STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL059-093 11/03/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 45 MIDDLE STREET TAYLOR 2 HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed on 11/3/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 V118 12/30/2022 All licensed facilities have started the process 10A NCAC 27G .0209 MEDICATION of being retrained on medication administration REQUIREMENTS (c) Medication administration: As they are being retrained on how to properly (1) Prescription or non-prescription drugs shall give medication and document medication, the RN is completing new certificates of completion. only be administered to a client on the written order of a person authorized by law to prescribe drugs. CCHC has hired a compliance officer and he (2) Medications shall be self-administered by will be monitoring that all retrainings have occured for licensed facilities. clients only when authorized in writing by the client's physician. RN and Compliance officer will do quarterly (3) Medications, including injections, shall be visits to ensure all protocols are followed. administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. DHSR - Mental Health (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept NOV 28 2022 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: Lic, & Cert, Section (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

Division of Health Service Regulation

(X6) DATE

11/22/2022

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP		
					4410	44/00/0000	
		MHL059-093	B. WING		1 11/0	3/2022	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
			LE STREET				
TAYLOR	2 HOME	OLD FO	RT, NC 28762		A PRESTION	(VE)	
(X4) ID PREFIX TAG	VEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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	
	o Card From N	ago 1	V 118				
V 118	Continued From p	age i					
	chacks shall be re	s for medication changes or corded and kept with the MAR appointment or consultation	2				
	with a physician.	appointment of consumation					
	This Rule is not i	met as evidenced by:					
l	Based on record	review and interviews, the	4				
	facility failed to Ke	eep the MAR current and failed en order of a physician for 3 of	3				
	clients (Clients #	1, #2, #3). The findings are:					
	Review on 11/2/2	22 of Client #1's record reveale	ed:				
(37)	-Date of Admissi	Intellectual Disability,					
	Adjustment Diso	rder, Cerebral Palsy, Incontine	ent,				
1	C tubo fed Deni	ression Dysplasia.					
	Gastro-Esophag	eal Reflux (GERD) and Anxiet	У				
	Disorder	ed medications dated 1/27/22					
	included:						
	-Lactulose 100	gm (grams)/15ml (milliliters)					
1	(constination)-di	ve 30ml twice daily ordered	ad				
	8/24/22	eased to 45ml twice daily order					
	-Sucralfate 1g give 10ml via gt	m/10ml suspension (antacid)- ube (gastrostomy tube) twice (	daily				
	ordered 8/24/22 -Baclofen 20m	?. ig (muscle relaxant)-give 4 tim					
	daily ordered 6/	7/22. ne 300mg (seizures)-give 3 tim					
	daily ordered 5/	10/22.					
	-Diazepam 5m	ng (muscle spasms)-give ½ tal noon and 1 tablet at bedtime	DIEL				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED MHL059-093 B. WING 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 MIDDLE STREET TAYLOR 2 HOME** OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 2 V 118 ordered 5/10/22. -Oxybutynin 5mg (bladder control)-twice daily ordered 11/18/21. -Tizanidine 4mg (muscle relaxant)-give 1 1/2 tablets 4 times daily ordered 2/23/22. -Fluticasone 50mcg (micrograms) (asthma)- 1 spray each nostril twice daily ordered 4/20/22. -Cetirizine 10mg (allergies)- once daily ordered 6/7/22 -Escitalopram 20mg (depression)-once daily ordered 5/10/22 -Trazodone 150mg (anti-depressant)-2 tablets at bedtime ordered 5/10/22. -Senna Plus 8.6-50mg (constipation)- twice daily ordered 11/24/20. -Nuedexta 20-10 (anxiety)- give twice daily ordered 5/10/22. -Omeprazole 2mg/ml (GERD)-give 20ml twice daily ordered 3/7/22. -Ketoconazole 2% (antifungal)-topical cream use once daily ordered 5/3/22. Review on 11/2/22 of August -November 2022 MARs for Client #1 revealed: -Lactulose was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. -Sucralfate was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. -Baclofen was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22 2pm doses, 10/31/22-11/1/22 4pm doses or 10/31/22-11/1/22 8pm doses. -Oxcarbazepine was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22 2pm doses, or 10/31/22-11/1/22 8pm doses. -Diazepam was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22

