AND PLAN OF CORRECTION		OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA F CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-198	B. WING		09/15/2022		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	5	V 000				
	An annual survey wa Deficiencies were cite	s completed on 9-15-22. ed.					
		d for the following service 27G 5600F Supervised y Groups in a Private					
		d for three and currently has survey sample consisted of					
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 Health Care Pers people living in the fa Interview on 9-14-22	the facility failed to access onnel Registry (HCPR) for cility. The findings are: with Alternative Family					
	Living (AFL) provider -He had several fiance of his son's livi	grown children and one					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		MHL013-198	B. WING		09	/15/2022
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
THE FERI	LAND HOME		REST BLUFF DRIV D, NC 28107	Έ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 131	Continued From page	9 1	V 131			
	revealed: -They had four a	with the AFL Provider dults in the house besides her husband that were over				
	revealed: -She did not know the house. -She knew that s for anyone over 16 liv	e care of getting the HCPR				
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "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 the applicant has bee less than five years, t is conditioned on con criminal history record national criminal history	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this offer of employment by a er this Chapter to an tion that does not require the occupational license is nt to a State and national d check of the applicant. If n a resident of this State for hen the offer of employment sent to a State and national d check of the applicant. The	V 133			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 09/15/2022	
		MHL013-198				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 133	Continued From page	e 2	V 133			
	five vears or more. th	en the offer is conditioned				
		criminal history record				
		t. A provider shall not				
		who refuses to consent to a				
		d check required by this				
		herwise provided in this				
	subsection, within five	e business days of making				
		of employment, a provider				
	shall submit a reques	t to the Department of				
	Justice under G.S. 17	14-19.10 to conduct a				
	criminal history recor	d check required by this				
		it a request to a private				
	-	ate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La					
		and Human Services,				
	Criminal Records Ch					
		eipt of the national criminal				
		the Department of Health , Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		case shall the results of the				
		bry record check be shared				
		oviders shall make available				
		tion that a criminal history				
		pleted on any staff covered				
		inty that has adopted an				
	-	nance and has access to				
	the Division of Crimin	al Information data bank				
	-	alf of a provider a State				
	-	d check required by this				
		rovider having to submit a				
		ment of Justice. In such a				
	-	Il commence with the State				
	criminal history recor	d abaal raguirad by this	1			1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL013-198	B. WING		09/15/2022	
NAME OF PR	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	Έ		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI
V 133	Continued From page	e 3	V 133			
	section within five bu	siness days of the				
		mployment by the provider.				
		formation 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 er					
		d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
	a relevant offense, th	e provider shall consider all				
		rs in determining whether to				
	hire the applicant:					
	(1) The level and ser	iousness of the crime.				
	(2) The date of the cr	ime.				
	(3) The age of the pe	erson at the time of the				
	conviction.					
	(4) The circumstance	es surrounding the				
	commission of the cr					
	· · /	en the criminal conduct of				
		b duties of the position to be				
	filled.					
	(6) The prison, jail, pr	-				
		nployment records of the				
	•	e the crime was committed.				
	.,	commission by the person of				
	a relevant offense.	of a relevant offense along				
		n of a relevant offense alone				
		employment; however, the considered by the provider.				
		lifies an applicant after				
		relevant factors, then the				
		e information contained in				
		ecord check that is relevant				
		, but may not provide a copy				
	of the criminal history					
	applicant.					
	applicant.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL013-198	B. WING		09	/15/2022
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From pag	e 4	V 133			
		A provider and an officer				
		vider that, in good faith,				
		ction shall be immune from				
	civil liability for:					
	•	provider to employ an				
		is of information provided in				
	the criminal history re	ecord check of the individual.				
		an employee's history of				
		ne employee's criminal				
	-	is requested and received in				
	compliance with this					
		As used in this section,				
		eans a county, state, or				
		ry of conviction or pending , whether a misdemeanor or				
		on an individual's fitness to				
		or the safety and well-being of				
		ntal health, developmental				
		ince abuse services. These				
		iminal offenses set forth in				
	any of the following A	Articles of Chapter 14 of the				
		ticle 5, Counterfeiting and				
	Issuing Monetary Su	bstitutes; Article 5A,				
	Endangering Executi	ve and Legislative Officers;				
		Article 7A, Rape and Other				
		e 8, Assaults; Article 10,				
	· · •	uction; Article 13, Malicious				
	Injury or Damage by					
	•	Material; Article 14, Burglary				
		akings; Article 15, Arson and le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
		r Services by False or				
	0 1 2	edit Device or Other Means;				
		I Transaction Card Crime				
		ls; Article 21, Forgery; Article				
	26, Offenses Against	Public Morality and				
	Decency; Article 26A					

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVE COMPLETED	
		MHL013-198	B. WING	B. WING		15/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE FERI	AND HOME		REST BLUFF DRIV D, NC 28107	Έ		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SH		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Article 27, Prostitutio 29, Bribery; Article 35 Office; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Fan Intoxication; and Artic Crime. These crimes sale of drugs in viola Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B impaired in violation G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment applic criminal history recor shall be guilty of a Cl (g) Conditional Emple employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shall	n; Article 28, Perjury; Article 1, Misconduct in Public enses Against the Public Riots and Civil Disorders; of Minors; Article 40, hily; Article 59, Public 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 -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant	V 133			
	criminal history recor subsection (b) of this fingerprint cards as r (2) The provider shal criminal history recor business days after t conditional employm	ent. (2000-154, s. 4; -124, ss. 10.19D(c), (h);				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL013-198	B. WING		09/15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET
V 133	Continued From page	9 6	V 133			
	criminal background of facility. The findings a Interview on 9-14-22 Living (AFL) provider	the facility failed to request a check for people living in the are: with Alternative Family 's husband revealed: grown children and one				
	-	with the AFL Provider dults in the house besides her husband that were over				
	revealed: -She did not know the house. -She knew that s background check for facility. -They would take	with the Program Director w the children were living in he had to request a criminal r anyone over 16 living in the e care of requesting a check for them immediately.				
V 289	provides residential s home environment wil these services is the rehabilitation of indivi	1 SCOPE is a 24-hour facility which ervices to individuals in a here the primary purpose of	V 289			

