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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 09/12/2022. The complaint (intake #NC00190438) was substantiated and complaint (intake #NC00190319) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. This facility has a current census of 56. The survey sample consisted of audits of 6 current clients and 1 former client.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 109		

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V 109	Continued From page 1 (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Qualified Professional (QP) demonstrated competency in knowledge, skills, and abilities required by the population served affecting 3 of 4 audited Staff (QP #2, Former Therapist #1, and Former Therapist #2). The findings are: Review on 08/31/2022 of Former Client (FC) #10's record revealed: -Admitted 01/06/2022. -Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Obsession Compulsive Disorder (OCD), Intellectual Disability, Asthma, Epilepsy, and Anxiety. -Age 23. -Comprehensive Clinical Assessment (CCA) dated 01/06/2022 specified; History of childhood	V 109		

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physical and emotional abuse, suicidal ideations, impaired judgment, depression, remote memory impairment, and prior arrest for assault. "He shared that he has pointed knives at himself and others and made threats. He shared that he is sometimes paranoid and he hears people talking about him."

Review on 08/31/2022 of the QP #2's personnel record revealed:
-Hire date of 12/04/2017.
-Job title of QP.

Review on 07/28/2022 of the Former Therapist #1's personnel record revealed:
-Hire date of 06/04/2021.
-Job title of Outpatient Therapist.
-Resigned 06/02/2022.

Review on 07/28/2022 of the Former Therapist #2's personnel record revealed:
-Hire date of 06/28/2021.
-Job title of Community Support Team Lead/Therapist.
-Resigned 06/03/2022.

Review on 07/28/2022 of the Facility's Incident Report for FC #10 revealed:
-"Date of Incident: 06/01/2020; Time: 10 am.
-Completed and signed by QP #2 on 06/01/2022.
-Other Staff Present: [Former Therapist #1], [Former Therapist #2] and [QP #2].
-Type of Incident: Unchecked.
-Narrative: [FC #10] approached staff [Former Therapists #1 and #2] stating that he was angry with his care provider (Alternative Family Living (AFL) Provider). He stated that he was afraid to go home because he was going to harm his care provider in some way. He mentioned something about a gun, but when questioned about the gun,

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stated the gun was not in the home. He then stated that he would use a big knife to slit her throat. Staff processed with [FC #10] the incidents that occurred with his care provider the day prior. Staff (Former Therapists #1 and #2) discussed the consequences of actions and processed appropriate ways to regulate anger. [FC #10] stated that he wanted to call the police and be taken to jail. Staff advised that he would be transported to behavior health and [FC #10] advised that he did not want to go to behavior health ..."

Review on 07/28/2022 of Emailed Correspondence dated 07/28/2022 from the Director of Operations to the Division of Health Service Regulation (DHSR) Surveyor revealed:
-" ...Lastly, as I informed you (DHSR Surveyor) on yesterday the client [FC #10] spoke with his therapist that is not affiliated with [EQCS (Empowerment Quality Care Services)/Licensee]..."

Review on 07/26/2022 of a Text Message dated 06/01/2022 at 12:48 pm from FC #10's AFL Provider to the QP #2 revealed:
-"Ask him if he (FC #10) needs a night or so at [local Mental Health Hospital] please and let me know."
-No response from QP #2.

Review on 07/26/2022 of a Text Message "undated" from FC #10's Guardian to the Behavior Therapist from another organization revealed:
-"He's (FC #10) also at [local Hospital] now; needed stitched was hit over the head and back with some kindda vases by the father in law trying to get him off of [AFL Provider] during the attack so he needs stitches to back of head and neck."

