Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					B) DATE SURVEY COMPLETED	
			A. BOILDING.		F	₹
		MHL032-264	B. WING	<u> </u>		1/2022
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	RPENTER FL , NC 27713	ETCHER ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS			V 000			
	on August 31, 2022 This facility is licens category: 10A NCA Living for Adults with This facility is license.	w up survey was completed?. Deficiencies were cited.  sed for the following service C 27G .5600C Supervised th Developmental Disabilities.  sed for 5 and currently has a urvey sample consisted of clients.				
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person adrugs. (2) Medications shaclients only when a client's physician. (3) Medications, incadministered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administered current. Medication recorded immediated MAR is to include the (A) client's name; (B) name, strength. (C) instructions for (D) date and time the	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by to trained by a registered nurse, r legally qualified person and e and administer medications. dministration Record (MAR) of red to each client must be kept to administered shall be ely after administration. The	V 118			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL032-264	B. WING			R <b>31/2022</b>
	PROVIDER OR SUPPLIER	AD GROUP HOME 1119 CAF		STATE, ZIP CODE ETCHER ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	(5) Client requests checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	Based on record re facility failed to kee Administration Record three of three audit and Client #3). The Review on 8/30/22 -Admission date of -Diagnoses of Mild	views and interviews, the p the Medication ord (MAR) current affecting ed clients (Client #1, Client #2 e findings are:  of Client #1's record revealed: 10/13/00.  Mental Retardation, Fetal Asthma, Psychosis and				
	#1 revealed: -Order dated 8/16/2 milligrams (mg), on Daily-VITE, one tab take 0.5 (1mg) daily two puffs twice daily tablet two times daily tablet at bedtime; Done tablet at bedtime one tablet every nig SOD DR 500mg, two	of physician's order for Client 22 for Escitalopram 20 e tablet in the morning; plet daily; Aripiprazole 2mg, y; Symbicort 80-4.5mcg, inhale y; Metformin HCL 500mg, one ly; Risperidone 2mg, one livalproex SOD DR 250mg, ne; Montelukast SOD 10mg, yht at bedtime; Divalproex yo tablets at bedtime; ag, one tablet daily and ream, apply to feet two times				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
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		MHL032-264	B. WING		08/3	31/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CARPEN	TER-FLETCHER ROA	AD GROUP HOME	PENTER FL , NC 27713	ETCHER ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	Review on 8/30/22 #1 revealed: -Staff had signed for yet happened Escitalopram signed: -Aripiprazole signed: -Aripiprazole signed: -Symbicort signed for morning and evenireMetformin signed for morning and evenire. Risperidone signed: 8/31 morning and evenireDivalproex 250mg and 8/31 evening demonstrateDivalproex 50mg sand 8/31 evening demonstrate.	of the August MAR for Client or times and dates that had not ed for 8/31 morning dose for 8/31 morning dose d for 8/31 morning dose for 8/30 evening dose and 8/31 mg dose. For 8/30 evening dose and 8/31 mg dose. If for 8/30 evening dose and evening dose and evening dose and evening dose and evening dose ose. If for 8/30 evening dose and evening dose and evening dose ose. If 8/31 morning dose d for 8/30 evening dose ose. If 8/31 morning dose and for 8/30 evening dose and for 8/30 evening dose and for 8/30 evening dose ose.				
