Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL001-237 B. WING 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET** ALAMANCE HOMES II **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on April 15, 2021. The complaint was substantiated (intake #NC00175963). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G, 5600A Supervised Living for Adults with Mental Illness  $\overset{\circ}{V}$  105 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY **POLICIES** (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge: (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records: (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons: (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need: (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations: Division of Health Service Regulation TITLE Director/ LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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PRINTED: 04/20/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING \_\_ MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREEIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) V 105 Continued From page 1 V 105 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care. including delineation of client outcomes and utilization of services: (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service: (E) strategies for improving client care: (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;

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This Rule is not met as evidenced by:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II** BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY V 105 Continued From page 2 V 105 Have applied for CLIA 5/11 Waiver made payment Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings Review on 4/15/21 of Client #1's record revealed: -Admission date of 8/17/16. -Diagnoses of Schizophrenia, Alcohol and Substance Abuse, Diabetes, Cerebral Infarctions, Diastolic Dysfunction, Glaucoma, Vitamin D Deficiency, Hyperglycemia and Kidney Stones. -Physician order dated 9/10/19 included the following order: -Blood Glucose Test - Check blood sugars three times a day. (Fasting before lunch and before supper every day). -True Metrix Glucose Test Strip - Use three times daily as instructed. -Lantus Solostar 100 Units/ML - Inject 10 Units Sub-Q at bedtime. "BD ins syringe 1ML 31GX6MM SFTGLID use as directed once daily. Review on 4/15/21 of the facility's documents revealed: -There was no evidence of a CLIA waiver. Observation on 4/15/21 of Client #1's Diabetic medication revealed: -The injection was in a locked box in the refrigerator. -Documentation of blood sugar check was recorded. interview on 4/15/21 with Staff #6 revealed:

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-He would exit with surveyor.

PRINTED: 04/20/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET** ALAMANCE HOMES II **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION m (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 3 V 105 V 105 -Confirmed client #1 was diabetic. -Client #1's blood sugar was checked three times a day and recorded. -Client #1 received an injection once daily at -Confirmed the injection was kept in a locked box in the refrigerator. -He did not know if the facility had a CLIA waiver. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G ,0209 MEDICATION REQUIREMENTS

(E) name or initials of person administering the drug.

(A) client's name;

(c) Medication administration:

MAR is to include the following:

(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

(2) Medications shall be self-administered by clients only when authorized in writing by the

(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. (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

(B) name, strength, and quantity of the drug;(C) instructions for administering the drug;(D) date and time the drug is administered; and

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR

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drugs.

client's physician.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET** ALAMANCE HOMES II **BURLINGTON, NC 27217** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ÆACH 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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure medication was administered only by licensed person, or by unlicensed person trained by a registered nurse. pharmacist or legally qualified person and privileged to prepare and administer medications affecting three of three audited staff (#6, #7 and #8). The findings are: All Hire dates, med. training, and Job description have been placed in Review on 4/15/21 of Staff #6's personnel record revealed: -No hire date. -Employed as paraprofessional. -No documentation of medication administration Personnel file training in the record. Review on 4/15/21 of Staff #7's personnel record revealed: -No hire date. -Employed as paraprofessional. -No documentation of medication administration training in the record. Review on 4/15/21 of Staff #8's personnel record revealed: -Hire date of 2012. -Employed as paraprofessional. -No documentation of medication administration training in the record.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER; COMPLETED A. BUILDING: \_\_\_ B. WING\_ MHL001-237 04/15/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CE HOMES II	801 N MEBANE STREET				
	ID ILL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
to clientsStaff completed all trainings.					
Verification  G.S. §131E-256 HEALTH CARE PERSONN REGISTRY  (d2) Before hiring health care personnel into health care facility or service, every employe health care facility shall access the Health Care.	EL a rata are				
failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting two of three audited staff (#6 and # The findings are:  Review on 4/15/21 of Staff #6 personnel file revealed;  -No hire dateEmployed as paraprofessionalNo documentation of HCPR.	7).	Health Registry Checks have been Placed in personnel Files	4/27		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PUREGULATORY OR LSC IDENTIFYING INFORMATI  Continued From page 5  Interview with the Director revealed: -Confirmed that all staff administered medicate to clientsStaff completed all trainingsConfirmed a record of staff trainings would be their personnel file.  G.S. 131E-256 (D2) HCPR - Prior Employmed Verification  G.S. §131E-256 HEALTH CARE PERSONN REGISTRY  (d2) Before hiring health care personnel into health care facility shall access the Health C Personnel Registry and shall note each incide of access in the appropriate business files.  This Rule is not met as evidenced by: Based on records review and interview the facilied to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting two of three audited staff (#6 and # The findings are:  Review on 4/15/21 of Staff #6 personnel file revealed: -No hire dateEmployed as paraprofessionalNo documentation of HCPR.  Review on 4/15/21 of Staff #7 's personnel file	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  Interview with the Director revealed: -Confirmed that all staff administered medications to clientsStaff completed all trainingsConfirmed a record of staff trainings would be in their personnel file.  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 interview the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting two of three audited staff (#6 and #7). The findings are:  Review on 4/15/21 of Staff #6 personnel file revealed: -No hire dateEmployed as paraprofessionalNo documentation of HCPR.  Review on 4/15/21 of Staff #7 's personnel file	BURLINGTON, NC 27217  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCES) (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  Interview with the Director revealed:  -Confirmed that all staff administered medications to clients.  -Staff completed all trainings.  -Confirmed a record of staff trainings would be in their personnel file.  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 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 interview the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting two of three audited staff (#6 and #7). The findings are:  Review on 4/15/21 of Staff #7 is personnel file revealed:  -No hire date.  -EMPLOYED STATES AND ACCESS AND ACC		