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Interview on 07/22/2022 with FC #10's AFL Provider revealed:
-Provided Residential Services to FC #10 through another organization.
-Was stabbed 5 times and strangled by FC #10 on 06/01/2022.
-FC #10 was upset with her when he left the home the morning of 06/01/2022.
-Received a call at 12:15 pm on 06/01/2022 from FC #10's Behavior Therapist with another organization warning her that FC #10 had made threats against her.
-Received a call from QP #2 about 15 minutes later.
-"He (QP #2) said that [FC #10] was angry, saying something about forty dollars and some food. [FC #10] had been in to speak with their counselor 2 or 3 times that day and that [FC #10] was saying he was going to kill me. Three to five minutes later, I sent [QP #2] a text asking him to ask [FC #10] if he felt he needed to go to the Mental Health hospital."
-"I never heard anything back from the QP. So, in my mind, I was thinking he (FC #10) was okay and he calmed."
-FC #10 was brought home early on 06/01/2022.
-" ...I went in the house and he (FC #10) was pacing back and forth. I spoke to him and my father in law. My father in law spoke back but [FC #10] did not. I turned to [FC #10] and asked him if he felt he needed to go to the hospital and he looked at me and said I am going to kill you. He got up from the chair and started walking to the kitchen. I followed him into the kitchen and he walked to the knife block; grabbed a knife, turned around, and started stabbing me. I could see the blood, but I could not feel the stabs. I grabbed the knife, it broke, and then he started strangling me..."

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V 109	Continued From page 5 -"I called for my father in law and he was trying to help me but couldn't." -Her daughter fought FC #10 until he released her. -FC #10 was apprehended by local police up the street from her (AFL Provider) home at a stop sign covered in blood. Interviews on 07/22/2022 and 08/18/2022 with FC #10's Guardian revealed: -FC #10 stabbed his AFL Provider 5 times on 06/01/2022 and was charged with assault with a deathly weapon. -FC #10 called her from the facility on 06/01/2022. -FC #10 was distressed and agitated. -"He (FC #10) was upset because [AFL Provider] told him he would have to pay $40 for food that he threw away and said he was going to kill her. He said, 'Nah but she deserved it (to be killed) though, for telling me to pay for food I threw away'." -"I texted his [Behavior Therapist from another organization] and asked him to call the program to speak with [FC #10]. [Behavior Therapist from another organization] spoke with [FC #10] for a while at the program and he (Behavior Therapist from another facility) said he would go by to check on him (FC #10) that evening." -Did not speak with Former Therapist #1, Therapist #2, or the QP #2 on 06/01/2022. -Did not know if staff were present when she spoke to FC #10 by phone on 06/01/2022. -AFL Provider's daughter called her at 5:35 pm on 06/01/2022 to inform her that FC #10 had stabbed the AFL Provider. -FC #10 should not have been sent home to his AFL Provider. -Facility should have reported FC #10's homicidal ideations.	V 109		

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-Local jail was not equipped to handle FC #10's behavioral and medical support needs.
-FC #10 was placed in solitary confinement for sixteen days and was awaiting transfer to a local prison.

Interview on 07/29/2022 with FC #10's Behavior Therapist from another organization revealed:
-"I am called his (FC #10) Behavior Therapist. I am licensed, but I do not do therapy for him in the traditional sense. I provide a service called Specialize Consultative Services for him. I want to be clear about that because people like to sue."
-Developed a behavior support plan for FC #10 to address the behavior difficulties he presented.
-Received a call from FC #10's Guardian stating that he was upset and communicating threats against his AFL Provider.
-"I talked to him (FC #10) for 20-30 minutes and reminded him of consequences and all of kinds of things to calm the situation."
-"I did not make any recommendations to the staff (Former Therapists #1 and #2) at all. I concluded with him (FC #10) and re-enforced with him his need for self-control and consequences of what would emerge. I don't know who for sure, but I felt like the staff was there for the entire call. I felt like they were listening to the entire conversation."
-Called FC #10's AFL Provider to "warn her".
-"[AFL Provider] told me what happened and the circumstances to why he (FC #10) was upset. I told her to be careful ...".

Interview on 08/31/2022 with FC #10 revealed:
-Incarcerated at a local prison for assault with a deadly weapon.
-Did not remember what transpired at the facility on 06/01/2022.
-"I remember saying that I wanted to do

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something to [AFL Provider]."
-Did not understand why prison guards would not play or joke around with him.

Interview on 07/27/2022 with Staff #2 revealed:
-"That morning (06/01/2022) when he (FC #10) came in he was visibly upset. Had a frown on his face and he was not talkative at all."
-FC #10 spoke with Former Therapists #1 and #2.
-"...[Former Therapists #1 and #2], came to talk to our QP (QP #2) and other staff saying that he (FC #10) communicated threats against his AFL provider."
-"He (FC #10) was a little more talkative (after speaking with Former Therapists #1 and #2) but still not his normal self. He would be in and out of answering questions. He was not as quick as he normally is."
-Found out FC #10 had been arrested for the attempted murder of his AFL Provider on the news the next morning (06/02/2022).