Division of	of Health Service Re	egulation			(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		COMPLETED	
		IDENTIFICATION NUMBER.	A. BUILDING:		
1					44/00/0000
		MHL059-093	B. WING		11/03/2022
	and the second s	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	
NAME OF F	PROVIDER OR SUPPLIER		LE STREET		
TAYLOR	2 HOME		RT, NC 28762	9	
IAILON				PROVIDER'S PLAN OF CORRECT	ION (X5)
(X4) ID PREFIX TAG	YEACH DEELCIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
			V 118		7.77
V 118	Continued From pa	age 3	VIIO		
	2nm doses, or 10/3	31/22-11/1/22 8pm doses.			
	-Oxybutynin was	not initialed as administered			
	on 11/1/22-11/2/22	2 am doses or 10/31/22-11/1/22	2		
	nm doses.				
	-Tizanidine was	not initialed as administered o	n		
	11/1/22-11/2/22 88	am doses; 10/31/22-11/1/22			
	2pm doses, 10/31	/22-11/1/22 4pm doses or			
	10/31/22-11/1/22 8	8pm doses. as not initialed as administered			
	-Fluticasone wa	2 am doses or 10/31/22-11/1/22	2		
	on 11/1/22-11/2/22 pm doses.	Z and doses of Toronzz Thines	_		
	-Cotirizine was	not initialed as administered or	1		
	11/1/22-11/2/22.				
	-Escitalopram v	was not initialed as administere	d		
on 11/1/22-11/2/22.					
	-Trazodone wa	s not initialed as administered			
	on 10/31/22-11/1/	/22.			
	-Senna Plus wa	as not initialed as administered	2		
		2 am doses or 10/31/22-11/1/2	2		
İ	pm doses.	s not initialed as administered o	n		
	-Nuedexta was	am doses or 10/31/22-11/1/22			
		and doses of 10/0 HZZ 11 HZZ			
	pm dosesOmeprazole was not initialed as administered		1		
	on 11/1/22-11/2/2	22 am doses or 10/31/22-11/1/2	22		
	nm doses.				
	-Ketoconazole	was not initialed as administered	ed		
1	on 10/31/22-11/1	/22.			
		no at Olivet #0le record royoolo	d.		
	Review on 11/2/2	22 of Client #2's record reveale	u.		
	-Date of Admissi	rmittent Explosive Disorder,			
	-Diagnoses: inte	bility, Traumatic Brain Injury,			
	Autiem Spectrum	n Disorder, Hearing Loss,			
	incontinent.	in Districting Loss,			
	-Physician order	red medications dated 1/27/22			
	included:				
	-Venlafaxine E	R 37.5mg (depression) once			
	daily.				
	-Doxepin 6mg	(anxiety) once at bedtime.			

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL059-093 B. WING 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 MIDDLE STREET** TAYLOR 2 HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 4 V 118 -Oxcarbazepine 600mg (seizures) 1 1/2 tabs twice daily. Review on 11/2/22 of August -November 2022 MARs for Client #2 revealed: Was not initialed as administered for 10/31/22 PM dose, and 11/1/22. -Venlafaxine was not initialed as administered on 10/31/22-11/1/22. -Doxepin was not initialed as administered on 10/31/22-11/1/22. -Oxcarbazepine was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. Review on 11/2/22 of Client #3's record revealed: -Date of Admission: 2/13/21 -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Impulse Control Disorder, Conduct Disorder, Autism Spectrum Disorder, Hypertension, Ataxia, Hypothyroidism, Moderate Intellectual Disability, Sleep Apnea, Epilepsy, G-tube fed, MERSA. -Physician ordered medications included: -Risperidone 1mg (antipsychotic) 4 times daily ordered 3/10/22. -Fluticasone Prop 50mcg (allergies) instill 1 spray both nostrils daily ordered 2/17/21. -Levothyroxine Sodium 112mg (hypothyroid) once every morning ordered 3/10/22. -Polyethylene Glycol 3350 (constipation) mix 17grams in water every morning ordered 3/10/22. -Flintstone's multivitamin with iron (supplement) take daily ordered 4/5/22. -Memantine 5mg (memory) twice daily ordered 3/10/22. -Oxcarbazepine 300mg (seizures) take 900mg in AM and 1050mg at bedtime ordered 6/28/22. -Famotidine 40mg (antacid) take 20mg twice

