STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1		1521111110711101111011152111	A. BUILDING:			
		mhl082-042	B. WING		03/0	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SAMPSON	I GROUP HOME	300 JACOB CLINTON,	3S STREET NC 28328			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up 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. This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.					
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	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.					
	failed to complete He Registry (HCPR) che audited staff (#2). Th	ew and interview the facility alth Care Personnel cks prior to hire for 1 of 3 e findings are: staff #2's personnel record				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
					R		
		mhl082-042	B. WING		03/03/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
SAMPSOI	SAMPSON GROUP HOME 300 JACOBS STREET						
SAMPSU	N GROUP HOWE	CLINTON	, NC 28328				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
V 131	Continued From page 1		V 131				
	checks prior to hire fo	: for completing the HCPR					
V 133	G.S. 122C-80 Crimina	al History Record Check	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 of the 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						

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Division of	of Health Service Regu	lation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			B. WING		R		
		mhl082-042	B. WING		03/03/2022	_	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
	300 JACOBS STREET						
SAMPSON	N GROUP HOME		N, NC 28328				
				DROVIDEDIC DI ANI CE CODDECTIO	N	—	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	()		
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP			
				DEFICIENCY)			
V 133	Continued From page	. ?	V 133				
V 100	Continued From page	. 2	V 100				
	the conditional offer of	of employment, a provider					
	shall submit a reques	t to the Department of					
	Justice under G.S. 11	4-19.10 to conduct a					
	criminal history record	d check required by this					
	section or shall subm	it a request to a private					
	entity to conduct a Sta	ate criminal history record					
	check required by this	s section. Notwithstanding					
	G.S. 114-19.10, the D	Department of Justice shall					
	return the results of n	ational criminal history					
	record checks for em	ployment positions not					
	covered by Public Lav	w 105-277 to the					
	Department of Health	and Human Services,					
	Criminal Records Che	eck Unit. Within five					
	business days of rece	eipt of the national criminal					
	history of the person,	the Department of Health					
	and Human Services,	, Criminal Records Check					
	Unit, shall notify the p	provider as to whether the					
	information received i	may affect the employability					
	of the applicant. In no	case shall the results of the					
		ory record check be shared					
		viders shall make available					
		tion that a criminal history					
		oleted on any staff covered					
	by this section. A county that has adopted an						
		appropriate local ordinance and has access to					
		al Information data bank					
	_	alf of a provider a State					
		d check required by this					
	-	ovider having to submit a					
	-	ment of Justice. In such a					
		I commence with the State					
	-	d check required by this					
	section within five bus						
		nployment by the provider.					
		ormation received by the				ļ	
	•	al and may not be disclosed,				ļ	
		nt as provided in subsection					
	(c) of this section. For						
	subsection, the term '	"private entity" means a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
	mhl082-042	B. WING		R 03/03/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SAMPSON GROUP HOME		SS STREET		
	CLINTON,	NC 28328		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133 Continued From page	3	V 133		
business regularly engoriminal history records obtained from (c) Action If an appli record check reveals of a relevant offense, the of the following factors hire the applicant: (1) The level and seric (2) The date of the per conviction. (4) The circumstances commission of the crir (5) The nexus betwee the person and the job filled. (6) The prison, jail, prorehabilitation, and emperson since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to elisted factors shall be if the provider disquali consideration of the reprovider may disclose the criminal history reto the disqualification, of the criminal history applicant. (d) Limited Immunity. or employee of a provider with this seccivil liability for: (1) The failure of the prindividual on the basis	gaged in conducting I checks utilizing public a State agency. icant's criminal history one or more convictions of e provider shall consider all is in determining whether to cousness of the crime. The consider all the same of the same of the crime of the same of the position to be considered by the provider of the crime was committed. The commission by the person of the considered by the provider. The considered by the provider of the condition contained in cord check that is relevant but may not provide a copy record check to the A provider and an officer of the considered by the immune from	V 133		

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Division of Health Service Regulation								
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED				
				R				
mhl082-042		B. WING		03/03/2022				
					1 00/00/2022			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SAMPSON	N GROUP HOME		DBS STREET					
		CLINTON	, NC 28328					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE				
IAG	REGOLATOR OR		IAG	DEFICIENCY)				
V/ 400	0 " 15		1/400					
V 133	Continued From page	2 4	V 133					
	(2) Failure to check a	n employee's history of						
	criminal offenses if the	e employee's criminal						
		s requested and received in						
	compliance with this s	•						
	· · · · · · · · · · · · · · · · · · ·	- As used in this section,						
		ans a county, state, or						
		y of conviction or pending						
		whether a misdemeanor or						
		on an individual's fitness to						
		r the safety and well-being of						
	persons needing mer	ntal health, developmental						
	•	nce abuse services. These						
	crimes include the cri	minal offenses set forth in						
	any of the following A	rticles of Chapter 14 of the						
	General Statutes: Arti	icle 5, Counterfeiting and						
	Issuing Monetary Sub							
		ve and Legislative Officers;						
		article 7A, Rape and Other						
		8, Assaults; Article 10,						
		ction; Article 13, Malicious						
	Injury or Damage by							
		Material; Article 14, Burglary						
		akings; Article 15, Arson and						
		le 16, Larceny; Article 17,						
	•	Embezzlement; Article 19,						
	False Pretenses and							
	Obtaining Property or	•						
		edit Device or Other Means;						
	•	Transaction Card Crime						
		s; Article 21, Forgery; Article						
	26, Offenses Against	•						
		, Adult Establishments;						
		n; Article 28, Perjury; Article						
		, Misconduct in Public						
		enses Against the Public						
		tiots and Civil Disorders;						
	Article 39, Protection							
	Protection of the Fam							
Intoxication; and Article 60, Computer-Related								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
				R	
		mhl082-042	B. WING		03/03/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SAMPSON	N GROUP HOME	300 JACOE CLINTON,	SS STREET NC 28328		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 133	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 employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employ employ an applicant of obtaining the results of check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after th conditional employme 2001-155, s. 1; 2004-	also include possession or ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related to underage persons in 302 or driving while of G.S. 20-138.1 through the same two willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the sare met: not employ an applicant applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins	V 133		
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to request state criminal background checks within five business days of employment				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
				R	
mhl082-042		B. WING		03/03/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
			DBS STREET		
SAMPSON	N GROUP HOME		, NC 28328		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 133	V 133 Continued From page 6		V 133		
	for 1 of 3 audited staff (#2). The findings are: Review on 3/3/22 of staff #2's personnel record revealed: - Hire date 11/13/20 Habilitation Technician No criminal background check in the record. During interview on 03/03/22 the Qualified Professional revealed: -She had sent off the request for the criminal background check for staff #2 and never received anything backShe did not follow upShe would request a new criminal background check.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.				
	was not maintained ir orderly manner. The Observation on 03/03 3:00pm of the facility	n and interviews, the facility in a safe, clean attractive and findings are: 8/22 at approximately revealed: pottom drawer was broken			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		mhl082-042	B. WING		03	R / 03/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SAMPSOI	N GROUP HOME		OBS STREET N, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	-The carpet throughd bubbled in several la hazardThe hall bathrooms bubbled at the entrar tripping hazard. During interview on Oreofessional revealershe was aware of the She would report the which is the agency frepairs of the facility.	out the facility was worn and rge areas causing a tripping laminate flooring was note of the shower causing a 03/03/22 the Qualified d: ne issues in the home. The issues in the home. The is responsible for the cititutes a re-cited deficiency	V 736			

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