Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	EIED
		MHL059-097	B. WING		06/0	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE SLAT	ER HOME	27 ELLIOT MARION, N				
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	S	V 000			
	on June 3, 2022. The substantiated (NC#18 cited. This facility is license	laint survey was completed e complaint was 37407). Deficiencies were d for the following service 27G .5600F Supervised				
	Living for Alternative					
		d for 3 and currently has a vey sample consisted of clients.				
V 131	G.S. 131E-256 (D2) I Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.		The Healthcare Personnel Reg will be accessed within 5 days acceptance of potential employ application. The results of the check will be reviewed prior to potential employee. The Admir Assistant will run the check, an will review the results.	of ee's registry hiring the histrative	7/5/22
		ews and interviews, the e the Health Care Personnel s accessed prior to g 3 of 3 audited staff ving Provider (AFL),				

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

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	NG:	
		MHL059-097	B. WING		06/03/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
THE SLAT	TER HOME		TT STREET		
		MARION,	NC 28752		
(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 131	Continued From page	e 1	V 131		
	Review on 6/3/22 of A record revealed: -hire date: 10/19/21; -HCPR was accessed Review on 6/3/22 of the personnel record revealed: -hire date: 12/6/19; -HCPR was accessed Review on 6/3/22 of S revealed: -hire date: 1/10/22; -HCPR was accessed Interview on 6/3/22 where revealed: -their Human Resources	AFL Provider's personnel d on 10/21/21 he Qualified Professional's ealed: d on 12/17/19 Staff #1's personnel record			
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record	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	V 133		

Division of Health Service Regulation

STATE FORM 6899 1QC211 If continuation sheet 2 of 11

PRINTED: 06/24/2022

Division of	of Health Service Regu	lation			FURINI APPROVI
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL059-097	B. WING		06/03/2022
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STA	TE, ZIP CODE	
		TT STREET			
THE SLAT	TER HOME		NC 28752		
(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 APPROPF DEFICIENCY)	BE COMPLETI
V 133	Continued From page	e 2	V 133		
	is conditioned on concriminal history record national criminal historic include a check of the applicant has beefive years or more, the on consent to a State check of the applicant employ an applicant criminal history record section. Except as off subsection, within five the conditional offer consults submit a request Justice under G.S. 11 criminal history record section or shall submit and the conditional offer consults and the conduct a State of the conduct a State of the conduct and the	e applicant's fingerprints. If en a resident of this State for en the offer is conditioned to criminal history record to the Aprovider shall not who refuses to consent to a dicheck required by this herwise provided in this e business days of making of employment, a provider at to the Department of 14-19.10 to conduct a dicheck required by this it a request to a private atte criminal history record is section. Notwithstanding Department of Justice shall ational criminal history ployment positions not with 105-277 to the and Human Services,			

Division of Health Service Regulation

and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared 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

STATE FORM 1QC211 If continuation sheet 3 of 11

DIVISION	of Health Service Regu	liation			
		(X3) DATE SURVEY			
AND PLAN C	PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED	
	MHL059-097 B. WING			06/03/2022	
		WII 12039-037			1 06/03/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
THE OLAT	EDHOME	27 ELLIC	TT STREET		
INE SLAI	ER HOME	MARION	, NC 28752		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	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 APPROPF DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
V 133	Continued From page	e 3	V 133		
	-	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 but	-			
		nployment by the provider.			
		ormation received by the			
		al and may not be disclosed,			
		nt as provided in subsection			
	(c) of this section. Fo				
		"private entity" means a			
	business regularly en				
	-	d checks utilizing public			
	records obtained fron				
	(c) Action If an app	licant's criminal history			
	record check reveals	one or more convictions of			
		e provider shall consider all			
	of the following factor	s in determining whether to			
	hire the applicant:				
	• ,	ousness of the crime.			
	(2) The date of the cr				
	(3) The age of the pe	rson at the time of the			
	conviction.				
	(4) The circumstance				
	commission of the cri				
		en the criminal conduct of			
		b duties of the position to be			
	filled.				
	(6) The prison, jail, pr				
		ployment records of the			
	•	the crime was committed.			
		commission by the person of			
	a relevant offense.				
	The fact of conviction	of a relevant offense alone			
	shall not be a bar to e	employment; however, the			
	listed factors shall be	considered by the provider.			
	If the provider disqua	lifies an applicant after			

