STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-046			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		08/04/2022		
	PROVIDER OR SUPPLIER	22676 US	DRESS, CITY, S HIGHWAY 1 S, NC 28901			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	This facility is licens category: 10A NCA Living for Adults wit Disabilities. This facility is licens	sed for the following service C 27G .5600C Supervised h Intellectual/Developmental sed for 3 and currently has a urvey sample consisted of				
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any provider licensed unapplicant to fill a position applicant to have an conditioned on conscriminal history reconstruction and the program is conditioned on conscriminal history reconstruction and criminal history		V 133			
	is conditioned on co criminal history reco national criminal his include a check of t the applicant has be five years or more, on consent to a Sta	onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for				

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

(X6) DATE TITLE

Division of Health Service Regulation								
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL020-046	B. WING		08/04/2022			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
	DEEK DDADY HOME	22676 US	HIGHWAY 1	9				
DEEP CI	REEK BRADT HOWE	ANDREW	S, NC 28901					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 133	Continued From pa	ge 1	V 133					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

6899

OTATEMENT OF REFIGIENCIES (VA) PROVIDED OUR DISTRICT AND A STATEMENT OF REFIGIENCIES		(VO) MUUTIDI	E CONOTRUCTION	(VO) DATE	OLIDVEV	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND I EAR OF CONNECTION IDENTIFICATION NOWIDEN.		A. BUILDING:		COWII	LLILD	
MHL020-046						
		B. WING		08/04/2022		
NAME OF I	DDOVIDED OD SLIDDLIED	STREET AN	DESS CITY S	STATE, ZIP CODE	•	
INAIVIE OF I	PROVIDER OR SUPPLIER					
DEEP CF	REEK BRADY HOME		HIGHWAY 1			
		ANDREW	S, NC 28901			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGOLATORT OR E	OCIDENTIF TING INFORMATION)	TAG	DEFICIENCY)	MAIL	5,2
V 133	Continued From pa	ge 2	V 133			
	provider is confiden	itial 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				
	records obtained from					
		oplicant's criminal history				
		ls one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	ors in determining whether to				
		eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.	berson at the time of the				
		ces surrounding the				
	commission of the					
		een the criminal conduct of				
		job duties of the position to be				
	filled.	job daties of the position to be				
	(6) The prison, jail,	probation parole				
		employment records of the				
		ate the crime was committed.				
		t commission by the person of				
	a relevant offense.	t commission by the percent of				
		on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
		ualifies an applicant after				
	consideration of the relevant factors, then the provider may disclose information contained in					
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
		ry record check to the				
	applicant.	A provider and an efficient				
		y A provider and an officer				
		ovider that, in good faith,				
complies with this section shall be immune from						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MHL020-046		MHL020-046	B. WING		08/04/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			HIGHWAY 1			
DEEP C	REEK BRADY HOME	ANDREW	S, NC 28901	l		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	civil liability for: (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense "relevant offense" in federal criminal hist indictment of a criminal felony, that bears uphave responsibility persons needing midisabilities, or substictimes include the cany of the following General Statutes: Alssuing Monetary Significant Executaricle 6, Homicide; Sex Offenses; Artick Kidnapping and About Injury or Damage by Incendiary Device of and Other Housebrother Burnings; Artick Robbery; Article 18, False Pretenses and Obtaining Property Fraudulent Use of Control of Con	e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in	V 133			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			B) DATE SURVEY COMPLETED	
			A. BUILDING:				
MHL020-046		B. WING		08/04/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
DEEP C	REEK BRADY HOME						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE	
	MHL020-046 ME OF PROVIDER OR SUPPLIER STREET ADDR 22676 US HI ANDREWS, (4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 133	DEFICIENCY)			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING			
MHL020-046		B. WING		08/0	4/2022	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S HIGHWAY 1	STATE, ZIP CODE		
DEEP C	REEK BRADY HOME		S, NC 2890			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	This Rule is not me Based on personne interviews, the facil national criminal based of making the cond 1 of 3 audited staff Review on 8/4/22 or record revealed: -Hire Date: 6/6/21 -Lived in lowa prior-Criminal Backgroudid not include SBI Interview on 8/4/22 Director revealed:	et as evidenced by: el record review and staff ity failed to request a state or ackground check within 5 days itional offer of employment for (Staff #1). The findings are: If the Staff #1's personnel to being hired by Licensee. Ind check ordered on 5/7/21 check. with the Human Resources all for completing these hiring its.	V 133			