	-Admission date of -Diagnoses of Anxidisorder, Moderate Gastroesophageal Hypertension and FReview on 8/30/22 #2 revealed: -Order dated 8/2/22 one tablet twice a datablet daily; Omeprodaily; Levothyroxine Losartan Potassium	ety Disorder, Major Depressive Mental Retardation, Reflux Disease (GERD),				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL032-264	B. WING			R <b>31/2022</b>
	PROVIDER OR SUPPLIER	AD GROUP HOME 1119 CAF		STATE, ZIP CODE ETCHER ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	-Staff had premature that had not yet hap -Buspirone signed to 8/31 morning and e-Citalopram signed -Omeprazole signe -Levothyroxine signe -Losartan Potassium dose.  Review on 8/30/22 -Admission date of -Diagnoses of Dow Retardation, Hypoth Varicose veins in legal 8/30/22 - Staff or Staff o	rely signed for times and dates opened. For 8/30 evening dose and evening dose. For 8/31 morning dose. It does not be a for 8/31 morning dose. It does not signed for 8/31 morning dose.	V 118			
	Review on 8/30/22 #3 revealed: - Order dated 8/2/2 one tablet twice a d tablet every night; O tablet in the evening tablet daily; Donepe the morning; Levoth daily 30-60 minutes stomach with water 300mg, one tablet i  Review on 8/30/22 #3 revealed: -Staff had prematur that had not yet hap -Memantine signed -Simvastatin signed 8/31 evening dose.	of the August MAR for Client rely signed for times and dates opened. for 8/31 morning dose. If for 8/30 evening dose and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMPI		
			A. BUILDING.		R	,
		MHL032-264	B. WING			1/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	RPENTER FL I, NC 27713	ETCHER ROAD		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	age 4	V 118			
	-Levothyroxine sigr -Bupropion signed	for 8/31 morning dose. ned for 8/31 morning dose. for 8/31 morning dose. 22 with the Group Home				
	Manager revealed: -His work schedule days off.	was nine days on and nine				
	<ul> <li>-He had completed Medication Administration training upon hire.</li> <li>-Confirmed he had not signed the MARS daily as trained.</li> </ul>					
	Interview on 8/30/22 with the Qualified Professional revealed: -Staff was trained in Medication Administration training upon hireStaff was aware to only sign for the time they administer the medicationHe will speak with the staff regarding the error.					
V 121	27G .0209 (F) Med	lication Requirements	V 121			
	governing body or of for obtaining a review regimen at least evident shall be to be performed by sician. The onest the client's physician the review when more (2) The findings of	ew:  beives psychotropic drugs, the operator shall be responsible ew of each client's drug very six months. The review ormed by a pharmacist or site manager shall assure that an is informed of the results of edical intervention is indicated, the drug regimen review shall client record along with				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY PLETED
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		MHL032-264	B. WINO		08/3	31/2022
NAME OF	PROVIDER OR SUPPLIER		REET ADDRESS, CITY			
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	19 CARPENTER F JRHAM, NC 27713	_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 121	Continued From pa	ge 5	V 121	DEFICIEN	<del></del>	
	facility failed to obta six months for three (Client #1, Client #2 psychotropic drugs. Review on 8/30/22 -Admission date of -Diagnoses of Mild Alcohol Syndrome, Systolic Heart Murn -Physician order da 20 milligrams (mg) tablet in the mornin (Psychosis), one ta 2mg (Psychosis), o -There was no evid	view and interviews, the ain drug regimen reviews of three audited clients and Client #3) who receive the findings are:  of Client #1's record reveal 10/13/00.  Mental Retardation, Feta Asthma, Psychosis and nur.  ted 8/16/22 for Escitalop (Depression/Anxiety), or g, Aripiprazole 2mg blet daily and Risperidor ne tablet at bedtime ence of a current drug appleted within the last six part of the six properties.	ealed: ealed: oram ne			
	Review on 8/30/22 -Admission date of -Diagnoses of Anxidisorder, Moderate Gastroesophageal Hypertension and H -Physician order da 15mg, one tablet tw 20mg, one tablet da -There was no evid	of Client #2's record reversely 13.  ety Disorder, Major Deproperture Mental Retardation, Reflux Disease (GERD), Hyperlipidemia.  ted 8/2/22 for Buspirone vice a day and Citaloprarially.  ence of a current drug inpleted within the last six	essive HCL n			
	Review on 8/30/22 revealed: -Admission date of	of Client #3's record revi 2/15/06.	ew			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING: COMPLETE			
