	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-416	B. WING		04/18/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
		901 OLD	, ,	GHWAY, SUITE 5		
CAROLIN	A RECOVERY SOLUTION	IS. INC	VILLE, NC 2878	·		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on 4/18/22. The com (intake # NC0018648  This facility is licensed categories: 10A NCAO Detoxification for Sub 27G .4400 Substance Program, 10A NCAO Abuse Comprehensiv Program, and 10A NO Treatment Facilities for Substance Abuse Dis This facility has a current survey sample consist clients and 1 former of the only service the first day treatment service.	or Individuals with orders.  Tent census of 10. The ted of audits of 2 current lient.  Tacility is currently operating ces. The provider				
V 107	27G .0202 (A-E) Pers  10A NCAC 27G .0202 REQUIREMENTS (a) All facilities shall I description for the dire which:  (1) specifies the competency, work ex qualifications for the p (2) specifies the the position; (3) is signed by supervisor; and	2 PERSONNEL  nave a written job ector and each staff position eminimum level of education, perience and other	V 107			
	(b) All facilities shall	ensure that the director, any other person who				

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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:		(X2) MULTIPLE C A. BUILDING:	1 ' '	(X3) DATE SURVEY COMPLETED		
		MHL011-416	B. WING		04	I/18/2022
NAME OF D				710.0005	, ,	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
CAROLIN	A RECOVERY SOLUTION	NS. INC	MARS HILLS HIG RVILLE, NC 28787	HWAY, SUITE 5		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 107	the facility:  (1) is at least 18 (2) is able to real follow directions; (3) meets the macompetency, work exqualifications for the particle (4) has no substanglect listed on the particle (b) All facilities or ser applicants for employ conviction. The impart decision regarding endupon the offense in rewhich the applicant is (d) Staff of a facility of currently licensed, regarding endupon the offense in rewhich the applicant is (d) Staff of a facility of currently licensed, regarding endupon the offense in rewhich the applicant is (d) Staff of a facility of currently licensed, regarding endupon the offense in rewhich the applicant is (d) Staff of a facility of currently licensed, regarding endupon the offense in rewhich the applicant is (d) Staff of a facility of currently licensed, regarding enduponed indicating the following the facility of the facil	ices to clients on behalf of a years of age; ad, write, understand and inimum level of education, perience, skills and other position; and tantiated findings of abuse or North Carolina Health Care vices shall require that all ment disclose any criminal ct of this information on a apployment shall be based elationship to the job for applying.  For a service shall be gistered or certified in icable state laws for the intained for each individual the training, experience and rithe position, including	V 107			
	facility failed to ensure	ew and interviews, the e that signed job he personnel record for 1 of				

Division of Health Service Regulation

STATE FORM 6899 0WBZ11 If continuation sheet 2 of 10

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-416	B. WING		04/18/2022	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  901 OLD MARS HILLS HIGHWAY, SUITE 5  WEAVERVILLE, NC 28787						
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE	
V 107	Continued From page	2	V 107			
	revealed: -no hire date was doc -hired as the Director					
	-hired as the Director -was not sure of his h couple of months ago -duties included mark with other professional events, community lia case manager and co	ire date, but he was hired "a " eting the program, meeting als/hospitals, community ison work, assisted the				
	of Operations: -she did not find a job	description for Staff #3 October 2021 but she did e of hire.				
	This deficiency consti and must be corrected	tutes a re-cited deficiency d within 30 days.				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a call access the Health Care and shall note each incident opriate business files.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED
		MHL011-416	B. WING		04/18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE	
		901 OLD I	MARS HILLS HI	GHWAY, SUITE 5	
CAROLIN	A RECOVERY SOLUTION	NS. INC	VILLE, NC 2878		
	CLIMMADY CT		1		ON OFF
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROFITMENT DEFICIENCY)	D BE COMPLETE
V 131	Continued From page	e 3	V 131		
	Continuou i rom page				
	This Dula is not mot	as syldeneed by			
	This Rule is not met				
		ews and interviews, the			
		ss the Health Care Personnel			
	Registry prior to hiring				
		gistered Nurse, and Staff			
	#3). The findings are	<b>:</b> :			
	Review on 4/11/22 of	Therapist #1's personnel			
	record revealed:				
	-hired on 12/1/21				
	-HCPR accessed on	12/3/21.			
	Review on 4/11/22 of	the Registered Nurse's			
	personnel record reve	_			
	-hired on 9/21/20	oulou.			
	-HCPR accessed on	0/28/20			
	-1101 IX doocsscd on	3/20/20.			
	Review on 4/11/22 of	Staff #3's personnel record			
	revealed:	otali #03 personiler record			
	-no hire date provided	d for Staff #3			
	-no nire date provided -HCPR accessed on				
	-HCPR accessed on	11/9/21.			
	Interview 4/40/00	with Stoff #2			
		with Staff #3 revealed:			
	-he was hired as the l				
		is hire date, but he was			
	hired "a couple of mo	onths ago."			
		and with the Director of			
	Operations (DOO) rev				
	-she was hired in Jan	nuary 2022 initially as the			
		anager and was now the			
	DO0	-			

