			1 ' '			E SURVEY PLETED
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	WHL043-015		B. WIIVO		03/	20/2024
PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
-BLACKLEY FELLO	WSHIP HOME			AVENUE		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY I	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
INITIAL COMMEN	TS		V 000			
		rch 20,				
category: 10A NCA	C 27G .5600E Super					
census of 2. The s	survey sample consist					
27G .0206 Client R	Records		V 113			
(a) A client record sindividual admitted contain, but need in (1) an identification (A) name (last, first (B) client record nut (C) date of birth; (D) race, gender ar (E) admission date (F) discharge date; (2) documentation developmental disa diagnosis coded ac (3) documentation assessment; (4) treatment/habilit (5) emergency inform shall include the name of the persudden illness or a and telephone numphysician;	shall be maintained for to the facility, which is not be limited to: face sheet which incit, middle, maiden); imber; and marital status; if of mental illness, abilities or substance according to DSM IV; of the screening and tation or service plan; rmation for each client ame, address and teles on to be contacted in ccident and the name aber of the client's present to the state of the client's present to the same and the client's present to the same aber of the client's present to the same aber of the client's present to the same aber of the client's present to the client's pr	er each shall ludes: abuse at which ephone case of e, address eferred				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTE PROBLEM PROBL	MHL043-015  PROVIDER OR SUPPLIER  B-BLACKLEY FELLOWSHIP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL 2024. Deficiencies were cited.  This facility is licensed for the following scategory: 10A NCAC 27G .5600E Super Living for Adults with Substance Abuse Dependency.  The facility is licensed for 8 and currently census of 2. The survey sample consist audits of 2 current clients.  27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORI (a) A client record shall be maintained for individual admitted to the facility, which scontain, but need not be limited to: (1) an identification face sheet which incomplete (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; (2) documentation of mental illness, developmental disabilities or substance diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plant (5) emergency information afor each clier shall include the name, address and telenumber of the person to be contacted in sudden illness or accident and the name and telephone number of the client's prephysician; (6) a signed statement from the client or	MHL043-015  PROVIDER OR SUPPLIER  STREET AD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual survey was completed on March 20, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.  The facility is licensed for 8 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.  27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (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; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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	MHL043-015  MHL043-015  B. WING	OF CORRECTION    DENTIFICATION NUMBER:   B. WING	OF CORRECTION   DENTIFICATION NUMBER   B. WING   D3/   PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   110 SOUTH LAYTON AVENUE   DUNN, NC 28334     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   PREFIX TAG     INITIAL COMMENTS   V 000     INITIAL COMMENTS   V 000     An annual survey was completed on March 20, 2024. Deficiencies were cited.   V 000     This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Adults with Substance Abuse Dependency.   V 113     10A NCAC 27G. 0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (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; (2) documentation of metal illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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; (6) a signed statement from the client or legally

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL043-015	B. WING		03/2	0/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ELMORE	-BLACKLEY FELLO	WSHIP HOME 110 SOUT DUNN, NO	TH LAYTON A C 28334	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 113	(7) documentation (8) documentation (9) if applicable: (A) documentation diagnosis according of Diseases (ICD-9 (B) medication order (C) orders and cop (D) documentation administration error (b) Each facility sharelative to AIDS or only in accordance	om a hospital or physician; of services provided; of progress toward outcomes; of physical disorders g to International Classification -CM); ers; ies of lab tests; and	V 113			
	Based on record refacility failed to obtathe client or legally permission to seek of two audited client.  Review on 3/19/24-35 year old male arbiagnoses include Anxiety; Depression Disease.  -No consent to see	d Cocaine Dependence; n; Gastroesophageal Reflux k emergency care. 3 client #1 stated he had been				
	Interview on 3/20/2	4 the Director stated he				

Division of Health Service Regulation STATE FORM

ATE FORM 2IOL11 If continuation sheet 2 of 12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		` ,	E CONSTRUCTION		E SURVEY PLETED
		MHL043-015		B. WING		03/:	20/2024
	PROVIDER OR SUPPLIER	VSHIP HOME 11		H LAYTON A	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIOI		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 113		ncy consent was filed fo	r client	V 113			
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster   shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaster shall be held at lease repeated for each seconder conditions the	ncy Plans and Supplies 07 EMERGENCY PLAN In for each facility and plan shall be developed by the appropriate local e made available to all secdures and routes shall for drills in a 24-hour faciliest quarterly and shall be hift. Drills shall be conducted to the conducted simulate fire emergen ill have basic first aid su	and staff II be ity ucted ncies.	V 114			
	failed to have fire a	et as evidenced by: view and interview the fa nd disaster drills held at ted on each shift. The					
	2023 thru February Fire Drills: -No 7am-7pm and 7 documented for the quarter.	7pm-7am weekend fire of March 2023-May 2023	drills				