		MHL032-264	B. WING			R <b>31/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STF	REET ADDRESS, CITY,	STATE, ZIP CODE	·	
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	9 CARPENTER F RHAM, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 121	-Diagnoses of Dow Retardation, Hypotl Varicose veins in le disease without esc edemaPhysician order da HCL 300mg (DepremorningThere was no evid regimen review cormonths for Client # Interview on 8/31/2 Professional reveal-The Drug Therapy they used to review -He had not comple Assessments due to the confirmed he had reconfirmed	n Syndrome, Mild Mental hyroidism, Sleep Apnea, gs, Gastro-esophageal rophagitis and experience ted 9/28/21 for Bupropionssion), one tablet in the ence of a current drug appleted within the last six 3.  2 with the Qualified ed: Assessment was the form edications every six meted any of the Drug Theiro other tasks on his plate ad not completed the drug relient #1, Client #2 and	eflux s n m nonth. rapy			
V 131	Verification  G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	HCPR - Prior Employm EALTH CARE PERSONN ealth care personnel into or service, every employe shall access the Health C and shall note each incid oropriate business files.	IEL a er at a eare			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL032-264	B. WING		08/3	≀ 1/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	11/2022
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME 1119 CAR	PENTER FL	ETCHER ROAD		
	I	DURHAM	, NC 27713	DDOWNERS BLANCE CORRECT	ON	0.45)
(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 131	Continued From pa	ge 7	V 131			
	facility failed to ensured Registry (HCPR) was	views and interviews, the ure the Health Care Personnel as accesses prior to ng one of four audited staff				
	revealed: -Hire date of 2/20/1 -The HCPR check	was completed 3/1/13. CPR check was completed				
	Interview on 8/31/22 with the Assistant Director revealed: -Human Resources was responsible for completing HCPR checksShe confirmed the HCPR check for Staff #2 was not completed prior to hire.					
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any program and any program and any program and is licented. (b) Requirement A provider licensed unapplicant to fill a position applicant to have an conditioned on conscriminal history recomposition.		V 133			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·	COMPI	LETED
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		MHL032-264	B. WING			1/2022
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NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
		1119 C	RPENTER FL	ETCHER ROAD		
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	M, NC 27713			
	0					
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
1/ /00	0 " 1-		1/ 400			
V 133	Continued From pa	ige 8	V 133			
	less than five years	, then the offer of employmen	nt			
		onsent to a State and nationa				
		ord check of the applicant. Th				
		story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State fo	r			
		then the offer is conditioned	'			
		ite criminal history record				
		ant. A provider shall not				
		It who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this				
	section or shall sub	mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
	Department of Hea	lth and Human Services,				
	Criminal Records C	Check Unit. Within five				
	business days of re	eceipt of the national criminal				
	history of the perso	n, the Department of Health				
	and Human Service	es, Criminal Records Check				
		provider as to whether the				
		d may affect the employabilit	/			
		no case shall the results of th				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		ninal Information data bank				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL032-264		B. WING			R 31/2022
	PROVIDER OR SUPPLIER	AD GROUP HOME	1119 CAR		STATE, ZIP CODE ETCHER ROAD	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	may conduct on bel criminal history reconsection without the request to the Department of the case, the county should be conditional offer of the conditional of the conditional offer of the condit	half of a provider a sord check required by provider having to suffered check required by the provider having to suffered check required by usiness days of the employment by the provider and may not be ant as provided in suffered checks utilizing promassion of the provider shall complete the provider shall complete the crime of the provider shall complete the crime of the provider shall complete the criminal complete the criminal complete the criminal complete the crime was completed the crime was completed the crime was completed the crime was	by this ubmit a in such a the State by this provider. I by the disclosed, ubsection ans a ingolublic story victions of posider all whether to me. If the induct of sition to be of the person of the p	V 133			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:	<del></del>		,