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-the staff person responsible for completing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-416	B. WING		04/18/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	1 04/16/2022	
		901 OLD M		GHWAY, SUITE 5		
CAROLIN	A RECOVERY SOLUTION	NS, INC WEAVERV	ILLE, NC 2878	7		
(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 131	Continued From page	<del>2</del> 4	V 131			
	Registered Nurse and were hired was no lor -she was working on and what paperwork, that needs to be comfor a new hire.	checks for Therapist #1, the distance staff #3 at the time they ager working at the facility updating personnel records including HCPR checks, pleted prior to employment tutes a re-cited deficiency distance with the distance of the checks and the control of the checks are checks at the checks are checks at the checks are checked and checks are checks are checked are				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E  (a) Definition As use "provider" applies to a program and any providevelopmental disabi services that is licens Chapter.  (b) Requirement Ar provider licensed und applicant to fill a positi applicant to have an oconditioned on consecriminal history record the applicant has beeless than five years, the is conditioned on concriminal history record national criminal history include a check of the applicant has beefive years or more, the on consent to a State check of the applicant.	imployment.  The din this section, the term  an area authority/county  wider of mental health,  lity, and substance abuse  able under Article 2 of this  an offer of employment by a  ter this Chapter to an  tion that does not require the  accupational license is  not to a State and national  dicheck of the applicant. If  no a resident of this State for  hen the offer of employment  sent to a State and national  dicheck of the applicant. The  sent to a State and national  dicheck of the applicant. The  sent to a State and national  dicheck of the spelicant. The  sent to a State and national  dicheck of the spelicant. The  sent to a State and national  dicheck of the spelicant. The  sent record check shall  e applicant's fingerprints. If  no a resident of this State for  en the offer is conditioned  criminal history record				

Division of Health Service Regulation

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	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SLIBVEY
AND PLAN OF CORRECTION  (A1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		A. BUILDING:		COMPI		
			A. BOILDING.			
		MHL011-416	B. WING		04/	18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE.	ZIP CODE		
		901 OLI	MARS HILLS HIGH	· ·IWAY. SUITE 5		
CAROLIN	A RECOVERY SOLUTIO	NS. INC	RVILLE, NC 28787	,		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX	,	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S		COMPLET
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
V 133	Continued From pag	e 5	V 133			
	criminal history recor	d check required by this				
		therwise provided in this				
		e business days of making				
		of employment, a provider				
	shall submit a reques	st to the Department of				
	Justice under G.S. 1	14-19.10 to conduct a				
	criminal history recor	d check required by this				
	section or shall subm	nit a request to a private				
	_	tate criminal history record				
		s section. Notwithstanding				
	G.S. 114-19.10, the I	Department of Justice shall				
	return the results of r	national criminal history				
		ployment positions not				
	covered by Public La					
	Department of Health	n and Human Services,				
	Criminal Records Ch					
		eipt of the national criminal				
		, the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
	of the applicant. In no	case shall the results of the				
	national criminal hist	ory record check be shared				

Division of Health Service Regulation

with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this 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,