Interview on 07/28/2022 with Staff #3 revealed:
-Had driven FC #10 home on 06/01/2022.
-Was not informed FC #10 had made death threats against his AFL Provider.
-"He was chilling and calm on the ride home. He (FC #10) was really quiet."

Interview on 07/27/2022 with the QP #1 revealed:
-"I remember him (FC #10) being in the back where staff offices are. I want to say that he had been seeing [Former Therapist #1]. He was saying things, but I did not have one on one time with him that day."
-" ...I could tell that he was in an uproar; he (FC #10) was upset about having to pay money."

Interview on 07/27/2022 with the QP #2 revealed:

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V 109	Continued From page 8 -FC #10 was upset when he arrived to the facility on 06/01/2022. -FC #10 met with Former Therapists #1 and #2. -"Through his (FC #10) communication with [Former Therapists #1 and #2], they said he was communicating threats against [AFL Provider]." -" ...They (Former Therapists #1 and #2) said they made the appropriate phone calls and I think they called his outside therapist." -"I called her (AFL Provider) because I was concerned. I didn't know what he was capable of because he (FC #10) was new to us. So, I called to give her (AFL Provider) a heads up even though I did not hear the threats myself." -Was not informed by Former Therapists #1 and #2 to notify anyone on FC #10's behalf. -Did not alert the Licensee, law enforcement, or FC #10's Guardian of his homicidal ideations against his AFL Provider. -Received a phone call from the AFL Provider's daughter later that evening informing him that FC #10 stabbed his AFL Provider multiple times. -Informed EQCS direct support staff of FC #10's arrest the next day (06/02/2022). -Former Therapists #1 and #2 resigned on 06/02/2022. Attempted Interview on 07/28/2022 with the Former Therapist #1 was unsuccessful due to no response to phone call, voice message, or text message. Interview on 07/28/2022 with the Former Therapist #2 revealed: -Was an associate Licensed Clinical Social Worker (LCSW). -Worked as a therapist for the EQCS since February 2022. -Resigned 06/03/2022 after giving a three week notice.	V 109		

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V 109	Continued From page 9 -FC #10 presented with homicidal ideations against his AFL Provider on 06/01/2022. -She and Former Therapist #1 met with FC #10 for two hours on 06/01/2022 after he sought them for assistance. -Was concerned over FC #10's disposition and would not leave Former Therapist #1 alone with him. -Allowed FC #10 to speak with his Guardian and Behavior Therapist from another organization. -Did not speak directly to FC #10's Guardian, Behavior Therapist from another organization, or the AFL Provider from another organization. -Discussed the seriousness of the situation with FC #10. -Was informed by FC #10 to call the police so he could be taken to jail. -Had a duty to report FC #10's homicidal ideations against his AFL Provider. -Did not report FC #10's homicidal ideations against his AFL Provider. -"I let PSR (Psychosocial Rehabilitation) staff know of the situation (communicating death threat against the AFL Provider). We (Former Therapists #1 and #2) appointed [QP #2] to contact the AFL worker to let her know what was going on." -Was ready to alert authorities on FC #10's behalf but did not. -Thought the team was on the same page and FC #10 could go home to his AFL Provider. -Did not alert the Licensee of FC #10's homicidal ideations against his AFL Provider. -"[Former Therapist #1] and I (Former Therapist #2) typed up our section of the incident report and told him (QP #2) to add what he did. I told him to type a detailed service note and ensure it is in [FC #10]'s record." Interview on 07/27/2022 and 08/31/2022 with the	V 109		

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Director of Operations revealed:
-Former Therapists #1 and #2 did not document their meeting with FC #10 on 06/01/2022.
-Former Therapists #1 and #2 allowed FC #10 to consult with his Behavior Therapist from another organization on 06/01/2022.
-"In crisis situations the client should be removed and properly assessed. Notifications to Department of Social Services (DSS) and legal guardian should be made."
-Former Therapists #1 and #2 had a duty to report.
-"We dropped the ball."

