IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		A. BUILDING:			R
	MHL035-029	B. WING			r 06/2022
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
COURT			7596		
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMEN	rs	V 000			
category: 10A NCA	C 27G .5600A Supervised				
census of 5. The su	urvey sample consisted of				
G.S. 122C-80 Crim	inal History Record Check	V 133			
CHECK REQUIRE APPLICANTS FOR (a) Definition As a "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed u applicant to fill a po applicant to have a	D FOR CERTAIN E EMPLOYMENT. Used in this section, the term of an area authority/county rovider of mental health, ubility, and substance abuse nsable under Article 2 of this An offer of employment by a nder this Chapter to an sition that does not require the n occupational license is	3			
criminal history rec the applicant has b less than five years is conditioned on c criminal history rec	ord check of the applicant. If een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The				
include a check of t the applicant has b five years or more, on consent to a Sta check of the applica	the applicant's fingerprints. If een a resident of this State for then the offer is conditioned ate criminal history record				
	OF CORRECTION PROVIDER OR SUPPLIER COURT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual and follo on 9/6/22. Deficiend This facility is licens category: 10A NCA Living for Adults with This facility is licens census of 5. The su audits of 3 current of G.S. 122C-80 Crim G.S. §122C-80 CR CHECK REQUIRE APPLICANTS FOR (a) Definition As u "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed u applicant to fill a po applicant to have a conditioned on con- criminal history reco- the applicant has b less than five years is conditioned on con- criminal history reco- national criminal history reco- co- co- co- co- co-	OF CORRECTION IDENTIFICATION NUMBER: MHL035-029 PROVIDER OR SUPPLIER STREET AI COURT 113 EAS YOUNGS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 9/6/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. G.S. 122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant to have an a resident of this State for less than five years, then the offer of employment by a provider licensed under tha cheapticant. If the applicant to have an a resident of this State for less than five years, then the offer of employment by a conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a residen	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL035-029 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on 9/6/22. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 133 G.S. 122C-80 Criminal History Record Check V 133 G.S. 122C-80 Criminal History Record Check V 133 G.S. \$122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. V 133 APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. 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WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH OEDICINCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT INITIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 9/6/22. Deficiencies were cited. V 100 INITIAL COMMENTS This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 133 This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 133 G.S. 122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. 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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division	of Health Service Re	egulation				APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		E SURVEY IPLETED
		MHL035-029	B. WING			R / 06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT	113 EAS	ON COURT			
EASON	COURT	YOUNGS	SVILLE, NC 27	7596		
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 1	V 133			
	criminal history reco section. Except as o subsection, within fit the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by th G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Hea Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receiver of the applicant. In national criminal his with the provider. P upon request verific check has been con by this section. A co appropriate local or the Division of Crim may conduct on be criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of All criminal history i	ord check required by this otherwise provided in this ive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall f national criminal history mployment positions not				

Division of Health Service	Regulation				APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	MHL035-029	B. WING			R 06/2022
NAME OF PROVIDER OR SUPPLI	ER STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EASON COURT		ON COURT SVILLE, NC 27	596		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
 (c) of this section subsection, the tabusiness regular criminal history records obtained (c) Action If an record check revara relevant offens of the following f hire the applicant (1) The level and (2) The date of the conviction. (4) The circumst commission of the following of the person and table for the person and table for the person since the (7) The subseque a relevant offens. The fact of convision of provider may dist the criminal history of the circumst for the disqualific of the criminal history for the disqualific of the criminal history for the criminal histo	blicant as provided in subsection h. For purposes of this erm "private entity" means a ly engaged in conducting ecord checks utilizing public from a State agency. applicant's criminal history reals one or more convictions of e, the provider shall consider all actors in determining whether to t: I seriousness of the crime. he crime. he person at the time of the ances surrounding the he crime, if known. etween the criminal conduct of he job duties of the position to be ail, probation, parole, d employment records of the date the crime was committed. ent commission by the person of e. ction of a relevant offense alone r to employment; however, the all be considered by the provider. squalifies an applicant after the relevant factors, then the close information contained in ory record check that is relevant ation, but may not provide a copy story record check to the unity A provider and an officer provider that, in good faith,				

BINICION						
	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		MHL035-029	B. WING		R 09/0	₹ 6/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EASON C	OURT	113 EASO				
			/ILLE, NC 2			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From page 3(1) The failure of the provider to employ an individual on the basis of information provided in		V 133			
	the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense" m federal criminal hist indictment of a crim felony, that bears up have responsibility f persons needing me disabilities, or subst crimes include the c any of the following General Statutes: A Issuing Monetary St Endangering Execu Article 6, Homicide; Sex Offenses; Artick Kidnapping and Abc Injury or Damage by Incendiary Device of and Other Housebre Other Burnings; Artic Robbery; Article 18, False Pretenses an Obtaining Property Fraudulent Use of C Article 19B, Financia Act; Article 20, Frau 26, Offenses Agains Decency; Article 26, Article 27, Prostitution	record check of the individual. an employee's history of the employee's criminal < is requested and received in				
		ffenses Against the Public Riots and Civil Disorders;				

