Division of Health Service Regulation

CORRECTION	IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NOWIDEN.	A. BUILDING: _	A. BUILDING:		LD
	MHL013-085	B. WING		05/17/	2022
OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
S COUNTY GROUP HOM	ΛΕ #3				
0.11.11.12.12.12.12.12.12.12.12.12.12.12.		1			
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
category: 10A NCAC	27G .5600C Supervised				
census of 5. The surv	vey sample consisted of				
27G .0209 (B) Medica	ation Requirements	V 117			
10A NCAC 27G .0209 REQUIREMENTS (b) Medication packa (1) Non-prescription dispensed by a pharm manufacturer's label v visible; (2) Prescription medior obtained as sample tamper-resistant pack risk of accidental inge packaging includes pl with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging la drug dispensed must (A) the client's name; (B) the prescriber's n (C) the current dispen (D) clear directions fo (E) the name, streng date of the prescribed (F) the name, addres	ging and labeling: drug containers not nacist shall retain the with expiration dates clearly ications, whether purchased es, shall be dispensed in aging that will minimize the stion by children. Such astic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag bel of each prescription include the following: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
Figure 1 A2 Told Told 2 / Figure 1 A2 Tol	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS An annual survey was 2022. Deficiencies we category: 10A NCAC Living for Adults with I The facility is licensed category: 10A NCAC Living for Adults with I The facility is licensed category: 10A NCAC Living for Adults with I The facility is licensed cansus of 5. The survaudits of 3 current clies 27G .0209 (B) Medicat 10A NCAC 27G .0209 (B) Medication packa (1) Non-prescription dispensed by a pharm manufacturer's label wisible; (2) Prescription med for obtained as sample tamper-resistant pack risk of accidental ingelepackaging includes playith tamper-resistant unit-of-use packaged may be adequate; (3) The packaging ladrug dispensed must (A) the client's name (B) the prescriber's name (B) the prescriber's name (C) clear directions for (E) the name, streng date of the prescribed (F) the name, addreso pharmacy or dispensi	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual survey was completed on May 17, 2022. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.  27G .0209 (B) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag	DVIDER OR SUPPLIER  STREET ADDRESS, CITY, STA  211 LONG AVENUE CONCORD, NC 28025  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual survey was completed on May 17, 2022. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disability.  The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.  27G.0209 (B) Medication Requirements  V 117  10A NCAC 27G.0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant caps, or in the case of unit-of-use packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	DIVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  211 LONG AVENUE CONCORD, NC 28025  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAGS  PROVIDERS PLAN OF CORRECTION (ESCH ORRECTIVE ACTON) PREFIX TAGS  PROVIDERS TAGS  PREFIX TAGS  PROVIDERS TAGS  PREFIX TAGS  PROVIDERS TAG	DIVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  211 LONG AVENUE CONCORD, NC 28025  SUMMARY STATEMENT OF DEPICIENCIES  SUMMARY STATEMENT OF DEPICIENCIES  SUMMARY STATEMENT OF DEPICIENCIES  REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual survey was completed on May 17, 2022. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised abunds of 3 current clients.  27G .0209 (B) Medication Requirements  V 117  IDA NCAC 27G .0209 MEDICATION  REQUIREMENTS  REQUIREMENTS  ID PROVIDER'S PLAN OF CORRECTION  REQUIREMENTS  REQUIREMENTS  REQUIREMENTS  REQUIREMENTS  ID PROVIDER'S PLAN OF CORRECTION  REQUIREMENTS  V 117  IDA NCAC 27G .0209 MEDICATION  REQUIREMENTS  ID PROVIDER'S PLAN OF CORRECTION  REQUIREMENTS  REQUIREMENTS  ID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERCTIVE ACTION OF CRACE TO CERCENT ACTION SHOULD BE CROSS-REFERCTIVE ACTION OF CRACE TO CERCENT ACTION SHOULD BE CROSS-REFERCTIVE ACTION OF CRACE TO CROSS-REFERCTIVE ACTIO