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL013-198	B. WING		09	09/15/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
HE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	Έ			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 289	Continued From page	e 7	V 289				
	or a substance abuse	e disorder, and who require					
	supervision when in t						
	· · · · · · · · · · · · · · · · · · ·	ng facility shall be licensed if					
	the facility serves eith						
		e minor clients; or					
	、 /	adult clients.					
		ts shall not reside in the					
	same facility. (c) Each supervised	living facility shall be					
	licensed to serve a spervice						
	designated below:						
		tion means a facility which					
		primary diagnosis is mental					
	illness but may also h	nave other diagnoses;					
		tion means a facility which					
		primary diagnosis is a					
		lity but may also have other					
	diagnoses;	tion means a facility which					
		ition means a facility which primary diagnosis is a					
		lity but may also have other					
	diagnoses;	inty but may also have outor					
	-	tion means a facility which					
	serves minors whose	-					
		endency but may also have					
	other diagnoses;						
		tion means a facility which					
	serves adults whose						
	other diagnoses; or	endency but may also have					
	•	tion means a facility in a					
		ich serves no more than					
		ose primary diagnoses is					
	mental illness but ma						
	disabilities, or three a	dult clients or three minor					
	clients whose primary						
	-	lities but may also have					
		live with a family and the					
	Tamily provides the set in the set is the	ervice. This facility shall be					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL013-198	B. WING		09	/15/2022
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
HE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	.0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H (18) and (b); 10A NC (i); 10A NCAC 27G .0 (a),(b); 10A NCAC 27 27G .0208 (b),(e); 10 non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac	wing rules: 10A NCAC 27G	V 289			
	reviews the facility fa scope of their license clients (Client #1, #2, Review on 8-31-22 o revealed:	ns, interviews and record iled to operate within the effecting three of three and #3) The findings are: f the facility's license				
	-27G. 5600F Su Family Living in a Pri -Capacity: 3.	pervised Living Alternative vate Residence.				
	am revealed:	-22 at approximately 10:30 and #3, with a fourth client nd watching TV.				
	Health Service Regul dated 9-8-22 reveale	email sent by Division of lations-Construction division d: of unknowns with this site; in				
		al they submitted a plan three levels , The first story				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETI DATE
V 289	 Continued From page 9 "main Living Area" indicated two (2) client bedrooms and the second story "upper level" indicating another bedroom for client use; also in their submittal was a plan for the basement showing one bed (unknown use). That room per the plan has no window for emergency egress as required by code, please note that if any of the 		V 289			
required by code, plea basement rooms are purposes (licensed or the North Carolina Sta						
	show this site as a tw addition per their app [facility] is classified to Department's as a Si a lower separate spa	ty Zoning and Tax records to story Dwelling not three, in dication submittal This site by their Zoning and Tax ngle Family dwelling, having ce or unit (Licensed or not) their current zoned use of				
	single family will be e and it's not zoned as multi-family option wh one unit. While peopl certainly live in an SF have to technically be stops people from div	y Residential, means that a expected to live in the home, a duplex, triplex, or other here there will be more than e who are unrelated can FR together, and it doesn't e for a family, the zoning viding a house into a number ample, and then letting a amilies live in those				
	with their application water or waste water capacity may very we	proval that was submitted this site is NOT on a public system, any additional ell tax said systems and pproved or provisional status ronmental health				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE FERL	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 289	Continued From page	e 10	V 289			
	-Diagnoses inclu Disability, Conduct D Hypothyroidism, Hypo Anxiety, and Major D Review on 8-31-22 of -Diagnoses inclu Disorders Due to Phy Developmental Disor Unspecified, Epilepsy Retractable Without S Review on 9-14-22 of -Diagnoses inclu Disability, Smith-Mag Review on 8-31-22 of -Diagnoses inclu disabilities, Congenita predominantly associ Gastro-esophageal re	erlipidemia, Dementia, epression. f Client #2's record revealed: de: Specified Mental vsiological Conditions, 9 der of Scholastic Skills, y, Unspecified Not Status Epilepticus. f Client #4's record revealed: de: Moderate Intellectual enis syndrome, arthritis. f Client #3's record revealed: de: Profound intellectual al malformation syndromes iated with short stature,				
	-She is not sure	vith Client #1 revealed: who lives downstairs, but Family Living (AFL) Provider				
	-Sometimes Clie sometimes downstair	with Client #2 revealed: nt #4 is upstairs and s. ovider and her husband				
	-The AFL Provide her.	with Client #4 revealed: er's husband takes care of er helps her shower				

STATEMEN	of Health Service Regu r of DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
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IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE FERI	AND HOME		REST BLUFF DRIV D, NC 28107	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	e 11	V 289			
	-Client #4 was no reluctant to answer q	ot very verbal and was uestions.				
	-The woman was agency. -The woman's ac so it is a separate res -As long as it is s entrance and exit it is residence. -Her husband co -Her husband ha -The woman doe hygiene. Interview on 8-31-22 revealed: -There was a clie apartment. -The agency had couldn't live there as three.	s there is supported living. s put there by a different ddress is a "hyphenated A"				