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL011-416	B. WING		04	/18/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
CAROLIN	A RECOVERY SOLUTION	NS. INC	MARS HILLS HI VILLE, NC 2878	GHWAY, SUITE 5 87			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 133	(c) of this section. For subsection, the term business regularly en criminal history record records obtained from (c) Action If an application of the following factor hire the applicant:  (1) The level and seri (2) The date of the criminal history endowed the person and the journal of the person and the journal of the person and the journal of the criminal history reto the disqualification of the criminal history reto the disqualification of the criminal history applicant.  (d) Limited Immunity, or employee of a provider may disclose the criminal history applicant.	at as provided in subsection purposes of this purposes of the purpose of checks utilizing public in a State agency. It is a state agency one or more convictions of the provider shall consider all is in determining whether to cousness of the crime. It is surrounding the interminal conduct of the duties of the position to be obation, parole, ployment records of the interminist of the obation, parole, ployment records of the obation, parole, ployment records of the obation of a relevant offense alone employment; however, the considered by the provider. If it is an applicant after elevant factors, then the information contained in cord check that is relevant, but may not provide a copy	V 133				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7.1. SOLESHVO			
		MHL011-416	B. WING		04/18	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		901 OLD I	MARS HILLS HI	GHWAY, SUITE 5		
CAROLIN	A RECOVERY SOLUTIO	NS, INC WEAVER	/ILLE, NC 2878	37		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 7	V 133			
V 155	(1) The failure of the individual on the basi the criminal history re (2) Failure to check a criminal offenses if th history record check is compliance with this (e) Relevant Offense "relevant offense" me federal criminal historindictment of a crime felony, that bears upon have responsibility for persons needing mer disabilities, or substacrimes include the criminal historindictment of a crime felony, that bears upon have responsibility for persons needing mer disabilities, or substacrimes include the criminal historindictment of a crime felony, that bears upon have responsibility for persons needing mer disabilities, or substacrimes include the criminal form of the following A General Statutes: Art Issuing Monetary Substacrimes include the criminal form of the following A General Statutes: Art Issuing Monetary Substacrimes include the criminal form of the following A General Statutes: Art Issuing Monetary Substantial Franchicle 6, Homicide; A Sex Offenses; Article Kidnapping and Abdulnjury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article 7, Article 18, Franchicle 19, Franchicle 19, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26, Article 27, Prostitution 29, Bribery; Article 31	provider to employ an sof information provided in accord check of the individual. In employee's history of elemployee's criminal as requested and received in section.  - As used in this section, and a county, state, or any of conviction or pending, whether a misdemeanor or on an individual's fitness to any the safety and well-being of a tall health, developmental ance abuse services. These aminal offenses set forth in articles of Chapter 14 of the icle 5, Counterfeiting and a county; Article 5A, and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, action; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article	V 133			

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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		
		MHL011-416	B. WING		04/1	8/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAROLIN	A RECOVERY SOLUTION	NS. INC	MARS HILLS HI /ILLE, NC 2878	GHWAY, SUITE 5 7		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General State 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 Clate (g) Conditional Employemploy an applicant of obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as reconstructed to the conditional employment 2001-155, s. 1; 2004-	of Minors; Article 40, illy; Article 59, Public ele 60, Computer-Related also include possession or ion of the North Carolina es Act, Article 5 of Chapter tutes, and alcohol-related et ounderage persons in 302 or driving while of G.S. 20-138.1 through the state of the second electron of the second electron of the second electron of the second electron	V 133			

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This Rule is not met as evidenced by:

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	A. BUILDING:			
MHL011-416	B. WING	B. WING		18/2022
NAME OF PROVIDER OR SUPPLIER STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CAROLINA RECOVERY SOLUTIONS, INC	D MARS HILLS HIG RVILLE, NC 28787			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 133 Continued From page 9  Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of hire for 3 of 3 audited staff (Therapist #1, the Registered Nurse, and Staff #3). The findings are:  Review on 4/11/22 of Therapist #1's personnel record revealed: -hired on 12/1/21 -background check requested on 2/4/22.  Review on 4/11/22 of the Registered Nurse's personnel record revealed: -hired on 9/21/20 -background check requested on 11/20/20.  Review on 4/11/22 of Staff #3's personnel record revealed: -no hire date provided for Staff #3 -background check requested on 2/4/22.  Interview on 4/12/22 with the Director of Operations (DOO) revealed: -she was hired in January 2022 as the Human Resources Manager initially and was now the DOO -the staff person responsible for completing criminal background checks for Therapist #1, the Registered Nurse and Staff #3 at the time they were hired was no longer working at the facility -she was working on updating personnel records and the paperwork, including criminal background checks, that needs to be completed prior to employment for a new hire.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133			

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