PRINTED: 08/19/2022 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING MHL047-160 08/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE **AMAT GROUP HOMES LLC** RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on August 18, 2022. The complaint was unsubstantiated (intake RECEIVED #NC0019122.) Deficiencies were cited. By cvhicks at 11:30 am, Aug 24, 2022 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification 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. This Rule is not met as evidenced by: Based on review of records and interview, the

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two audited staff (#4, #5).

records revealed:
-Hire date of 5/15/22.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

-Staff #4 was hired as a Paraprofessional- Mental

Review on 8/18/22 of Staff #4's personnel

facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA				(3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
AMAT G	ROUP HOMES LLC		PROSPECT D, NC 28376	_			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 131	Continued From pa	ge 1	V 131				
	Health Technician -HCPR check for S 5/31/22.	taff #4 was conducted on					
	Review on 8/18/22 of Staff #5's personnel records revealed: -Hire date of 8/12/22Staff #2 was hired as a Paraprofessional- Mental Health Technician -HCPR check for Staff #2 was conducted on 8/18/22. Interview on 8/18/22 with the Owner revealed: -She was not aware that the HCPR check needed to be completed prior to offering employmentShe normally had each prospective staff fill out a questionnaire about past criminal history prior to them workingShe acknowledged that the HCPR for staff #4 and #5 had not been completed prior to offering them employment.						
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As to "provider" applies to program and any prodevelopmental disaservices that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to have an		V 133				

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PRINTED: 08/19/2022 FORM APPROVED

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		MHL047-160	B. WING		08/1	18/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AMAT G	ROUP HOMES LLC		PROSPECT D, NC 28376	AVENUE		
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V 133	Continued From pa	ge 2	V 133			
	less than five years is conditioned on continual history reconational criminal his include 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 for the conditional offershall submit a required by the conditional offershall submit a required by the conduct and check for ecovered by Public Linguistics and Human Service Unit, shall notify the information received of the applicant. In national criminal his with the provider. Pupon request verifications are considered by this section. A considered by this section.	een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If een a resident of this State for then the offer is conditioned ant. A provider shall not a two refuses to consent to a ford check required by this otherwise provided in this inversive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ford check required by this mit a request to a private state criminal history record this section. Notwithstanding a Department of Justice shall finational criminal history employment positions not aw 105-277 to the lith and Human Services, theck Unit. Within five accept of the national criminal in, the Department of Health es, Criminal Records Check are provider as to whether the did may affect the employability no case shall make available cation that a criminal history empleted on any staff covered ounty that has adopted an edinance and has access to				

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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MHL047-160		B. WING		08/18/2022		
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AMAT GI	ROUP HOMES LLC		PROSPECT			
		RAEFORI	D, NC 28376			
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V 133	Continued From pa	ge 3	V 133			
	may conduct on bel	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				
	section within five b	ord check required by this				
	conditional offer of	employment by the provider.				
		nformation received by the				
		tial and may not be disclosed, ant as provided in subsection				
	(c) of this section. For purposes of this					
		n "private entity" means a				
		engaged in conducting ord checks utilizing public				
	records obtained from					
		plicant's criminal history				
		Is one or more convictions of the provider shall consider all				
		ors in determining whether to				
	hire the applicant:					
	(1) The level and se (2) The date of the	eriousness of the crime.				
		person at the time of the				
	conviction.					
	(4) The circumstant commission of the c	ces surrounding the				
		een the criminal conduct of				
	the person and the	job duties of the position to be				
	filled.	man haddan ar ee b				
	(6) The prison, jail,	probation, parole, employment records of the				
		ite the crime was committed.				
		commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
		employment; however, the considered by the provider.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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MHL047-160		B. WING		08/18/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AMAT G	ROUP HOMES LLC		PROSPECT			
			D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	If the provider disquence consideration of the provider may disclose the criminal history to the disqualification of the criminal history to the disqualification of the criminal history applicant. (d) Limited Immunition or employee of a procomplies with this socivil liability for: (1) The failure of the individual on the base the criminal history (2) Failure to check criminal offenses if history record check criminal offenses if history record check criminal offenses in federal criminal history relevant offense relevant offense relevant offense indictment of a criminal history persons needing medisabilities, or subscrimes include the cany of the following General Statutes: A Issuing Monetary Sendangering Executarticle 6, Homicide; Sex Offenses; Artick Kidnapping and Abellinjury or Damage belincendiary Device of and Other Housebrother Burnings; Articked Survivals and Control of the Survivals and Contr	palifies an applicant after a relevant factors, then the use information contained in record check that is relevant on, but may not provide a copy by record check to the cy A provider and an officer rovider that, in good faith, ection shall be immune from the 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				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY
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			B. WING		C	
		MHL047-160	b. WING		08/1	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		906 EAST	PROSPECT	AVENUE		
AMAI GI	ROUP HOMES LLC	RAEFORE), NC 28376			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 N	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
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				22.10.2.10		
V 133	Continued From pa	ge 5	V 133			
	False Pretenses an	d Cheats; Article 19A,				
	Obtaining Property	or Services by False or				
	Fraudulent Use of 0	Credit Device or Other Means;				
	Article 19B, Financi	al Transaction Card Crime				
	Act; Article 20, Frau	ıds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		offenses Against the Public				
		Riots and Civil Disorders;				
	T	on of Minors; Article 40,				
		amily; Article 59, Public ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		statutes, and alcohol-related				
		ale to underage persons in				
	violation of G.S. 18l	B-302 or driving while				
	impaired in violation	n of G.S. 20-138.1 through				
	G.S. 20-138.5.					
		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.				
		oloyment A provider may t 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.				
	(2) The provider shall submit the request for a					

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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		
		MHL047-160	B. WING		C 08/18/20	22
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AMAT GI	ROUP HOMES LLC		PROSPECT D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CO		(X5) MPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	business days after conditional employr 2001-155, s. 1; 200	ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	facility failed to ensi check was requeste making the conditio	et as evidenced by: views and interview, the ure the criminal history record ed within five business days of nal offer of employment audited staff (#4 and #5). The				
	records revealed: -Hire date of 5/15/2 -Staff #4 was hired Health Technician	of Staff #4's personnel 2. as a Paraprofessional- Mental pround check was conducted		- Staff#4 was hired as a Pa Mental Health technician. T al Background check was o Imp.date On 5/31/22 8/18/22	he crimin conducted	
	records revealed: -Hire date of 8/12/2	of Staff #5's personnel 2. as a Paraprofessional- Mental		 QP will ensure that AP co criminal Background check prior to hire date. 		np date 8/22
	-The criminal background check was conducted on 8/18/22.			Staff#5 was hired as a Pa Mental Health technician.	The crimin	
	-She was not aware	2 with the Owner revealed: that the criminal background completed prior to offering		al Background check was 0n 8/18/22 8/18/22 QP will ensu comp date	re that AP cor	·
	-She normally had	each prospective staff fill out a		criminal Background chec	k 5 days 8/	18/22
ivision of H	ealth Service Regulation			prior to hire date.		

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FEAR OF CONNECTION IDENTIFICATION NOMBER.		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL047-160	B. WING		08/1	8/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 133	questionnaire abou them working. -She confirmed the for staff #4 and #5 v	t past criminal history prior to criminal background check were not requested within five taking the conditional offer of	V 133			

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