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
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V 131	Continued From page	e 6	V 131				
	-No hire date.		***************************************			of sheatments	
	-Employed as parapr	rofaccional				-	
rs r	-No documentation of		***************************************			A SOURCE A	
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	Interview with the Dir	rector revealed:	***************************************			Westernament	
	-He would provide sta						
1	surveyor's request.	F	4			The second secon	
		II the information for the	- Control of the Cont			annumber of the second	
!	personnel file per sur					made/************************************	
	-Upon exit staff #7's	HCPR was not available.				***************************************	
						Anna Anna Anna Anna Anna Anna Anna Anna	
V 133	G.S. 122C-80 Crimin	nal History Record Check	V 133			***************************************	
			WAR AND			AATINIAAAAAAAA	
		MINAL HISTORY RECORD				***************************************	
	CHECK REQUIRED FOR CERTAIN					vvoormonevvoor	
ļ	APPLICANTS FOR EMPLOYMENT.  (a) Definition As used in this section, the term						
ļ		an area authority/county	H-1			***************************************	
ļ		ovider of mental health,				Vanasaooo	
i		ility, and substance abuse	Monothina			шин	
		sable under Article 2 of this	1			VVVVV	
	Chapter.	रणाने सामा त्यार प्राप्त हामान सामा सामा सामा स्थापन करणा करणा प्राप्त प्राप्त करणा	1			Annana	
		n offer of employment by a	***************************************			***************************************	
	provider licensed und	der this Chapter to an				**************************************	
		ition that does not require the				to minococcoccinate	
*	applicant to have an	occupational license is				**************************************	
	conditioned on conse	ent to a State and national				Westerman	
<b>!</b>		rd check of the applicant. If				Wenter Annual	
	the applicant has bee	en a resident of this State for				V-4-1884-1	
	less than five years, t	then the offer of employment				Assessment .	
		nsent to a State and national				workship more	
ļ	criminal history record	d check of the applicant. The				ooonaana oo	
	national criminal met	ory record check shall				vocament of the second	
ļ		e applicant's fingerprints. If an a resident of this State for					
		nen the offer is conditioned				***************************************	
!	on consent to a State	eriminal history record	-			water	
į	check of the applican	nt. A provider shall not				***************************************	
	employ an applicant	who refuses to consent to a	Commission			***************************************	

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II** BURLINGTON, NC 27217 BUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION In (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 7 V 133 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 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

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conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING. MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (X5) COMPLETS (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY V 133 V 133 Continued From page 8 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 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

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civil liability for;

PRINTED: 04/20/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; \_\_ B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 133 Continued From page 9 V 133 (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 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

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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:

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-237 04/15/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **801 N MEBANE STREET** ALAMANCE HOMES II **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 V 133 Continued From page 10 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. 188-302 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.)

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This Rule is not met as evidenced by:

PRINTED: 04/20/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING MHL001-237 04/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 133 | Continued From page 11 V 133 Based on record review and interview, the facility failed to ensure the state and national criminal history record check was requested within five business days of making the conditional offer of employment affecting three of three audited staff (#6, #7 and #8). The findings are: Criminal background Checks have been placed Review on 4/15/21 of Staff #6's personnel file 5/3 revealed: - No hire date. in personnel files. -Employed as paraprofessional. - No documentation of criminal history record check. Review on 4/15/21 of Staff #7's personnel file revealed: - No hire date. -Employed as paraprofessional. - No documentation of criminal history record check. Review on 4/15/21 of Staff #8's personnel file revealed: -Hire date of 2012. -Employed as paraprofessional, -No documentation of criminal history record check. Interview with the Director revealed: -He would provide staff personnel file per surveyor's request. -Confirmed he had all the information for the personnel file per surveyor's request. -Upon exit the criminal record check was not in

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staff personnel record.

V 736 27G .0303(c) Facility and Grounds Maintenance

10A NCAC 27G .0303 LOCATION AND

V 736

PRINTED: 04/20/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING MHL001-237 04/15/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) V736 Continued From page 12 V 736 **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 observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are: 5/10 Client has a new Observation on 4/15/21 at 11:00 a.m. revealed: -Client #1's clothing was folded on the floor. dresser in bedroom. -The kitchen floor tile was peeling in different areas of the floor. -There was a torn couch in the laundry room. Couch has been thrown 5/10 -The red paint floor near the front door was peeling throughout, Array. -There were no broken windows. -No problems with the bathrooms. Floor has been Stained 5/10 Interview on 4/15/21 with Staff #6 revealed: A New tile was placed -The house was old and needed some updates. 5/10 -Client #1's dresser broke and was waiting for a on floor. replacement.

Division of Health Service Regulation

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## Alamance Homes LLC

## Fax

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Re:	Alamance Homes	and II	cc	***************************************				
Urgent	☐ For Review	□ Please Co	omment	□ PI	ease Reply	□ Please F	Recycle ::	a makenyawa hawata makenya ma

Documents for Plan of Corrections for Division of Health Service Regulations for facilities I MHL-001-215 and II MHL-001-237.