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 BOILBING.		
		MHL013-085	B. WING		05/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
CABARRI	JS COUNTY GROUP HO	ME #3	S AVENUE		
	OLINA NA DV. OT		RD, NC 28025	DDOWNERS BLANCE CORRECTIO	NI .
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 117	Continued From page	e 1	V 117		
	practitioner.				
	This Rule is not met	as evidenced bv:			
	Based on interview, r	ecord review, and			
	observation, the facili packaging label of ea	ty failed to ensure the			
	dispensed contained				
		ng 1 of 3 audited clients			
	(Client #1). The findi	ngs are:			
		22 at approximately 1:35pm			
	of Client #1's medicat	tion revealed: rmacy packaging label for			
		) 0.5mg (milligram) 1 tab			
	, , ,	ry day for agitation or anger			
	dispensed 10/14/21.				
		nd 5/12/22 of Client #1's			
	record revealed: -Admitted 10/10/12;				
		mittent Explosive Disorder,			
		Developmental Disability,			
	Hypothyroidism, Gast Disorder, and Seborn	. •			
		ated 2/8/22 and 3/21/22 for			
		ab by mouth twice daily as			
	needed for agitation a	and anger.			
		with the House Manager #1			
	revealed: -Client #1's Lorazena	m dose was increased in			
		ne facility was still using the			
	blister pack which ref	lected the former dose of			
	medication.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
		MHL013-085	B. WING		05/17/2022
NAME OF D			ADDRESS CITY STATE	ZID CODE	1 00/11/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE I <b>G AVENUE</b>	, ZIP CODE	
CABARRI	US COUNTY GROUP HO	ME #3	RD, NC 28025		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
V 117	Continued From page	2	V 117		
V 118	current dose of medic mouth twice daily as a anger; -Will ensure staff are administration; -Will ensure all packa	the revealed:  's Lorazepam reflects the station of 0.5mg 1 tablet by sheeded for agitation and station are-trained in medication  ging labels of each ensed contain clear and administration.	V 118		
	only be administered order of a person autidrugs.  (2) Medications shall clients only when auticlient's physician.  (3) Medications, incluadministered only by unlicensed persons transfer of the privileged to prepare  (4) A Medication Admall drugs administered current. Medications are corded immediately MAR is to include the (A) client's name;  (B) name, strength, a (C) instructions for additing auticlient of the corder	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SI		
ANDIEAN	or connection	IDENTIFICATION NOWIBER.	A. BUILDING: _		J CONTINUE	1120
		MHL013-085	B. WING		05/1	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CABARRI	US COUNTY GROUP HO	ME #3 211 LONG				
	I		D, NC 28025			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 118	Continued From page	e 3	V 118			
	(E) name or initials of drug. (5) Client requests fo checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation				
	failed to ensure medion the order of person prescribe medications were kept current affer (Client #1). The finding record revealed: -Admitted 10/10/12; -Diagnosed with Inter Moderate Intellectual Hypothyroidism, Gast Disorder, and Seborn-Medication order dat 0.5mg 1 tab by mouth agitation; -Medication orders dat Lorazepam 0.5mg 1 tab edded for agitation are rebruary, 2022 MAR Lorazepam 0.5mg 1 to needed for agitation of the rebruary, 2022 MAR administration of Lorares of the prescription of the research table of the prescription of the pres	and record review, the facility cations were administered in authorized by law to a and failed to ensure MARs ecting 1 of 3 audited clients ings are:  and 5/12/22 of Client #1's  mittent Explosive Disorder, Developmental Disability, troesophageal Reflux thoeic Dermatitis; and 11/10/21 for Lorazepam an every day as needed for  ated 2/8/22 and 3/21/22 for tab by mouth twice daily as and anger; a revealed administration of tab by mouth every day as				