Review on 09/08/2022 of the Plan of Protection (POP) dated 09/08/2022 and signed by the Director of Operations revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care?
Effective Today the immediate actions to ensure safety will include the following:
Staff will conduct am check ins with clients as a part of daily routine to access for needs, update, and/or behavior concerns that may indicate a behavioral disturbance or crises.
-Upon identification of behavioral or crisis disturbance client will be removed from the group for safety concerns to another area to process further with a crisis intervention trained staff
-Staff will assess that client doesn't have possession of any weapons on his/her person
-Staff will attempt to verbally de-escalate client and identify triggers and antecedents
-Staff will process with client regarding Homicidal Ideations (HI) on plan, intent, and means to include the need to gain additional support from agency licensed staff for further assessment
-Licensed staff than take over to assess and implement de-escalation techniques
-Staff will attempt to verbally de-escalate client

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V 109	Continued From page 11 and identify triggers and antecedents -If client continues to exhibit irate aggressive behaviors than police will be contacted to intervene -If client was able to de-escalate from exhibiting irate aggressive behaviors, but continue with HI, staff will implement process to have client undergo a psychiatric evaluation -Agency will ensure implementation of transportation for client to get to medical facility for evaluation Describe your plans to make sure the above happens. -Maintain required staff to client ratio -Ensure agency policy reflects steps for crisis intervention -Provide ongoing staff training within on crisis response - Maintain up to date client emergency contact information -Ensuring clinical staff is available for oversight and intervention support - Within a specified timeframe ensure a case debriefing to look at steps followed, any changes needed to the current process" Review on 09/09/2022 of the Plan of Protection (POP) addendum dated 09/09/2022 and signed by the Director of Operations revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective Today the immediate actions to ensure safety will include the following: Staff will conduct am check ins with clients as a part of daily routine to access for needs, update, and/or behavior concerns that may indicate a behavioral disturbance or crises. -Upon identification of behavioral or crisis disturbance client will be removed from the group for safety concerns to another area to process further with a crisis intervention trained staff -Staff will assess that client doesn't have	V 109		

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V 109	Continued From page 12 possession of any weapons on his/her person -Staff will attempt to verbally de-escalate client and identify triggers and antecedents -Staff will process with client regarding Homicidal Ideations (HI) on plan, intent, and means to include the need to gain additional support from agency licensed staff for further assessment -Any Licensed staff available during time of crisis would than take over to assess and implement de-escalation techniques -Staff will make contact with guardian, facility, and ensure duty to warn protocol -If client continues to exhibit irate aggressive behaviors than police will be contacted to intervene -If client was able to de-escalate from exhibiting irate aggressive behaviors, but continue with HI, staff will implement process to have client undergo a psychiatric evaluation -Agency will ensure implementation of transportation for client to get to medical facility for evaluation Describe your plans to make sure the above happens. -Maintain required PSR staff to client ratio -Ensure agency policy reflects steps for crisis intervention -Provide ongoing staff training within 30 days on crisis response; Training will be completed by 10/10/22. -Maintain up to date client emergency contact information -Ensuring PSR clinical staff is available for oversight and intervention support - Within a specified timeframe ensure a case debriefing to look at steps followed, any changes needed to the current process will made within 30 days of debriefing" Review on 09/09/2022 of the Plan of Protection	V 109		

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V 109	Continued From page 13 (POP) addendum dated 09/09/2022 and completed by the Director of Operations revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective Today the immediate actions to ensure safety will include the following: Staff will conduct am check ins with clients as a part of daily routine to access for needs, update, and/or behavior concerns that may indicate a behavioral disturbance or crises. -Upon identification of behavioral or crisis disturbance client will be removed from the group for safety concerns to another area to process further with a crisis intervention trained staff -Staff will assess that client doesn't have possession of any weapons on his/her person -Staff will attempt to verbally de-escalate client and identify triggers and antecedents -Staff will process with client regarding Homicidal Ideations (HI) on plan, intent, and means to include the need to gain additional support from agency licensed staff for further assessment -Any Licensed staff available during time of crisis would than take over to assess and implement de-escalation techniques -Staff will make contact with guardian, facility, and ensure duty to warn protocol -If client continues to exhibit irate aggressive behaviors than police will be contacted to intervene -If client was able to de-escalate from exhibiting irate aggressive behaviors, but continue with HI, staff will implement process to have client undergo a psychiatric evaluation -Agency will ensure implementation of transportation for client to get to medical facility for evaluation Describe your plans to make sure the above happens. -Maintain required PSR staff to client ratio	V 109		