6899

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL043-015	B. WING		03/2	20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMORE	-BLACKLEY FELLO	WSHIP HOME 110 SOUT	H LAYTON A	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ige 3	V 114			
	-No 7pm-7am weekend fire drill documented for the December 2023 - February 2024 quarter. -There were no documented fire drills for August 2023 - November 2023.					
	drills documented f quarterNo 7pm-7am weel for the June -Augus -No 7pm-7am weel for the December 2 -There were no doc	7pm-7am weekend disaster for the March 2023-May 2023 kend disaster drill documented st 2023 quarter. Kend disaster drill documented 2023 - February 2024 quarter. Cumented disaster drills for agust 2023 - November 2023.				
		Irills reviewed for March 2023 were all documented with the nes.				
	Interview 3/19/24 client #1 stated: -He had resided at the facility for approximately 6 months and had participated in fire and disaster drills.					
	Interview 3/20/24 c -He had resided at month and had par	the facility for approximately 1				
	-Fire and disaster of with varying staffDrill were probably of dateHe understood fire	4 the Director stated: drills were completed monthly not completed during the gap and disaster drill needed to I weekend and weekend shifts				
	Interview on 3/19/2 stated:	4 the Executive Director				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL043-015		B. WING		03/2	20/2024
			070557.40			1 00/2	10/2021
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
ELMORE	E-BLACKLEY FELLOV	VSHIP HOME	DUNN, NO	TH LAYTON A C 28334	AVENUE		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY F	ULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE SEEDEN FOR THE APPLIED TO THE APPLIED AND THE APPLIED TO THE APPL	JLD BE	(X5) COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMAT	ION)	TAG	CROSS-REFERENCED TO THE APPRODE	JPRIATE	DATE
V 114	Continued From pa	ge 4		V 114			
	-Shifts at the facility were: -12pm-7pm; 7pm-10am Weekdays -7am-11pm and 11am-7am Weekends		-i _				
	-7am-11pm and 11am-7am Weekends -The facility was vacant 10am-12pm weekdays due to client's being at work.						
V 133	G.S. 122C-80 Crim	inal History Record C	heck	V 133			
	CHEČK REQUIREI		CORD				
	APPLICANTS FOR EMPLOYMENT.  (a) Definition As used in this section, the term		ie term				
	"provider" applies to	o an area authority/co	unty				
	developmental disa	ovider of mental heal bility, and substance	abuse				
	services that is licer Chapter.	nsable under Article 2	of this				
	(b) Requirement A	An offer of employme					
		nder this Chapter to a sition that does not re					
	applicant to have ar	n occupational license	is				
		sent to a State and na ord check of the appli					
		een a resident of this , then the offer of em					
	is conditioned on co	onsent to a State and	national				
		ord check of the appli story record check sha					
	include a check of t	he applicant's fingerp een a resident of this	rints. If				
	five years or more,	then the offer is cond	itioned				
		te criminal history rec ant. A provider shall n					
	employ an applican	t who refuses to cons ord check required by	ent to a				
	section. Except as	otherwise provided in	this				
		ve business days of r of employment, a pr					
		est to the Department					

Division of Health Service Regulation							
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUF IDENTIFICATION			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL043-01	5	B. WING		03/2	0/2024
NAME OF	PROVIDER OR SUPPLIER		STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI	FINOVIDEIX OIX SOFFEIEIX						
ELMORI	E-BLACKLEY FELLOV	VSHIP HOME	DUNN, NO	TH LAYTON A	WENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5		V 133			
	Justice under G.S. criminal history recesection or shall subentity to conduct a check required by t G.S. 114-19.10, the return the results of record checks for ecovered by Public L Department of Hea Criminal Records C business days of rehistory of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verific check has been couby this section. A compropriate local or the Division of Crimmay conduct on be criminal history recesection without the request to the Department of the Conditional offer of All criminal history recesection within five to conditional offer of All criminal history recesection, the terminal history received to the application of the conditional offer of the application, the terminal history received to the application of	114-19.10 to contord check require with a request to a State criminal his his section. Notwer Department of Jerman 19.277 to the Internal Check Unit. Within and Human Scheck Unit. Within a ceipt of the nation, the Department of Jerman 19.28 (Criminal Record the Company of the Check Unit. Within a ceipt of the nation, the Department of the Company of	d by this a private tory record ithstanding ustice shall I history ions not be ervices, a five and criminal of Health ords Check hether the employability results of the k be shared ake available inal history taff covered opted an access to data bank a State of by this ion submit a eth the State of by this ine provider. Wed by the be disclosed, in subsection is means a aucting				