Division of Health Service Regulation

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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
		MHL013-085	B. WING		05/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
		211 LON	IG AVENUE		
CABARRI	JS COUNTY GROUP HO	ME #3 CONCO	RD, NC 28025		
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	OULD BE COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE DATE
				BETTOLENOTY	
V 118	Continued From page	e 4	V 118		
	or anger administered	d twice on 2/13/22 at 9am			
	and 8pm;				
		evealed Lorazepam 0.5mg			
		s (1mg) by mouth every day			
		on or anger administered			
	twice on 3/16/22 and	The state of the s			
	-Medication notes tra				
	Professional #2 dated				
		led Lorazepam 1mg 2 times			
	_	gitation and additional note			
		ed Lorazepam 0.5mg up to			
	two times daily as ne	eded for agitation or anger.			
	Interview on 5/12/22	with House Manager #1			
	revealed:	marriedee manager " r			
	-Had been administe	ring Lorazepam 0.5mg two			
		eeded for anger or agitation			
	to reflect the note wri	tten by the Qualified			
	Professional #2 dated	d 2/8/22.			
	Interview on 5/12/22	with the Qualified			
	Professional #2 revea				
	**	ting the medication notes			
	and the MARs which	•			
	receiving incorrect do	oses of Lorazepam.			
	Interview on 5/17/22	with the dispensina			
	pharmacy revealed:	19			
		ably would not have had any			
	adverse side effects t				
	Interview on 5/12/22	and 5/17/22 with the			
	Administrator/License				
	· ·	ident report regarding the			
	•	edication administered to			
	Client #1;				
	· · · · · · · · · · · · · · · · · · ·	is seen by his medication			
		ny effects caused by the			
		edication administered to			

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Client #1;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-085	B. WING		05/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CABARRI	JS COUNTY GROUP HOI	ΛE #3	D, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	5	V 118		
	administration;	re-trained in medication ations are administered as are kept current.			
V 131	G.S. 131E-256 (D2) H Verification	ICPR - Prior Employment	V 131		
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	LTH CARE PERSONNEL  Ilth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.			
	failed to ensure the H Registry (HCPR) was of employment affecti	nd record review, the facility			
	Review on 5/10/22 of revealed: -Hired 8/12/21; -No HCPR check.	the HM#1's record			
	Interview on 5/10/22 v Professional #2 revea -Did not know that the than the criminal back	led: HCPR check was different			

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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL013-085	B. WING		05	5/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		211 LON	G AVENUE			
CABARRI	JS COUNTY GROUP HO	ME #3 CONCO	RD, NC 28025			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 131	Continued From page	e 6	V 131			
	-Did not complete a H	HCPR check on HM#1.				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E  (a) Definition As us "provider" applies to a program and any providevelopmental disabiservices that is licens Chapter.  (b) Requirement Ar provider licensed und applicant to fill a positiapplicant to have an acconditioned on consecriminal history record the applicant has been less than five years, the is conditioned on concriminal history recording the applicant has been five years or more, the on consent to a State check of the applicant working applicant to a criminal history recording the applicant has been five years or more, the on consent to a State check of the applicant working applicant to criminal history recording the provided that the applicant working the provided that th	EMPLOYMENT.  ed in this section, the term  an area authority/county  vider of mental health,  lity, and substance abuse  able under Article 2 of this  n offer of employment by a				

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPLETED
			7 DOILDING		
		MHL013-085	B. WING		05/17/2022
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA	ALE, ZIP CODE	
CABARRI	JS COUNTY GROUP HO	MF #3 211 LOI	NG AVENUE		
OADAMIC	o occurr oncor no	CONCO	RD, NC 28025		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				DEFICIENCY)	
V 133	Continued From page	. 7	V 133		
V 133	Continued From page	<i>= 1</i>	V 133		
	shall submit a reques	t to the Department of			
	Justice under G.S. 11	•			
		d check required by this			
	-	it a request to a private			
		ate criminal history record			
	-				
		s section. Notwithstanding			
		Department of Justice shall			
		ational criminal history			
		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			
		the Department of Health			
		, Criminal Records Check			
		provider as to whether the			
		may affect the employability			
		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			
	· · · · · · · · · · · · · · · · · · ·	-			
		nty that has adopted an			
	• • •	nance 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			
	criminal history record	d check required by this			
	section within five bus	siness days of the			
		nployment by the provider.			
		formation received by the			
		al and may not be disclosed,			
	=	nt as provided in subsection			
	(c) of this section. For				
	subsection, the term	"private entity" means a			

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business regularly engaged in conducting