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V 109	Continued From page 14 -Ensure agency policy reflects steps for crisis intervention -Provide ongoing staff training within 30 days on crisis response; Training will be completed by 9/23/22. -Maintain up to date client emergency contact information -Ensuring PSR clinical staff is available for oversight and intervention support - Within a specified timeframe ensure a case debriefing to look at steps followed, any changes needed to the current process will made within 30 days of debriefing" FC #10 was a 23 year old diagnosed with ADHD, OCD, Intellectual Disability, and Anxiety. His significant risk histories included childhood physical and emotional abuse, suicidal ideations, impaired judgment, depression, remote memory impairment, prior arrest for assault, pointed knives at himself and others and made threats. FC #10 arrived at the facility and presented with persistent homicidal ideations against his AFL Provider on 06/01/2022. FC #10 sought the assistance of Former Therapists #1 and #2. The QP #2, Former Therapist #1 and Former Therapist #2 neglected to address FC #10's acute psychiatric need. The QP #2 failed to respond to FC #10's AFL Provider with an update on his condition, which prompted her to believe that FC #10 had de-escalated. Former Therapist #1 and Former Therapist #2 were mandated reporters and failed to report the health and safety risk that FC #10 posed to himself and his AFL Provider. As a result, FC #10 stabbed his AFL Provider five times and choked her. He was arrested for assault with a deadly weapon and detained at a local prison. This deficiency constitutes a Type A1 rule violation for serious neglect and serious harm and must be corrected	V 109		

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V 109	Continued From page 15 within 23 days. An administrative penalty of $6000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 109		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment 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 records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 4 of 7 Staff (#1, #2, #3, and Qualified Professional (QP) #2). The findings are: Review on 07/14/2022 of Staff #1's personnel record revealed: -Hire date of 03/15/2022. -Job title of Psychosocial Rehabilitation (PSR) Direct Care Staff. -HCPR check 07/13/2022. Review on 07/14/2022 of Staff #2's personnel	V 131		

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V 131	Continued From page 16 record revealed: -Rehire date of 10/02/2021. -Job title of Job title of PSR Direct Care Staff. -No HCPR check. Review on 07/28/2022 of Staff #3's personnel record revealed: -No hire date. -Became full time 05/02/2020. -Job title of PSR Driver/Support Professional. -HCPR check 01/11/2019. Review on 08/31/2022 of the QP #2's personnel record revealed: -Hire date of 12/04/2017. -Job title of QP. -HCPR check 08/26/2021. Review on 07/28/2022 of Email Correspondence dated 07/28/2022 from the Director of Operations to the Division of Health Service Regulation (DHSR) Surveyor revealed: -"The driver (Staff #3) began in 2019 ..." Interview on 07/27/2022 with Staff #1 revealed: -Employed since March 2022. Interview on 07/27/2022 with Staff #2 revealed: -Rehired September 2021. Interview on 07/28/2022 with Staff #3 revealed: -Hired January 2019. -Not sure of his (Staff #3) exact hire date. Interview on 08/31/2022 with the QP #2 revealed: -Employed for almost 5 years. Interview on 07/22/2022 and 08/31/2022 with the Director of Operations revealed: -Started with the agency 07/12/2022.	V 131		

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V 131	Continued From page 17 -She and the Licensee were responsible for HCPR checks. -HCPR checks were completed after the date of hire but before staff start to work. -HCPR check was not completed when Staff #2 was rehired. -Did not provide the hire date for Staff #3.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check 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 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 criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making	V 133		

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V 133	Continued From page 18 the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a	V 133		

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V 133	Continued From page 19 business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.	V 133		

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V 133	Continued From page 20 (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by 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, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related	V 133		

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Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.
(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:
(1) The provider shall not employ an applicant prior to obtaining the 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 employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, 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:
Based on record reviews and interviews, the facility failed to request the required statewide criminal records check no later than five business

