

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 28, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 deceased client.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 5 of 5 clients (#1, #2, #3, #4, & #5). The findings are:</p> <p>Review on 7/28/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/1/10 - Diagnoses of Intellectual Developmental Disability (IDD) and Atypical Autism - No signed consent from client's guardian to seek emergency treatment in the clients record <p>Review on 7/28/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/10/06 - Diagnoses of Schizophrenia and Moderate IDD - No signed consent from client's guardian to 	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 113	<p>Continued From page 2</p> <p>seek emergency treatment in the clients record</p> <p>Review on 7/28/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/16/13 - Diagnoses of Down Syndrome, Eating Disorder, Mild IDD, Psychosis Disorder, Not Otherwise Specified, and Depression with Anxiety - No signed consent from client's guardian to seek emergency treatment in the clients record <p>Review on 7/28/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/21/14 - Diagnoses of Bipolar Disorder; IDD, Vitamin D Deficiency, Obesity, Hypertension, Tremors, Hyperlipidemia, and Urinary Incontinence - No signed consent from client's guardian to seek emergency treatment in the clients record <p>Review on 7/28/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/18/23 - Diagnoses of Posttraumatic Stress Disorder, Schizoaffective Disorder, and Delayed IDD - No signed consent from client's guardian to seek emergency treatment in the clients record <p>During interview on 7/28/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She was responsible for completing admission packets - She "never seen" the consent to seek emergency treatment in the clients' records <p>During interview on 7/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - She was responsible for obtaining the consents for the facility - She "never" knew she needed a signed consent from the clients' guardians to seek emergency treatment 	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 3	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be 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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the written order of a physician for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 7/28/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/18/23 - Diagnoses of Posttraumatic Stress Disorder, Schizoaffective Disorder, Diabetes, and Delayed Intellectual Developmental Disability (IDD) - No physician order for blood sugar (BS) checks - A Physician's order dated 7/18/23 discontinuing the following medications: <ul style="list-style-type: none"> - Linzess 145 milligrams (mg) capsule (cap) take 1 cap by mouth (PO) daily (irritable bowel syndrome) - Nitrofurantoin (Nitrofur) Macrocrystal-Monohydrated (Mac) 100 microgram (mcg) cap take 1 cap PO daily at bedtime with food or milk (Urinary Tract Infection) <p>A. Review on 7/28/23 of client #5's July 2023 MAR revealed:</p> <ul style="list-style-type: none"> - Linzess 145mg cap handwritten on MAR and initialed by staff #1 from 7/19/23 to 7/28/23 as being administered to the client - Nitrofur Mac 100mcg cap handwritten on MAR and initialed by staff #1 from 7/18/23 to 7/27/23 as being administered to the client <p>Observation on 7/28/23 at 10:12am of client #5's medication box revealed:</p> <ul style="list-style-type: none"> - Linzess 145mcg cap - Nitrofur Mac 100mg take cap <p>During interview on 7/28/23 staff #1 reported:</p> <ul style="list-style-type: none"> - She was responsible for administering clients' medications 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Client #5 came with the medications when she was admitted into the facility on 7/18/23 - She administered the medications to the client because she was unaware it was discontinued - She planned to return the medications back to the pharmacy <p>During interview on 7/28/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Staff #1 and the Licensee were responsible for checking the clients' medications - Clients' medications were checked at admission and when clients' medication changed - She was unaware client #5's Linzess and Nitrofur Mac was discontinued - She was not sure why client #5 came to the facility with the discontinued medications <p>During interview on 7/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Client #5 was admitted to the facility on 7/18/23 from a hospital - She was still in the process of going through client #5's medications - She was unaware client #5's Linzess and Nitrofur Mac were discontinued on 7/18/23 because she didn't see the physician's order - She planned to take client #5 to her Primary Care Physician (PCP) on 8/4/23 to "straighten out the medications" <p>B. Observation on 7/28/23 at 10:12am of client #5's glucometer revealed:</p> <ul style="list-style-type: none"> - 9 BS readings from 7/20/23 to 7/28/23 with results ranging from 72-118 <p>During interview on 7/28/23 client #5 reported:</p> <ul style="list-style-type: none"> - She was a diabetic and her BS was checked every morning 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 6</p> <p>During interview on 7/28/23 staff #1 reported:</p> <ul style="list-style-type: none"> - Client #5 was a diabetic and her BS was checked every morning <p>During interview on 7/28/23 the QP reported:</p> <ul style="list-style-type: none"> - Client #5 was a diabetic and required BS checks because she took insulin everyday - She did not know how often client #5 was suppose to check her BS <p>During interview on 7/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Client #5's BS was checked every morning - "The doctor didn't order how to do it (check client #5's BS), we decided to do it" - "Staff cannot give insulin without checking BS" - She made the decision for staff #1 to check client #5's BS once a day in the morning - She planned to take client #5 to her Primary Care Physician (PCP) on 8/4/23 	V 118		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	Continued From page 7 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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 133	<p>Continued From page 8</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the</p>	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 9</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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,</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 10</p> <p>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 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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
--	---

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 11</p> <p>(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.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check for 1 of 1 paraprofessional staff (Staff #1). The findings are:</p> <p>Review on 7/28/23 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired October 2022 - No documentation of a criminal history record check <p>During interview on 7/28/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Staff #1 previously worked at a Sister Facility before transferring to the facility - Staff #1's criminal history record check was completed when she was hired with the company <p>During interview on 7/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - She was responsible for requesting criminal history record checks - She thought staff #1's criminal history check had been completed - If staff #1's criminal history record check was not in her personnel file then it was not completed 	V 133		