I ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. 55125111G.		R	
		MHL0411171	B. WING		04/2	7/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TRISTON	I DRIVE AFL		STON DRIVE BORO, NC 2			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	An annual and follo on 4/27/22. Deficie	w up survey was completed ncies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
	This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits fof 3 current clients.					
V 131	G.S. 131E-256 (D2 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 ensure the Registry (HCPR) was of hire for 1 of 3 sta Review on 4/25/22 - A date of hire o - The HCPR was	view and interview, the facility Health Care Personnel as accessed prior to the date iff (staff #2). The findings are: of staff #2's record revealed:				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		MHL0411171	B. WING			R <b>27/2022</b>
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
TRISTO	N DRIVE AFL		STON DRIVE BORO, NC 27	7407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 131	<ul> <li>Another individed responsible for componential sections.</li> <li>She was not average and the section of the</li></ul>	ual within her agency was opleting the HCPR checks on	V 131			
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any produced by the provider applies to program and any provider applicant is liced. Chapter. (b) Requirement A provider licensed un applicant to fill a possible applicant to have an conditioned on concriminal history reconstituted applicant has beliess than five years is conditioned on concriminal history reconstituted a check of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history reconsection. Except as subsection, within fithe conditional offer		V 133			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIDI	F CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
NULL 0 4444 T4		B. WING		F		
		MHL0411171	ט. איוואט		04/2	7/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4201 TRIS	STON DRIVE			
IRISTON	I DRIVE AFL	GREENSE	BORO, NC 2	7407		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 NC	(X5)
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				22.16.2.16.7		
V 133	Continued From pa	ge 2	V 133			
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
	section or shall sub	mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		mployment positions not				
	covered by Public L					
	•	Ith and Human Services,				
		check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		npleted on any staff covered				
		ounty that has adopted an				
	appropriate local or	dinance and has access to				
	the Division of Crim	inal Information data bank				
	•	half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
	section within five b					
		employment by the provider.				
		nformation received by the				
		tial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a engaged in conducting				
		ord checks utilizing public				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E, ZIP CODE		
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MHL0411171		B. WING		04/27/2022	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TRISTON DRIVE AFL	4201 TRIS	STON DRIVE			
THO TON BILLY AND	GREENSI	BORO, NC 2	7407		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
V 133 Continued From pa	ge 3	V 133			
records obtained from (c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and set (2) The date of the (3) The age of the proconviction. (4) The circumstant commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the date (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall to the provider disquencies of the criminal history to the disqualification of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualifica	om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be	V 155			

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MIII 044474				-	,	
		B. WING		R		
		MHL0411171	B. WING		04/2	7/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			TON DRIVE			
TRISTON	N DRIVE AFL					
	T		BORO, NC 2	.7407		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	REGOLATOR OR E	SO IDENTIFY THE INTO CHANGE THE COLOR	TAG	DEFICIENCY)		
				,		
V 133	Continued From pa	ge 4	V 133			
	1.1.4	entronomical de la contra del contra de la contra del la contra de la contra del la cont				
		k is requested and received in				
	compliance with this					
		se As used in this section,				
		neans a county, state, or				
		cory of conviction or pending				
	indictment of a crim	ie, whether a misdemeanor or				
	felony, that bears u	pon an individual's fitness to				
	have responsibility	for the safety and well-being of				
	persons needing m	ental health, developmental				
		tance abuse services. These				
	1	criminal offenses set forth in				
		Articles of Chapter 14 of the				
		article 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				
	Fraudulent Use of 0	Credit Device or Other Means;				
	Article 19B, Financi	al Transaction Card Crime				
		ıds; Article 21, Forgery; Article				
	26, Offenses Again	st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		offenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
	· ·	amily; Article 59, Public				
		ticle 60, Computer-Related				
	1	•				
	Crime. These crimes also include possession or sale of drugs in violation of the North Carolina					

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					F	₹	
	MHL0411171		B. WING		04/27/2022		
NAME OF I		OTDEET AD	DDEOG OITY (	274TE 7ID 00DE	·	-	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
TRISTON	I DRIVE AFL		TON DRIVE				
		GREENSE	BORO, NC 2	7407			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE	
			_	DEFICIENCY)			
V 133	Continued From pa	ge 5	V 133				
V 133	Continued From pa	ge 3	V 133				
		ces Act, Article 5 of Chapter					
		tatutes, and alcohol-related					
		ale to underage persons in					
		B-302 or driving while					
		of G.S. 20-138.1 through					
	G.S. 20-138.5.	abing Falsa Information Any					
		shing False Information Any yment who willfully furnishes,					
		se gives false information on					
		olication that is the basis for a					
	. ,	ord check under this section					
		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 requireme						
		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					
	,	nent. (2000-154, s. 4;					
		4-124, ss. 10.19D(c), (h);					
	2005-4, ss. 1, 2, 3,	4, 5(a); 2007-444, s. 3.)					
	This Rule is not me	at as evidenced by:					
		view and interview, the facility					
		riminal history record check					
		d within five business days of a					
		employment for 1 of 3 staff					
	(staff #2). The findi						

Division of Health Service Regulation

STATE FORM 6899 1ZNX11 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL0411171	B. WING			₹ 2 <b>7/2022</b>
TRISTON DRIVE AFI 4201 TRIS			DRESS, CITY, S STON DRIVE BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 133	<ul> <li>A date of hire o</li> <li>A criminal histo requested on 10/19</li> <li>Interview on 4/27/22</li> <li>Another individuresponsible for requested on be</li> <li>She was not aw</li> </ul>	of staff #2's record revealed: f 9/21/21 ry record check was //21  2 with the Director revealed: ual within her agency was uesting a criminal history half of potential staff ware the criminal history record requested within the required	V 133	DEFICIENCY		

6899

Division of Health Service Regulation STATE FORM