If continuation sheet 4 of 9

	of Health Service Re T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL035-029	B. WING			R 06/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	COURT					
			SVILLE, NC 27	PROVIDER'S PLAN OF		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 133	Continued From pa	age 4	V 133			
	Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in vio Controlled Substan 90 of the General S offenses such as si- violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furn applicant for emplo supplies, or otherw an employment app criminal history rec shall be guilty of a G (g) Conditional Employ employ an applicant obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining the criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	all not employ an applicant he applicant's consent for ord check as required in his section or the completed a required in G.S. 114-19.10. hall submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	This Rule is not me	et as evidenced by:				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL035-029	B. WING			R 06/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT		ON COURT SVILLE, NC 27	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	failed to ensure tha check was requeste employment affecti The findings are:	view and interview, the facility t a criminal history record ed prior to the offer of ng 1 of 3 audited staff (#4).				
	revealed: - Hire date: 8/12/ - Title: Residentia - Criminal history - No documental	-				
	(QP) reported: - The criminal his was in the record w	another criminal history check				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	interview, the facilit	et as evidenced by: view, observation and y was not maintained in a ve and orderly manner. The				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL035-029	B. WING			R 06/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT		ON COURT SVILLE, NC 27	/596		
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 736	Continued From pa	ge 6	V 736			
	Observation on 8/2 following:	4/22 at 12:45pm revealed the				
	 Client #2's bedroom: had a urine and musty odor staff #6 opened the right-side window but it wouldn't stay up by itself staff #6 tried to open the left-side window but it didn't open at all slats in the blinds were hanging and broken 					
	beside the bed - staff #6 struggle when it opened, it d	n: and 3 small holes in the wall ed to open the window and lidn't open far enough for a gh, approximately 3-4 inches				
	Client #1's bedroom - 2 out of 4 lightb	n: ulbs were not working				
	the sink	n: oulbs were not working over ne ceiling had no working				
	Client #3's bedroon - 2 out of 4 lightb	n: ulbs were not working				
	#5's bedroom:	hallway across from client ocket was loose and coming				
	following:	5/22 at 8:05am revealed the d and pushed with client #5's all the way up				

STATE FORM

EQJ411

If continuation sheet 7 of 9

	of Health Service Re	egulation	-			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
		MHL035-029	B. WING			R 06/2022
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (*1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER (*2) MULTIPLE CONSTRUCTION A. BUILDING: 						
EASON	COURT			7596		
PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 7	V 736			
	right side window w	ouldn't stay up on its own and				
Re 4/1 -	Regulation (DHSR) construction survey dated 4/13/22 revealed:					
		iroom egress windows would				
	 Interview on 8/25/22 the Qualified Professional (QP) reported: Did the Plan of Correction (POC) for the construction survey. Normally didn't follow up on maintenance orders but she did this one because she did the POC and wanted to make sure the request was sent and followed up on. 					
reported - Tho - She the wind - She windows "someth Review complet "What in ensure t	reported: - Thought the win - She didn't like I the windows will be - She would find windows because s	ndows were fixed. eaving anything "undone" so replaced. someone to do the new she didn't know how to fix				
	completed by the C "What immediate a ensure the safety o -Eason Court h	P dated 8/25/22 revealed: ction will the facility take to f the consumers in your care: as ensured that all fire				
	operable. Until wind instruct clients to sl are open. In the eve enter bedroom doo	n checked and are fully dows can be replaced staff will eep with the bedroom doors ent of a fire and staff cannot rs, staff will exit the group e windows allowing client to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL035-029	B. WING			R 06/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	COURT		ON COURT			
			SVILLE, NC 27			
(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 AC' CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	Continued From page 8				
	exit.					
	happens. -An outside cor and is scheduled to August 30, 2022 to This facility serves range from Schizop disorder, Borderline Bipolar disorder. Cl windows either wou own or was very ha was cited by DHSF 2022 for the same been made. Client access to the outsi emergency. Based egress, this deficie violation which is d and welfare of the o corrected within 45 penalty of 200.00 p	s to make sure the above intractor has been contacted begin replacing the windows." clients whose diagnoses phrenia, Generalized Anxiety e Intellectual functioning and lients #2 and #5's bedroom uldn't open, stay open on their ard to get open. This facility R's construction section in April windows and no repairs had #2 and #5 would have no de in the event of an on the lack of available ncy constitutes a Type B rule etrimental to the health, safety clients. If the violation is not be days, an administrative ber day will be imposed for y is out of compliance beyond				