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 11/03/2022 B. WING MHL059-093 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 45 MIDDLE STREET **TAYLOR 2 HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 5 V 118 daily ordered 10/1/21. -Gabapentin 250mg/5ml (pain) take 5ml 3 times daily ordered 4/12/22. -Clonidine 0.1mg (sedative) 1 1/2 tablets 3 times daily ordered 6/17/22. -Baclofen 20mg (muscle relaxant) 3 times daily ordered 8/9/21. -Mupirocin 2% topical ointment (antibacterial)- 1 application to affected area twice daily ordered 3/10/22. Review on 11/2/22 of August -November 2022 MARs for Client #3 revealed: -Risperidone was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22 4pm doses, or 10/31/22-11/1/22 8pm doses. -Fluticasone was not initialed as administered on 11/1/22-11/2/22. -Levothyroxine Sodium was not initialed as administered on 11/1/22-11/2/22. -Polyethylene Glycol was not initialed as administered on 11/1/22-11/2/22. -Flintstone's multivitamin with iron was not initialed as administered on 10/31/22-11/1/22. -Memantine was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 Oxcarbazepine was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. -Famotidine was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. -Gabapentin was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22 4pm doses, or 10/31/22-11/1/22 8pm doses. -Clonidine was not initialed as administered on 11/1/22-11/2/22 8am doses; 10/31/22-11/1/22 4pm doses, or 10/31/22-11/1/22 8pm doses.

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL059-093 B. WING\_ 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 MIDDLE STREET TAYLOR 2 HOME** OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 6 V 118 -Baclofen was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. -Mupirocin was not initialed as administered on 11/1/22-11/2/22 am doses or 10/31/22-11/1/22 pm doses. Interview on 11/2/22 with Staff #1 revealed: -Client #1 received his 2pm dose of Baclofen, Oxcarbazepine, Diazepam and Tizanidine from the day program and Client #3 received his 12pm dose of Risperidone and 2pm dose of Baclofen at school. -She and her husband were moving from the facility on Friday (11/4/22) and had been overwhelmed with packing. -"Each client absolutely got their medications, I just forgot to document.' Interview on 11/3/22 with the QP revealed: V131 -Staff #1 was moving out of town and their last day in the facility was to be 11/4/22. CEO will retrain HR Personnel on requirments -She would retrain staff #1 before she works with of hiring as it pertains to the Health Care any other clients. Registry to ensure that the registry is ran before the day of working. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment 12/30/2022 V 131 CCHC has a compliance officer on staff now. Verification Compliance officer will monitor new hire paperwork to make sure HR is following the proper protocols. This will happen on a G.S. §131E-256 HEALTH CARE PERSONNEL quarterly basis. 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.

Division of Health Service Regulation

	of Health Service Re	egulation		CONSTRUCTION (X3) DATE S	LIBVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		COMPL		
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NO.	A. BUILDING: _			
			B. WING	11/03	3/2022	
		MHL059-093			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
TAY!! OD !	LIOME		E STREET			
TAYLOR	2 HOME	OLD FOR	T, NC 28762	- ADDITION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 131	Continued From pa	age 7	V 131			
	This Rule is not m	et as evidenced by:				
	facility failed to ens	eview and interviews, the sure each staff member had no	1			
	substantiated findi	ngs of abuse or neglect listed				
	on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 audited					
	staff (Staff #1). The	e findings are				
	Record review on 11/3/22 for Staff #2 revealed: -Date of Hire-9/14/20 -Date of HCPR verified: 9/14/20  Interview on 11/3/22 with the Office Manager revealed:					
	-They were unsure	e Staff #2 would also be an e and his wife moved from				
		re the HCPR was completed or	n			
	the date of hireWill make sure the	ne correct process is followed.				
V 13		minal History Record Check	V 133	V133 CEO will add to our new hire policy that anyone that has not lived in NC for 5 years must have not only a Nationwide Criminal	12/30/2022	
	CHECK REQUIR	RIMINAL HISTORY RECORD ED FOR CERTAIN		Check but an SBI check as well.		
	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,			CEO will train HR personnel on requirement of hiring as it pertains to the SBI checks.	3	
				CCHC has a compliance officer on staff now Compliance officer will monitor new hire		
	developmental di	sability, and substance abuse censable under Article 2 of this		paperwork to make sure HR is following the proper protocols. This will happen on a quarterly basis.		
	(b) Requirement. provider licensed applicant to fill a	<ul> <li>An offer of employment by a lunder this Chapter to an position that does not require the an occupational license is</li> </ul>	ne			