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V 133	Continued From page 22 days after the individual began conditional employment for 3 of 7 Staff (#1, #2, and #3). The findings are: Review on 07/14/2022 of Staff #1's personnel record revealed: -Hire date of 03/15/2022. -Job title of Psychosocial Rehabilitation (PSR) Direct Care Staff. -No documentation of request for statewide criminal records check. Review on 07/14/2022 of Staff #2's personnel record revealed: -Rehire date of 10/02/2021. -Job title of PSR Direct Care Staff. -No documentation of request for statewide criminal records check. Review on 07/28/2022 of Staff #3's personnel record revealed: -No hire date. -Became full time 05/02/2020. -Job title of PSR Driver/Support Professional. -Request for statewide criminal records check ordered 01/11/2019. Review on 07/28/2022 of Email Correspondence dated 07/28/2022 from the Director of Operations to the Division of Health Service Regulation (DHSR) Surveyor revealed: -"The driver (Staff #3) began in 2019 ..." Interview on 07/27/2022 with Staff #1 revealed: -Employed since March 2022. -Served as PSR Direct Support Staff. Interview on 07/27/2022 with Staff #2 revealed: -Rehired September 2021. -Served as PSR Direct Support Staff.	V 133		

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V 133	Continued From page 23 Interview on 07/28/2022 with Staff #3 revealed: -Hired January 2019. -Not sure of his (Staff #3) exact hire date. -Served as PSR Driver until recent termination. Interview on 07/22/2022 and 08/31/2022 with the Director of Operations revealed: -Started with the agency 07/12/2022. -She and the Licensee were responsible for background checks. -Background checks were completed after the date of hire but before staff start to work. -Background check was not completed when Staff #2 was rehired. -Did not provide the exact hire date for Staff #3.	V 133		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements	V 366		

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set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;

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V 366	Continued From page 25 (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 26 This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies governing their response to Level II incidents as required. The findings are: Review on 07/14/2022 and 07/28/2022 of the Facility's Incident Reports from 01/01/2022-07/12/2022 revealed: -Level II incident report for 07/05/2022 incident for Client #7; verbal aggression and physical assault on peer. -Level II incident report for 06/29/2022 incident for Client #8; smoking on premises, inappropriately touching female peer, and making death threats against staff. -Level II incident report for 04/05/2022 incident for Client #9; possession of a pocketknife. -Level II incident report for 06/01/2022 incident for Former Client (FC) #10; Homicidal Ideations against his (FC #10) Alternative Family Living (AFL) Provider. Review on 07/14/2022, 07/28/2022, and 08/31/2022 of the Facility's Records revealed: -No documentation of the above recorded incidents had been evaluated to: (1) Attend to the health and safety needs of individuals involved in the incident; (2) Determine the cause of the incident; (3) Develop/implement measures to correct and/or prevent similar incidents; (4) Assign person(s) to be responsible for implementation of the corrective and/or preventive measures. Interview on 09/08/2022 with the Director of Operations revealed:	V 366		

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V 366	Continued From page 27 -"I am not sure what that (Risk/Cause/Analysis) is. I need to check with leadership to see if it was completed." -Facility did not complete Risk/Cause/Analysis for the above incidents.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

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day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in

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V 367	Continued From page 29 the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS), notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident, and submit a quarterly report of all Level II incidents to the LME/MCO. The findings are: Review on 07/14/2022 and 07/28/2022 of the Facility's Incident Report for Client #7 revealed: -Level II incident report for 07/05/2022 incident. -Incident details: Verbal aggression and physical assault on peer. -Completed and signed by Staff #2 07/05/2022. -No documentation of LME/MCO notifications. Review on 07/14/2022 and 07/28/2022 of the Facility's Incident Report for Client #8 revealed: -Level II incident report for 06/29/2022 incident.	V 367		

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-Incident details: Smoking on premises, inappropriately touching female peer, and making death threats against staff.
-Completed and signed by Staff #2 on 06/29/2022.
-No documentation of LME/MCO notifications.

Review on 07/14/2022 and 07/28/2022 of the Facility's Incident Report for Client #9 revealed:
-Level II incident report for 04/05/2022 incident.
-Incident details: Possession of a pocketknife.
-Completed and signed by Staff #2 on 04/05/2022.
-No documentation of LME/MCO notifications.

Review on 07/28/2022 of the Facility's Incident Report for Former Client (FC) #10 revealed:
-Level II incident report for 06/01/2022 incident.
-Incident details: Homicidal Ideations against his (FC #10) Alternative Family Living (AFL) Provider.
-Completed and signed by QP #2 on 06/01/2022.
-No documentation of LME/MCO notifications.