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL013-085	B. WING		05/17	/2022
	ROVIDER OR SUPPLIER  JS COUNTY GROUP HOI	ME #3 211 LONG	RESS, CITY, STA  AVENUE , NC 28025	TE, ZIP CODE		
(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 133	records obtained from (c) Action If an application a relevant offense, the of the following factor hire the applicant:  (1) The level and seri (2) The date of the cri (3) The age of the perconviction.  (4) The circumstance commission of the cri (5) The nexus between the person and the joi filled.  (6) The prison, jail, prover the person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to expense 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 prove complies with this seccivil liability for:  (1) The failure of the prindividual on the basis the criminal history reto the criminal history reto the criminal history reto the disquality for:  (1) The failure of the prindividual on the basis the criminal history reto the c	d checks utilizing public in a State agency. icant's criminal history one or more convictions of the provider shall consider all is in determining whether to cousness of the crime. Implement of the surrounding the implement of the criminal conduct of the duties of the position to be obation, parole, ployment records of the obation, parole, ployment records of the obation, by the person of the 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 record check to the  A provider and an officer of the information shall be immune from	V 133			

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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
			B. WING		
		MHL013-085	B. WING		05/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
		211 I O	NG AVENUE		
CABARRI	JS COUNTY GROUP HO	ME #3	RD, NC 28025		
			<u> </u>		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP	
			,,,,,	DEFICIENCY)	
V 400	0 " 15	_	1/ 400		
V 133	Continued From page	9	V 133		
	criminal offenses if the	e employee's criminal			
		is requested and received in			
	compliance with this				
	•	As used in this section,			
		eans a county, state, or			
		• • • • • • • • • • • • • • • • • • • •			
		ry of conviction or pending , whether a misdemeanor or			
	· ·				
		on an individual's fitness to			
		r the safety and well-being of			
		ntal health, developmental			
	· ·	nce abuse services. These			
		minal offenses set forth in			
		rticles of Chapter 14 of the			
		icle 5, Counterfeiting and			
	Issuing Monetary Sub				
		ve and Legislative Officers;			
	Article 6, Homicide; A	Article 7A, Rape and Other			
	Sex Offenses; Article	8, Assaults; Article 10,			
	Kidnapping and Abdu	ıction; Article 13, Malicious			
	Injury or Damage by I	Use of Explosive or			
	Incendiary Device or	Material; Article 14, Burglary			
	and Other Housebrea	akings; Article 15, Arson and			
	Other Burnings; Articl	le 16, Larceny; Article 17,			
	_	Embezzlement, Article 19,			
	False Pretenses and				
	Obtaining Property or	Services by False or			
		edit Device or Other Means;			
		Transaction Card Crime			
	•	s; Article 21, Forgery; Article			
	26, Offenses Against				
	_	, Adult Establishments;			
		n; Article 28, Perjury; Article			
		I, Misconduct in Public			
		enses Against the Public			
		Riots and Civil Disorders;			
		•			
	Article 39, Protection	· · · · · · · · · · · · · · · · · · ·			
	Protection of the Fam	•			
	∣ Intoxication; and Artic	cle 60, Computer-Related			

Division of Health Service Regulation

Crime. These crimes also include possession or

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-085	B. WING		05/17/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 05/11/2022
		211 LONG		, 005_	
CABARRI	JS COUNTY GROUP HO	VIE #3 CONCORI	D, NC 28025		
(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	Continued From page	e 10	V 133		
	sale of drugs in violate 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 employns supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employemploy an applicant 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 re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-2005-4, ss. 1, 2, 3, 4,	ion of the North Carolina is Act, Article 5 of Chapter atutes, and alcohol-related is to underage persons in 302 or driving while of G.S. 20-138.1 through a gives false information Any ment who willfully furnishes, is gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Soyment A provider may conditionally prior to of a criminal history record applicant if both of the is are met:  not employ an 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 ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.)			
	failed to ensure crimin requested within 5 da	nd record review, the facility nal background checks were			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
		MHL013-085	B. WING		05	/17/2022
	ROVIDER OR SUPPLIER  JS COUNTY GROUP HOI	ME #3	DDRESS, CITY, STAT AVENUE D, NC 28025	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Manager (HM) #1). T Review on 5/10/22 of -Hired 8/12/21; -Criminal background Interview on 5/10/22 of Professional #2 reveation of the crimeded to be request of employment; -HM#1's criminal background requested within 5 day employment.	the findings are: the HM's record revealed: check requested 8/27/21. with the Qualified aled: ninal background check ed within 5 days of an offer exground check was not ys of an offer of with the er revealed: minal background checks	V 133			

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