1 and Ac stated they understa medications to be a Physician and to en administration was the MARs. They un	3/29/22 Administrative Iministrative Assistant #2 bod the requirement for dministered as ordered by the sure medication documented immediately on derstood the requirement to rent to accurately reflect the					
	medication adminis	accurately document tration it could not be received their medications hysician.					
		been cited 3 times since the 2/19 and must be corrected					
V 133	G.S. 122C-80 Crim	nal History Record Check	V 133				
	G.S. §122C-80 CRI CHECK REQUIREI	MINAL HISTORY RECORD D FOR CERTAIN					

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL096-117	B. WING		F 03/2	₹ <b>!9/2022</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COUNTE	RY PINES #1	2307 NOF	RTH BESTON	ROAD		
COUNT		LA GRAN	GE, NC 285	51		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROIN DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	APPLICANTS FOR (a) Definition As u "provider" applies to program and any pr developmental disa services that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a po- applicant to have an conditioned on cons criminal history reco the applicant has be less than five years is conditioned on con- criminal history reco national criminal his include a check of to the applicant has be five years or more, on consent to a Sta check of the applican criminal history reco section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by th G.S. 114-19.10, the return the results of record checks for e covered by Public L	EMPLOYMENT. Used in this section, the term of an area authority/county rovider of mental health, bility, and substance abuse hsable under Article 2 of this An offer of employment by a nder this Chapter to an sition that does not require the n occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this twe business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall f national criminal history mployment positions not				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL096-117	B. WING		F 03/2	₹ <b>!9/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COUNT	V DINES #4	2307 NOF	TH BESTON	ROAD		
COUNTR	RY PINES #1	LA GRAN	GE, NC 285	51		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
Division of H	business days of re- history of the person and Human Service Unit, shall notify the information receiver of the applicant. In r- national criminal his with the provider. P- upon request verific check has been cor- by this section. A co- appropriate local or- the Division of Crim may conduct on bel criminal history reco- section without the request to the Depa case, the county sh criminal history reco- section within five b conditional offer of of All criminal history i provider is confiden except to the applic (c) of this section. F subsection, the term business regularly e criminal history reco- records obtained fro (c) Action If an ap- record check revea a relevant offense, f of the following fact hire the applicant: (1) The level and se (2) The date of the	employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history Is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime.				

Division of Health Service Regulation STATE FORM

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If continuation sheet 8 of 14

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL096-117	B. WING		F 03/2	१ 9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COUNTR	RY PINES #1		RTH BESTON GE, NC 285			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	<ul> <li>(4) The circumstant commission of the cilled.</li> <li>(6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions shall not be a bar too listed factors shall be consideration of the provider may disclot the criminal history to the disqualification of the criminal history (2) Failure of the criminal history (2) Failure to check criminal offenses if history record check criminal offenses if history record check criminal history indictment of a criminal history (2) Failure to a check criminal history (2) Failure to a check criminal history (2) Failure to a check criminal history indictment of a criminal history is the criminal history is a compliance with this (e) Relevant offenses if history record check compliance with this (b) relevant offense in federal criminal history is a complex of a criminal history (c) failure to check criminal history is the criminal history (c) failure to check criminal offenses if history record check criminal history is a complex of a criminal history for the criminal history is a complex of the criminal history (c) failure to check criminal offense is the criminal history is a complex of the criminal history (c) failure to check criminal offense is the criminal history is a complex of the criminal history is a complex of the criminal history (c) failure to check criminal offense is the criminal history is a complex of the criminal history (c) failure to check criminal history record check criminal history is a complex of the criminal history is a complex of the criminal history for the criminal history f</li></ul>	ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the te the crime was committed. commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. tailifies an applicant after e relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

	of Health Service Re			CONSTRUCTION	(V2) DAT	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		MHL096-117	B. WING			R <b>29/2022</b>
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COUNTR	RY PINES #1		RTH BESTON			
	1		NGE, NC 2855			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 9	V 133			
	any of the following General Statutes: A Issuing Monetary St Endangering Execut Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage by Incendiary Device of and Other Housebro Other Burnings; Arti Robbery; Article 18, False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26, Article 27, Prostituti 29, Bribery; Article 36, Article 39, Protectio Protection of the Fa Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 18I impaired in violatior G.S. 20-138.5. (f) Penalty for Furni- applicant for employ supplies, or otherwi	criminal offenses set forth in Articles of Chapter 14 of the inticle 5, Counterfeiting and ubstitutes; Article 5A, itive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ids; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders; n of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a				

STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL096-117	B. WING			R <b>29/2022</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COUNTR	Y PINES #1		RTH BESTON			
		LA GRAN	GE, NC 2855	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 10	V 133			
	shall be guilty of a ( (g) Conditional Emp employ an applican obtaining the result check regarding the following requireme (1) The provider sh prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sh criminal history reco business days after conditional employr 2001-155, s. 1; 200	ord check under this section Class A1 misdemeanor. bloyment A provider may it conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 14-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	failed to request sta	view and interview the facility ate criminal background check days of employment for 1 of 3				
	revealed: - Hire date of "Augu	of staff #5's personnel record ust 2021." und check January 15, 2021.				
	During interview on was hired in June 2	3/29/22 staff #5 stated she 021.				
	Assistant #1 stated	3/24/22 Administrative				
ision of H	ealth Service Regulation	:	6899 3	X0I11	If continuati	on sheet 1

Division	of Health Service Re	egulation				APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL096-117	B. WING			R <b>29/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COUNTR	RY PINES #1		RTH BESTON NGE, NC 2855			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 11	V 133			
	hire date. - A criminal backgro anticipation of staff employment. - Going forward crir requested within 5 o	n to the facility prior to her ound check was done in #5's application and ninal checks would be days of a conditional offer of spective employees.				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	was not maintained free from offensive Observations on 3/2 pm revealed: - Painted wall surfa facility were scuffed - Furniture throughd and scuffed. - Brown stains of va water damage, on t facility, particularly i bedroom. - The exhaust fan in	ons and interview the facility in a clean, attractive manner odors. The findings are: 24/22 at approximately 1:00 ces and trims throughout the				

Division of Health Service Regulation								
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL096-117	B. WING			R 03/29/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
		2307 NOR	TH BESTON	ROAD				
COUNTR	RY PINES #1	LA GRAN	GE, NC 2855	1				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
V 736	Continued From pa	ge 12	V 736					
Division of H	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

Division of Health Service Regulation STATE FORM

## PRINTED: 03/31/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORPECTION (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
		MHL096-117	B. WING			R 29/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
COUNTRY	PINES #1		ORTH BESTON NGE, NC 2855						
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF					
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE			