	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-222	B. WING		09/09/2022	
	ROVIDER OR SUPPLIER	46 STRE	DDRESS, CITY, STATE			
I DUNSI	AN MANOR GROUP HO	ASHEVII	LLE, NC 28803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL	
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey was completed on 9/9/22. Deficiencies were cited.					
	category: 10A NCAC	ed for the following service 27G .5600C Supervised Developmental Disability.				
	-	d for 6 clients and had a vey sample consisted of ents.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	 AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that 	7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted simulate fire emergencies. have basic first aid supplies				
	failed to ensure emer	as evidenced by: nd record review, the facility rgency drills were completed ed for each shift. The findings				
	Review on 9/9/22 of	the facility's Fire and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-222	B. WING		09	/09/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	TAN MANOR GROUP HO	OME 46 STRE	ET DUNSTAN CIRC	CLE		
		ASHEVI	LLE, NC 28803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 114	Continued From pag	e 1	V 114			
	2022 revealed: -July - September 20 2nd and 3rd shift disa -October - December drills; no 1st and 2nd -January - March 202 and disaster drills. -April - June 2022 - r disaster drills. Interview on 9/9/22 v -She worked as direct there about a year ar -She did a disaster d worked there and it v Interview on 9/9/22 v Operations/Qualified -There were 3 shifts; evening. -He was not sure wh fire and disaster drills -It used to be the Ho spontaneously. -He was aware they	r 2021 - no 2nd and 3rd fire disaster drills. 22 - no 2nd and 3rd fire drills no 1st, 2nd, and 3rd fire and with Staff #1 revealed: ct support staff and had been nd a half. rill one time since she vas this year (2022). with the Director of Clinical Professional revealed: morning, mid shift and o was responsible to ensure				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident ropriate business files.				

STATE FORM

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If continuation sheet 2 of 9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL011-222	B. WING		09/09/2				
AME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE					
ST DUNSTAN MANOR GROUP HOME 46 STREET DUNSTAN CIRCLE ASHEVILLE, NC 28803									
(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	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE			
V 131	Continued From page	e 2	V 131						
	failed to access the ⊦	ew and interview, the facility lealth Care Personnel or to hiring for 2 of 3 audited							
	Review on 9/9/22 of 3 revealed: -Date of hire - 4/5/21 -HCPR check - 4/15/3								
	revealed:	Staff #2's employee file - 2/20/21; separation date - check - 11/18/21.							
	Interview on 9/9/22 w revealed:	vith the Executive Director							
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any pro		V 133						