		MHL032-264	B. WING	· · · · · · · · · · · · · · · · · · ·	08/3	1/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARPEN	ITER-FLETCHER ROA	AD GROUP HOME	PENTER FL , NC 27713	ETCHER ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	consideration of the provider may discle the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (a) Limited Immunition or employee of a procomplies with this scivil liability for:  (1) The failure of the individual on the bath the criminal history (a) Failure to check criminal offenses if history record check criminal history record check criminal history relevant offenses include the language of the following general Statutes: A Issuing Monetary Statutes: A Issuing Monetary Statutes of the following General Statutes: A Issuing Monetary Statutes of the following General Statutes: A Issuing Monetary Statutes of the following General Statutes: A Issuing Monetary Statutes of the following General Statutes: A Issuing Monetary Statutes of the following and Ab Injury or Damage be Incendiary Device of and Other Housebrother Burnings; Art Robbery; Article 18	e relevant factors, then the ose information contained in record check that is relevant on, but may not provide a copy ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from the provider to employ an asis of information provided in record check of the individual. It is an employee's history of the employee's criminal k is requested and received in	V 133			

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STATEMENT OF DEFICI AND PLAN OF CORRECT		(X1) PROVIDER/SUPPL		, ,	E CONSTRUCTION		TE SURVEY MPLETED
				A. BUILDING:			5
		MHL032-264		B. WING		08	R 3/ <b>31/2022</b>
NAME OF PROVIDER O	R SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARPENTER-FLET	CHER RO	AD GROUP HOME		PENTER FL , NC 27713	ETCHER ROAD		
PREFIX (EACH	I DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Obtaining Fraudule Article 19 Act; Article 27 26, Offer Decency Article 27 29, Bribe Office; A Peace; A Article 39 Protectio Intoxicati Crime. T sale of di Controlle 90 of the offenses violation impaired G.S. 20-(f) Penalt applicant supplies, an emplo criminal I shall be (g) Cond employ a obtaining check refollowing (1) The prior to o criminal I subsection fingerprir (2) The prior to pri	int Use of DB, Finance DB, Finance DB, Finance DB, Finance DB, Finance DB, Frostituty (Control of the Foon; and A D), Protection of the Foon; and D) of the Foon;	age 11  or Services by False Credit Device or Otto Credit Device or Otto Credit Transaction Care uds; Article 21, Forgust Public Morality at 5A, Adult Establishmation; Article 28, Perjustion; Article 28, Perjustion; Article 28, Perjustion; Article 29, Puriticle 60, Computeres also include possulation of the North Crease Act, Article 5 of Statutes, and alcohological to underage per 3B-302 or driving whom of G.S. 20-138.1 to Class A1 misdemeatory and check under the cord check as required in G.S. 11 and submit the required cord check not later cord check not later	ner Means; d Crime gery; Article nd nents; ury; Article Public e Public orders; 40, blic Related session or Carolina f Chapter ol-related sons in ille through ation Any furnishes, mation on basis for a s section anor. Her may to bry record f the pplicant ent for ed in mpleted 14-19.10. est for a	V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SI COMPLE	
	MHL032-264	B. WING		R <b>08/31</b>	/2022
NAME OF PROVIDER OR SUPPLIER  CARPENTER-FLETCHER ROAD GROUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  1119 CARPENTER FLETCHER ROAD  DURHAM, NC 27713					
PREFIX (EACH DEFICIENCY	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
conditional employm 2001-155, s. 1; 2004 2005-4, ss. 1, 2, 3, 4 2005-4, ss. 1, 2, 2, 3, 4 2005-4, ss. 1, 2, 3, 4 2	the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)  It as evidenced by: views and interview, the ure the state and national sk was ordered within five aking the conditional offer of of four audited staff (Staff re:  Of Staff #2's personnel file  3. I check was ordered 3/4/13. Iminal record check was ousiness days of making the employment.  2 with the Assistant Director was responsible for ordering check. acced in the home to work as or a least two weeks after hire inal check was not completed less days of making the	V 133			

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