Division of Health Service Regulation

STATE FORM 6899 1QC211 If continuation sheet 4 of 11

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 27 ELLIOTT STREET MARION, NC 28752 (C4) ID PREFIX TAG (CACH DEFICIENCY MUST BE PRECIDED BY PULL RESULATORY OR LSC IDENTFYING INFORMATION) V 133 Continued From page 4 consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. ((d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of check an employee's history of criminal offenses if the employee's criminal history record check of the individual. (2) Failure to check an employee's criminal history record check of the individual. (a) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER THE SLATER HOME 27 ELLIOTT STREET MARION, NC 28752 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY				A. BOILBING:			
THE SLATER HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) V 133 Continued From page 4 consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental			MHL059-097	B. WING		06/0	3/2022
CAJ ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDER'S PLAN OF CORRECTION (PATE PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH OPERCIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 133 Continued From page 4 V 133 Continued From page 4 Consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 4 consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's instory of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental	THE SLAT	ER HOME					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 4 consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental			MARION, I	NC 28752			
consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's friminal history record check of the individual. history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental	V 133	Continued From page	e 4	V 133			
disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,	V 155	consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant. (d) Limited Immunity, or employee of a procomplies with this sectivil liability for: (1) The failure of the individual on the basisthe criminal history re(2) Failure to check a criminal offenses if the history record check is compliance with this effectal criminal history relevant offense relevant offense relevant offense relevant offense relevant offense indictment of a crime felony, that bears upon have responsibility for persons needing mer disabilities, or substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A General Statutes: Artissuing Monetary Substactimes include the criminal history of the following A Gener	elevant factors, then the enformation contained in ecord check that is relevant, but may not provide a copy record check to the - A provider and an officer vider that, in good faith, ction shall be immune from provider to employ an sof information provided in ecord check of the individual. In employee's history of employee's criminal is requested and received in ecotion. - As used in this section, eans a county, state, or eny of conviction or pending, whether a misdemeanor or on an individual's fitness to rethe safety and well-being of intal health, developmental ence abuse services. These minal offenses set forth in articles of Chapter 14 of the icle 5, Counterfeiting and ostitutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, iction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17,	V 155			

Division of Health Service Regulation

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Division of Health Service Regulation

Division C	of Health Service Regu	lation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF		(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL059-097	B. WING		06/03/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STAT	TE ZIP CODE		
IVAIVIL OI II	NOVIDER OR COLL FIER			12, 211 0002		
THE SLAT	TER HOME		TT STREET			
		MARION,	NC 28752			
(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		.
IAO		,	IAO	DEFICIENCY)		
V 133	Cartinued From page		V 133			
V 133			V 100			
		r 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					
	•	cle 60, Computer-Related				
		also include possession or				
	_	tion of the North Carolina				
		es Act, Article 5 of Chapter				
		atutes, and alcohol-related				
		e to underage persons in				
	violation of G.S. 18B-	•				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	ning False Information Any				
		nent who willfully furnishes,				
		e gives false information on				
		cation that is the basis for a				
	-	d check under this section				
		ass A1 misdemeanor.				
		oyment A provider may				
	employ an applicant of					
		of a criminal history record				
	_	applicant if both of the				
	following requirement					
		l not employ an applicant				
	. ,	applicant's consent for				
		d check as required in				
	1	section or the completed				
		equired in G.S. 114-19.10.				
		I submit the request for a				
		d check not later than five				

Division of Health Service Regulation

STATE FORM 6899 1QC211 If continuation sheet 6 of 11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
		MHL059-097	B. WING		06/0	3/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	-	
THE SLAT	ER HOME		OTT STREET			
02, (MARION	, NC 28752			
(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	Continued From page	e 6	V 133			
		•				
	facility failed to ensur- check was conducted of 3 audited staff (Qu- #1). The findings are	ews and interviews, the e the criminal history record I within five days of hire for 2 alified Professional and Staff : he Qualified Professional's		The criminal history record chec completed within 5 days of recei potential employee's application results of the check will be reviet to hire. The administrative assis will run the check, and the QP withe results.	pt of the . The wed prior stant	7/5/22
	-criminal history recor 12/17/19	d check completed:				
	revealed: -hire date: 1/10/22;	Staff#1's personnel record rd check completed: 2/22/22				
	revealed: -A Human Resources office left and took so	to a new criminal record				
V 289	27G .5601 Supervise 10A NCAC 27G .560 (a) Supervised living		V 289			

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STATE FORM 6899 1QC211 If continuation sheet 7 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.	A. BUILDING:		
		MHL059-097	B. WING		06/03	3/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE SLAT	ER HOME	27 ELLIOT	T STREET			
THE OLA	EKTIOME	MARION, N	IC 28752			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	Continued From page	e 7	V 289			
V 289	provides residential shome environment withese services is the rehabilitation of indiviillness, a developmer or a substance abuse supervision when in the facility serves eith (1) one or more (2) two or more (2) two or more (2) two or more (3) two or more (4) two or more (5) two or more (6) two or more (7) two or more (8) two or more (9) two or more (10) two or more (11) two or more (12) two or more (13) two or more (14) two or more (15) two or	ervices to individuals in a here the primary purpose of care, habilitation or duals who have a mental stal disability or disabilities, a disorder, and who require he residence. In gracility shall be licensed if ther: It is shall not reside in the stall disability shall be licensed if ther: It is shall not reside in the stall be precific population as to means a facility which primary diagnosis is mental that are other diagnoses; the means a facility which primary diagnosis is a lity but may also have other the primary diagnosis is a lity but may also have other the primary diagnosis is a lity but may also have other the primary diagnosis is a lity but may also have other the primary diagnosis is the primary d	V 289			
	private residence, wh	tion means a facility in a ich serves no more than ose primary diagnoses is v also have other				