6899

MHL043-015    B. WING		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	
SUMMARY STATEMENT OF DEFICIENCIES   DID   PROVIDER'S PLAN OF CORRECTION   CASISTANCE   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CEACH CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE DATE			MHL043-015	B. WING		03/2	0/2024
SUMMARY STATEMENT OF DEFICIENCIES   DID   PROVIDER'S PLAN OF CORRECTION   CASISTANCE   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CEACH CORRECTIVE ACTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE DATE	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCY IN ITEM (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFICIENCY (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 of a relevant offense.			110 SOUT				
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 6  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 of a relevant offense.	ELMORI	E-BLACKLEY FELLOV	WSHIP HOME DUNN, NO	28334			
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.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE
(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.	V 133	Continued From pa	age 6	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	V 133	records obtained fr. (c) Action If an aprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the proviction. (4) The circumstancommission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the da (7) The subsequentarelevant offense. The fact of convictions hall not be a bar to listed factors shall but the provider disquestion of the provider may disclost the criminal history to the disqualification of the criminal history (1) The failure of the individual on the batthe criminal history	om a State agency. oplicant's criminal history als one or more convictions of the provider shall consider all tors in determining whether to eriousness of the crime. crime. person at the time of the  ces surrounding the crime, if known. veen the criminal conduct of job duties of the position to be  probation, parole, employment records of the ate the crime was committed. It commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. ualifies an applicant after erelevant factors, then the ose information contained in record check that is relevant on, but may not provide a copy ory record check to the  ty A provider and an officer rovider that, in good faith, section shall be immune from the provider to employ an asis of information provided in record check of the individual.	V 133			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL043-015	B. WING		03/2	20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMORE	E-BLACKLEY FELLOV	VSHIP HOME 110 SOUT	H LAYTON A	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 133	history record check compliance with thi (e) Relevant Offense relevant of a criminal hist indictment of a criminal hist indictment of a criminal hist indictment of a criminal felony, that bears undivided have responsibility persons needing midisabilities, or subsidiates, or subsi	k is requested and received in	V 133			

6899

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL043-015	B. WING		03/2	20/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ELMORE	-BLACKLEY FELLOV	VSHIP HOME DUNN, NO		AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 133	Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5.  (f) Penalty for Furniapplicant for employangular applicant for employment approximinal history recessful be guilty of a (g) Conditional Employan applican obtaining the result check regarding the following requirement (1) The provider shaprior to obtaining the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shapring the provider shapring the provider shapring the criminal history recessions days after conditional employing 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while in of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. Cloyment A provider may at conditionally prior to so for a criminal history record applicant if both of the ents are met: all not employ an applicant applicant in eapplicant's consent for ord check as required in its section or the completed arequired in G.S. 114-19.10. all submit the request for a pord check not later than five the individual begins ment. (2000-154, s. 4; 14-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	failed to request sta	view and interview the facility ate criminal background check days of employment for 1 of 3				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. 201231110.			
		MHL043-015	B. WING		03/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ELMORE	E-BLACKLEY FELLO	WSHIP HOME 110 SOUT DUNN, NO	H LAYTON A	AVENUE		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	age 9	V 133			
	revealed: -Hire date: 6/22/23 -No documentation check.  Interview on 3/19/2 -He had worked at Interview on 3/19/2 -Staff #1 should ha filed in his personn facility was required	of a criminal background				
V 290	27G .5602 Supervi	sed Living - Staff	V 290			
	numbers specified of this Rule shall be enable staff to responeeds.  (b) A minimum of opresent at all times premises, except whabilitation plan do capable of remaining without supervision as needed but not the client continues the home or common specified periods of (c) Staff shall be pfollowing client-staff child or adolescent	os above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to cond to individualized client one staff member shall be when any adult client is on the when the client's treatment or cuments that the client is ng in the home or community in the plan shall be reviewed less than annually to ensure is to be capable of remaining in unity without supervision for f time.  Tresent in a facility in the fratios when more than one				

6899

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL043-015	B. WING		03/2	20/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/2	.0/2024
	E-BLACKLEY FELLO	110 SOUT	H LAYTON A			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 290	abuse disorders should be abused in the governing body (2) children of developmental disasone staff present for present and two stamore clients present duspecified by the emdetermined by the (d) In facilities which diagnosis is substated (1) at least of duty shall be trained withdrawal symptoms econdary complicities and (2) the service of the green dispersion of the service of the staff present for present and two stamore clients present duspecified by the emdetermined by the emdet	pall be served with a minimum of the for every five or fewer minor cowever, only one staff need be sping hours if specified by the procedures determined by any or adolescents with abilities shall be served with or every one to three clients aff present for every four or not. However, only one staff uring sleeping hours if the procedures governing body. The serve clients whose primary ance abuse dependency: The staff member who is on the did in alcohol and other drug ms and symptoms of ations to alcohol and other drug the serve of a certified substance and be available on an	V 290			
	Based on record refailed to ensure at I was trained in alcol symptoms and symcomplications to alcoholder.	et as evidenced by: eview and interview the facility least one staff member on duty hol and other drug withdrawal aptoms of secondary cohol and other drug 3 audited staff (#1). The				
	Review on 3/19/24 -Hire date of 6/22/2	of staff #1's record revealed:				

6899

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL043-015	B. WING		03/2	20/2024
	PROVIDER OR SUPPLIER  E-BLACKLEY FELLOV	NSHIP HOME 110 SOL	DDRESS, CITY, S JTH LAYTON A NC 28334			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 290	-No documented su Interview on 3/20/2- -He had worked sin -He trained in life sa cardio pulmonary re -He had substance counselors. -He worked third sh -Another counselor sometimes. Interview on 3/20/2- worked as the Direc	ubstance abuse trainings.  4 staff #1 stated: ace June 2023. aving skills, first and and esuscitation (CPR). abuse training with the aft sometimes. comes in on third shift  4 the Director stated he had actor for 2 months and ust be trained in alcohol and	V 290			