Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLE	ILED
		MHL098-148	B. WING		10/0	6/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ITE, ZIP CODE		
BAILEY'S	RESPITE CARE #2		ONIAL AVENUE			
		WILSON, I	NC 27896			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	2022. Deficiencies w					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.				
	_	d for 3 and currently has a vey sample consisted of ents.				
V 131	G.S. 131E-256 (D2) I Verification	HCPR - Prior Employment	V 131			
	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.					
	failed to complete He Registry (HCPR) che audited staff (staff #1 Review on 10/06/22 of	ew and interview the facility alth Care Personnel cks prior to hire for 1 of 3				
	revealed: - Title of paraprofessi - Hired 11/19/21; "Sta - HCPR check dated	rt Date: 11/27/21."				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL098-148	B. WING		10/06/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BAILEY'S	RESPITE CARE #2	1315 COLO WILSON, N	ONIAL AVENUE			
	OLIMANA DV. OT	·		DDOU/DEDIG DI AN OF CODDECTIO	N	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 131	Continued From page	. 1	V 131			
	prior to hire and would the Director /Register	e understood the R checks to be completed d share the information with ed Nurse/Owner.				
V 133	G.S. 122C-80 Crimina	al History Record Check	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					

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Division of	of Health Service Regu	lation				
()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	(X3) DATE S COMPLE	
		MHL098-148	B. WING		10/0	6/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BAILEY'S	RESPITE CARE #2	1315 COLO WILSON, N	ONIAL AVENUE IC 27896	E		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	shall submit a reques Justice under G.S. 11 criminal history record	t to the Department of	V 133			

6899

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 business regularly engaged in conducting

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
			1			
		MHL098-148	B. WING		10/06/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1315 COL	ONIAL AVENUE			
BAILEY'S	RESPITE CARE #2	WILSON.	NC 27896			
040.15	QUMMADV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N OVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 133	Continued From page	e 3	V 133			
	criminal history record	d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	o gotogou.o. to				
		ousness of the crime.				
	(2) The date of the cr					
	` '	rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri	-				
		en the criminal conduct of				
	` '	b duties of the position to be				
	filled.	•				
	(6) The prison, jail, pr	obation, parole,				
		ployment records of the				
		the crime was committed.				
	(7) The subsequent of	commission by the person of				
	a relevant offense.					
	The fact of conviction	of a relevant offense alone				
	shall not be a bar to e	employment; however, the				
	listed factors shall be	considered by the provider.				
	If the provider disqua	lifies an applicant after				
		elevant factors, then the				
	•	e information contained in				
		cord check that is relevant				
		, 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,				
	complies with this sec civil liability for:	ction shall be immune from				
	(1) The failure of the	provider to employ an				
		s of information provided in				
	the criminal history re	cord check of the individual.				
		n employee's history of				

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING			
		MHL098-148	B. WING		10/06	6/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1315 COI	ONIAL AVENUE			
BAILEY'S	RESPITE CARE #2	WILSON,	NC 27896			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	e 4	V 133			
	. •					
		e employee's criminal				
	-	s requested and received in				
	compliance with this					
		- As used in this section,				
		ans a county, state, or				
		y of conviction or pending				
		whether a misdemeanor or				
	•	on an individual's fitness to				
		r the safety and well-being of				
		ntal health, developmental				
		nce abuse services. These				
		minal offenses set forth in				
	-	rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by I	•				
		Material; Article 14, Burglary				
	and Other Housebrea	akings; Article 15, Arson and				
	Other Burnings; Articl	le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and	Cheats; Article 19A,				
	Obtaining Property or	Services by False or				
	Fraudulent Use of Cre	edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
		, Adult Establishments;				
	Article 27, Prostitution	n; Article 28, Perjury; Article				
		, Misconduct in Public				
	Office; Article 35, Offe	enses Against the Public				
		liots and Civil Disorders;				
	Article 39, Protection	of Minors; Article 40,				

Division of Health Service Regulation

Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL098-148	B. WING		10/06/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BAILEY'S	RESPITE CARE #2	1315 COLC WILSON, N	NIAL AVENUE C 27896	:		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	Ē
V 133	Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employemploy an applicant of obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related it to underage persons in 302 or driving while of G.S. 20-138.1 through the same two willfully furnishes, is gives false information Any ment who willfully furnishes, is gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. The provider may conditionally prior to of a criminal history record applicant if both of the is are met: Inot employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins	V 133			
	facility failed to reque checks within 5 busin	as evidenced by: ews and interviews the st state criminal background ess days of employment for taff #1). The findings are:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL098-148	B. WING		10/06/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BAILEY'S	RESPITE CARE #2	1315 COLO WILSON, N	ONIAL AVENUE IC 27896	•		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 133	Continued From page	÷ 6	V 133			
	Review on 10/06/22 or revealed: - Title of paraprofessi: - Hired 11/19/21; "Sta - Criminal background clincluded "Order Confit December 10, 2021." During interview on 1 Supervisor stated she requirement for background clincluded "Order Confit December 10, 2021."	of staff #1's personnel record onal. rt Date: 11/27/21." d check completed by a neck/screening agency rmation: Date of Order 0/06/22 the House e understood the ground checks to be siness days of employment ation with the Director				
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation was not maintained in manner. The findings	EMENTS s grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: a and interview the facility a clean attractive, safe s are:	V 736			
		coloration around the ceiling				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL098-148	B. WING		10	/06/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
BAILEY'S	RESPITE CARE #2		LONIAL AVENUE , NC 27896			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	- The carpet was stair - The air return grate of dust Smudge marks on common control of the c	chied throughout the facility. In the hallway had a coating Slient #2's bedroom walls. It to the ceiling above the vate bath. Inside the microwave. In client #1"s bedroom dechirpping sound at regular 0/06/22 the House Manager deche rule for the facility to be an attractive, safe manner. In the batteries in the smoke led, the vines removed from and the carpet cleaned. She	V 736			

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