Division of Health Service Regulation

STATE FORM 6899 1QC211 If continuation sheet 8 of 11

Division	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL059-097 B. WING		00/00/0000	
		MITE059-097	1		06/03/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE	
		27 ELLIOT	T STREET		
THE SLAT	ER HOME	MARION, I			
		<u> </u>	10 20/02	T	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(7.0)
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	''
				DEFICIENCY)	
			1		
V 289	Continued From page	8	V 289		
	disabilities, or three a	dult clients or three minor			
	clients whose primary				
		lities but may also have			
		live with a family and the			
		ervice. This facility shall be			
	* *				
	•	wing rules: 10A NCAC 27G			
	.0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205				
		'G .0207 (b),(c); 10A NCAC			
		A NCAC 27G .0209[(c)(1) -			
		ications only] (d)(2),(4); (e)			
		and 10A NCAC 27G .0304			
	(b)(2),(d)(4). This fac	ility shall also be known as			
	alternative family livin	g or assisted family living			
	(AFL).				
				This situation has been addressed as	6/6/22
				follows:	
				The employee who provided unauthorized services in their home recevied training	
	This Rule is not met	as evidenced by:		on service definitions of residential and	
	Based on record revie	ews and interviews the		respite care.	
	facility failed to assure	e that residential services		The member now has services in place	
	were provided to indiv	viduals in a home		for times when respite care is needed.	
	-	ne primary purpose of these		Any situations requiring respite services	
				Any situations requiring respite services will be reported to the QP prior to service pr	ovision.
	services is the care, habilitation or rehabilitation of individuals who have a developmental disability			Those services will only be provided by staf	
		no require supervision when		authorized to do so.	'
		ting 2 of 2 audited clients		The OB will as state to	
	(Client #1, #2). The f	•		The QP will maintain regular communication the guardian via email or text.	ı with
	$(\Box \cap \Box \cap \Box \cap \neg $	mango aro.			
	Paview on 6/1/22 of 0	Client #1's record revealed:		Billing adjustments were completed as requ	ired.
	-Date of Admission: 1			Staff were trained on HCBS rule and MCO	site
				review requirements.	
	•	Disorder, Personal History		Performance coaching was completed for the employee who provided unauthorized service	ne nes in
	_	al abuse in childhood, Post		her home.	700 III
		order (D/O), Intermittent			
	Explosive D/O, Nicoti	ne Dependence,			

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Generalized Anxiety D/O, Insomnia, Mild

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STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL059-097	B. WING		06/03/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE SLAT	ER HOME	27 ELLIO	TT STREET		
THE GEAT		MARION,	NC 28752		
(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 COMPLETE
V 289	Continued From page	9	V 289		
		nental Disability (IDD), eflux Disease (GERD), and eractivity Disorder (ADHD)			
	-Date of Admission: 2 -Diagnoses: Autism S	Spectrum D/O,			
	Schizophrenia Residu Protein-Calorie Malnu Hypothyroidism, and	utrition, Severe IDD,			
	Interview on 6/1/22 with Client #1 revealed: -his guardian had an issue with his former day worker; -"I stayed at her house and my sister got mad;" -it was one night.				
	revealed: -she was not notified going out of town and professional (DSP) to her home overnight; -she was on the phor time and heard the D	that the AFL provider was I found out the direct support ook Client #1 and Client #2 to ne with Client#1 during this SP in the background sayingtell her you're at home."			
	where Client#1, and emergency, and took -they stayed just one -Client #1 and #2 we home; -she got written up ov	evealed: t #1's DSP; viding respite at the AFL #2 reside; had a family them back to her house; night "it was already late;" re supervised while at her			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
		MHL059-097	B. WING		06	/03/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
THE SLAT	TER HOME		IT STREET NC 28752			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 289	Interviews from 6/1/22 Professional revealed -the DSP was to prov the AFL where Client AFL provider was on -the DSP had a family and this is when she is to her home; -when he found this ir addressed immediate -a new DSP was assi -this was also addres with the Local Manag Organization;	2 to 6/3/22 with the Qualified l: ide residential services in #1 and #2 reside while the vacation; / emergency that came up took Client #1 and Client #2 information out, it was ly with the DSP.	V 289			

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