Division of Health Service Regulation

	TOT FIGURE TO THE INTERPRETATION OF THE INTE				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
		A. BUILDING:		COMPLETED	
		MHL059-093	B. WING		11/03/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY	STATE, ZIP CODE	THOOPEOLE
TAVLO	20110145		LE STREET	STATE, ZIP CODE	
IATLOR	R 2 HOME		RT, NC 2876	22	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL	D.BE COMPLETE
IAG	KEGOBATOKT OK EX	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE DATE
V 133	Continued F			DEFICIENCY)	
V 133	os kindod i rom pa		V 133		
	conditioned on cons	sent to a State and national			
	criminal history reco	ord check of the applicant. If			
	the applicant has be	en a resident of this State for			
	is conditioned on as	then the offer of employment			
	criminal history reco	nsent to a State and national rd check of the applicant. The			
	national criminal his	tory record check shall	y		
	include a check of the	ne applicant's fingerprints. If			
	the applicant has be	en a resident of this State for			
	five years or more, t	hen the offer is conditioned			
	on consent to a State criminal history record			, real"	
	check of the applicant. A provider shall not employ an applicant who refuses to consent to a				
	criminal history reco	rd check required by this			
	section. Except as of	therwise provided in this			
	subsection, within fiv	e business days of making			
	the conditional offer	of employment, a provider			
	shall submit a reques	st to the Department of			
	Justice under G.S. 1	14-19.10 to conduct a			
	criminal history recor	d check required by this			
	entity to conduct a St	nit 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 n	national criminal history			
	record checks for em	ployment positions not			
	covered by Public Law 105-277 to the				
	Department of Health	and Human Services,			
	Criminal Records Che	eck Unit. Within five			1
	history of the person	eipt of the national criminal			1
	and Human Services	the Department of Health Criminal Records Check	1		
	Unit, shall notify the p	rovider as to whether the	1		
i	information received r	may affect the employability			
	of the applicant. In no	case shall the results of the			
r	national criminal histo	ry record check be shared			
V	with the provider. Prov	viders shall make available			
1	Jpon request verificat	ion that a criminal history			
0	neck has been comp	leted on any staff covered			

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 11/03/2022 MHL059-093 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **45 MIDDLE STREET TAYLOR 2 HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 Continued From page 9 V 133 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 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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL059-093 B. WING 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 MIDDLE STREET **TAYLOR 2 HOME** OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 10 V 133 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. (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

Division o	of Health Service Re	gulation			WO DATE CURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL059-093	B. WING		11/03/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
			E STREET		
TAYLOR			T, NC 28762	The state of the s	TON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
V 133	Other Burnings; Ar Robbery; Article 18 False Pretenses at Obtaining Property Fraudulent Use of Article 19B, Finance Act; Article 20, Fra 26, Offenses Again Decency; Article 2 Article 27, Prostitute 29, Bribery; Article 36 Article 39, Protect Protection of the Fintoxication; and Acrime. These criminal of Grand G	ticle 16, Larceny; Article 17, 8, Embezzlement; Article 19, and Cheats; Article 19A, or Services by False or Credit Device or Other Means; cial Transaction Card Crime ands; Article 21, Forgery; Article and Public Morality and 6A, Adult Establishments; tion; Article 28, Perjury; Article 31, Misconduct in Public Offenses Against the Public A, Riots and Civil Disorders; ion of Minors; Article 40, Family; Article 59, Public Article 60, Computer-Related and also include possession or colation of the North Carolina ances Act, Article 5 of Chapter Statutes, and alcohol-related sale to underage persons in 8B-302 or driving while on of G.S. 20-138.1 through and the sale information. Any loyment who willfully furnishes, wise gives false information on pplication that is the basis for a geord check under this section a Class A1 misdemeanor. Imployment. A provider may ant conditionally prior to cults of a criminal history record the applicant if both of the			

XOW811

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL059-093 B. WING 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 MIDDLE STREET TAYLOR 2 HOME** OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 133 Continued From page 12 V 133 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 personnel record review and staff interviews, the facility failed to request a state or national criminal background check within 5 days of making the conditional offer of employment for 2 of 3 audited staff (Staff #1, #2). The findings are: Review on 11/3/22 of the Staff #1's personnel record revealed: -Hire Date: 9/14/20 -Lived in Texas prior to moving to Marion and being hired by Licensee. -Criminal Background check ordered on 9/11/20 did not include SBI check. Review on 11/3/22 of the Staff #2's personnel record revealed: -Hire Date: 9/14/20 -Lived in Texas prior to moving to Marion and being hired by Licensee. -Criminal Background check ordered on 9/11/20 did not include SBI check. Interview on 11/3/22 with the Office Manager revealed: -She was responsible for completing these hiring

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA  DENTIFICATION NUMBER:				COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			
MHL059-093		B. WING		11/03/2022	
NAME OF S	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
NAME OF F	ROVIDER OR SOL LIER		E STREET		
TAYLOR	2 HOME	OLD FOR	T, NC 28762		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE COMPLETE
V 133	Continued From pa	age 13	V 133		
V 133	background check -Was not aware th		V 133		
1					

Division of Health Service Regulation STATE FORM