Division of Health Service Regulation STATE FORM

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EFVY11

If continuation sheet 3 of 9

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	MHL011-222 E OF PROVIDER OR SUPPLIER STREET A		B. WING		09	/09/2022
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
	AN MANOR GROUP HO	OME	EET DUNSTAN CIR(LLE, NC 28803	CLE		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 133	Continued From pag	e 3	V 133			
	services that is licens	sable under Article 2 of this				
	Chapter.					
		n offer of employment by a				
		der this Chapter to an				
		ition 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 has been a resident of this State for					
	less than five years, then the offer of employment					
	is conditioned on consent to a State and national					
	criminal history record check of the applicant. The					
	national criminal history record check shall					
	include a check of the applicant's fingerprints. If					
	the applicant has been a resident of this State for					
	five years or more, then the offer is conditioned					
	on consent to a State	e criminal history record				
		nt. A provider shall not				
	employ an applicant	who refuses to consent to a				
	-	d check required by this				
	ection. Except as otherwise provided in this					
		e business days of making				
		of employment, a provider				
		st to the Department of				
		14-19.10 to conduct a				
	•	d check required by this				
		section or shall submit a request to a private				
		tate criminal history record				
		is section. Notwithstanding				
		G.S. 114-19.10, the Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La					
	Criminal Records Ch	h and Human Services,				
	-	eipt of the national criminal , the Department of Health				
		, the Department of Health s, Criminal Records Check				
		provider as to whether the				
						1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MUI 011 222	B. WING			00/2022
	ROVIDER OR SUPPLIER	MHL011-222			08	0/09/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ET DUNSTAN CIRC			
ST DUNS	TAN MANOR GROUP HO	ME	LLE, NC 28803	LE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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 D THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From page	e 4	V 133			
	of the applicant. In normational criminal history with the provider. Pro- upon request verifical check has been comply by this section. A cour- appropriate local ordit the Division of Crimin may conduct on beha- criminal history recom- section without the pro- request to the Depart case, the county shall criminal history recom- section within five but conditional offer of err All criminal history infor- provider is confidential except to the applicant (c) of this section. For subsection, the term business regularly en- criminal history recom- records obtained from (c) Action If an app- record check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and serif (2) The date of the cri- (3) The age of the pe- conviction. (4) The circumstance commission of the cri-	nployment by the provider. Formation received by the al and may not be disclosed, int as provided in subsection r purposes of this "private entity" means a logaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to cousness of the crime. ime. rson at the time of the s surrounding the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL011-222	B. WING			/09/2022		
AME OF PF	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
		46 STRE	ET DUNSTAN CIRC					
T DUNST	AN MANOR GROUP HO	OME ASHEVI	LLE, NC 28803					
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET		
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE		
V 133	Continued From pag	e 5	V 133					
	(6) The prison, jail, p	robation, parole.						
		nployment records of the						
		e the crime was committed.						
	•	commission by the person of						
	The fact of conviction of a relevant offense alone							
	shall not be a bar to employment; however, the							
	listed factors shall be considered by the provider.							
	If the provider disqualifies an applicant after							
	consideration of the relevant factors, then the							
	provider may disclose information contained in							
	the criminal history record check that is relevant							
	to the disqualification, but may not provide a copy							
	of the criminal history record check to the							
	applicant.							
		- 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 ecord check of the individual.						
	,	an employee's history of						
	· · ·	e 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						
		nce abuse services. These						
	crimes include the cr	iminal offenses set forth in						
	any of the following A	Articles of Chapter 14 of the						
		ticle 5, Counterfeiting and						
	Issuing Monetary Su							
	Endangering Executi		1			1		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
	ST CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		00000 22125	
		MHL011-222	B. WING		09	/09/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
	AN MANOR GROUP H	OME 46 STRE	ET DUNSTAN CIRC	LE		
DUNSI	AN MANOR GROUP H	ASHEVI	LLE, NC 28803			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY 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 pag	ne 6	V 133		- ,	
		Article 7A, Rape and Other				
		e 8, Assaults; Article 10,				
		uction; Article 13, Malicious				
		Use of Explosive or				
		Incendiary Device or Material; Article 14, Burglary				
	and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17,					
	Robbery; Article 18, Embezzlement; Article 19,					
	False Pretenses and Cheats; Article 19A,					
	Obtaining Property or Services by False or					
	•	Fraudulent Use of Credit Device or Other Means;				
	Article 19B, Financial Transaction Card Crime					
	Act; Article 20, Frauds; Article 21, Forgery; Article					
	26, Offenses Against Public Morality and					
	Decency; Article 26A, Adult Establishments;					
	Article 27, Prostitutio	on; Article 28, Perjury; Article				
	29, Bribery; Article 3	1, Misconduct in Public				
		fenses Against the Public				
		Riots and Civil Disorders;				
		n of Minors; Article 40,				
		mily; Article 59, Public				
		icle 60, Computer-Related				
		s also include possession or				
	0	ation of the North Carolina				
		es Act, Article 5 of Chapter				
		atutes, and alcohol-related le to underage persons in				
		8-302 or driving while				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	61 6.6. 20-100.1 through				
		hing False Information Any				
	•	ment who willfully furnishes,				
		se gives false information on				
		lication that is the basis for a				
		rd check under this section				
		lass A1 misdemeanor.				
		loyment A provider may				
		conditionally prior to				
	obtaining the results	• • • • • • • • •	1			1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-222	B. WING		09	/09/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
T DUNST	AN MANOR GROUP HO	DME	EET DUNSTAN CIRC LLE, NC 28803	CLE		
(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 A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLE
V 133	Continued From page	e 7	V 133			
	check regarding the a	applicant if both of the				
	following requirement					
		I not employ an applicant				
		applicant's consent for				
	criminal history record check as required in subsection (b) of this section or the completed					
	fingerprint cards as required in G.S. 114-19.10.					
	(2) The provider shall submit the request for a					
	criminal history record check not later than five business days after the individual begins					
	conditional employme					
		-124, ss. 10.19D(c), (h);				
	2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)					
	This Rule is not met	as evidenced by:				
		ew and interview, the facility				
	failed to check the cri	iminal history for 2 of 3				
	•	1 and #2) within 5 days of				
	hire. The findings are	2:				
	Review on 9/9/22 of	Staff #1's employee file				
	revealed:					
	-Date of hire - 4/5/21					
	-Criminal history chee	ck - 11/24/21.				
		Staff #2's employee file				
	revealed:	-2/20/21: separation data				
	-Date of original nire $2/11/22$.	- 2/20/21; separation date -				
	-Re-hired - 4/1/22.					
	-Most recent and only 11/18/21.	y criminal history check -				
	Interview on 9/9/22 w revealed:	vith the Executive Director				

TATEMEN	of Health Service Regu r of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL011-222	B. WING		09	0/09/2022
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	TAN MANOR GROUP HO	ME	EET DUNSTAN CIRC	LE		
DONO		ASHEVI	LLE, NC 28803			
(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	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETI DATE
V 133	Continued From page	e 8	V 133			
	-She would ensure th checks were done wi for newly hired staff.	e criminal background thin the required timeframe				