Review on 07/12/2022 of an internal document titled IRIS Report for Client #7 revealed:
-"Date of Incident: 07/05/2022.
-Date Last Submitted: 1/1/0001.
-Provider Learned of Incident: 07/05/2022 at 12 pm.
-Completed by the Clinical Supervisor.
-Incident Comment: Provider; 7/12/2022; [Client #7] become and physically aggressive with another member. [Client #8] punched this member in the arm causing the other members arm to bruise. Staff spoke with [Client #7] about how inappropriate it is to become verbally and physically aggressive with his peers. After having a conversation with [Client #7] become verbally aggressive with the same member after being separated from one another without provocation.

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V 367	Continued From page 31 [Client #7] was again redirected by staff and asked to be respectful to others. [Client #7]'s were notified via phone call from staff about the situation." -Not submitted in IRIS. Review on 07/12/2022 of an internal document titled IRIS Report for Client #8 revealed: -"Date of Incident: 06/29/2022. -Date Last Submitted: 1/1/0001. -Provider Learned of Incident: 06/29/2022 at 12 pm. -Completed by the Clinical Supervisor. -Consumer Behavior: 7/12/2022; Member (Client #8) inappropriately touched another member. Member also made death threats stating, 'I hope you die'. 7/12/2022; Threatening behavior to staff. Member communicated threats of death to staff." -Not submitted in IRIS. Review on 07/12/2022, 07/14/2022, and 07/28/2022 of the IRIS database from 01/01/2022-07/12/2022 revealed: -No report submitted for Clients #7, #8, #9, or FC #10. -No LME/MCO Notification for Clients #7, #8, #9, or FC #10. Interview on 09/07/2022 with the IRIS Administrator revealed: -No reports submitted for Clients #7, #8, #9, or FC #10. -Clients #8 and #9 had reports created in IRIS but were not submitted. -"Date Last Submitted: '1/1/0001' means the report was not submitted in IRIS." Interview on 08/31/2022 and 09/08/2022 with the Director of Operations revealed: -Employed since 07/12/2022.	V 367		

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V 367	Continued From page 32 -"I know they (staff) were contacting the LME/MCO and guardians, but I am not sure if there was documentation of that." -Was not aware above incidents were not submitted in IRIS. -Was not responsible for IRIS reports completions or submissions. -Clinical Supervisor was responsible for completing and submitting IRIS reports. -"I didn't want to give out her (Clinical Supervisor) personal number without notifying her first. I was not impeding a state investigation. I just forgot." Interview on 09/12/2022 with the Licensee/Owner revealed: -Was not aware above incidents were not submitted in IRIS. Attempts to contact the Clinical supervisor were unsuccessful as her contact information was never provided as requested on 8/31/2022 and 9/02/2022.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive and	V 736		

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V 736	Continued From page 33 orderly manner. The findings are: Observation on 07/12/2022 from approximately 12:32 pm-1:00 pm revealed the following: Hallway; -Fifteen to twenty patches of drywall repair spots approximately 6 inches long and 2 inches wide. Attempted interview on 07/27/2022, 07/28/2022, and 08/31/2022 with Client #1 was unsuccessful due to absence from the facility. Interview on 07/27/2022 with Client #2 revealed: -Could not remember how long the patchwork had been on the walls. Interview on 08/31/2022 with Client #3 revealed: -Did not know how long the patchwork had been on the walls. Interview on 07/27/2022 with Client #4 revealed: -"Maybe a couple of months, it (walls) has been like that (with patchwork)." Interview on 07/27/2022 with Client #5 revealed: -"I have no clue. I don't keep track of that (how long patchwork had been on the walls)." Interview on 07/27/2022 with Staff #1 revealed: -Patchwork had been on the walls since he (Staff #1) started with the agency in March 2022. Interview on 07/27/2022 with Staff #2 revealed: -Patchwork had been on the walls for approximately 3-4 years. Interview on 07/27/2022 with the Qualified Professional (QP) #1 revealed: -Did not know how long the patchwork had been on the walls.	V 736		

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V 736	Continued From page 34 Interview on 08/31/2022 with the Director of Operations revealed: -Would discuss wall repair with the Licensee. Interview on 09/12/2022 with the Licensee revealed: -Would negotiate wall repair with the Landlord at lease renewal in a few weeks.	V 736		