STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-204	B. WING		04/2	23/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	•	
PINE ST	PINE STREET 4115 PIN SALISBU			7		
(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 APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	on March 23, 2024. unsubstantiated (No and NC00215868). This facility is licens category: 10A NCA Living for Adults with The facility is licens census of 3. The substantial control of the substantial control o	plaint survey was completed The complaints were C00215339, NC00215348, Deficiencies were cited. sed for the following service C 27G .5600C Supervised h Developmental Disability. ed for 3 and currently has a rvey sample consisted of clients and 1 former client.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	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 leas repeated for each s under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be				
	facility failed to con-	et as evidenced by: view and interviews, the duct fire and disaster drills at ach shift. The findings are:				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-204	B. WING		04/2	3/2024
	NAME OF PROVIDER OR SUPPLIER STREET AD 4115 PINE PINE STREET			STATE, ZIP CODE		
PINE 31	KEEI	SALISBUI	RY, NC 2814	47		
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	for April 2023 to Ma -No documentation been conducted fro 2023 for third shifts (7am to 3pm); -No documentation been conducted fro 2023 for third shifts (7am to 3pm); -No documentation been conducted fro 2023 for third shifts (7am to 3pm). Interview on 4/15/24 -"I think I participate I'm not sure."	of fire or disaster drills having m January 2023 to March (11pm to 7am) and first shifts of fire or disaster drills having m July 2023 to September (11pm to 7am) and first shifts of fire or disaster drills having m October 2023 to December (11pm to 7am) and first shifts 4 with client #1 revealed: e in fire and disaster drills, but 4 with client #3 revealed: and disaster drills. I and staff				
	Interview on 4/16/24 Direct Support reve -He facilitated disas same time; -" they (staff) try i	4 with the Lead Residential				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL080-204	B. WING		04/2	3/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
TW WILL OT	NOVIDEN ON OUT LIEN		E STREET	57/112, 211 OOBE			
PINE ST	REET			17			
			RY, NC 2814				
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE	
				DEFICIENCY)			
V 133	Continued From pa	ae 2	V 133				
	•						
		rovider of mental health,					
		bility, and substance abuse nsable under Article 2 of this					
	Chapter.	risable under Article 2 or tris					
		An offer of employment by a					
		nder this Chapter to an					
		sition that does not require the					
		n occupational license is					
	conditioned on cons	sent to a State and national					
		ord check of the applicant. If					
		een a resident of this State for					
		, then the offer of employment					
		onsent to a State and national					
		ord check of the applicant. The					
		story record check shall					
		the applicant's fingerprints. If een a resident of this State for					
		then the offer is conditioned					
		te criminal history record					
		ant. A provider shall not					
		t who refuses to consent to a					
		ord check required by this					
		otherwise provided in this					
		ive business days of making					
		r of employment, a provider					
		est to the Department of					
		114-19.10 to conduct a					
	,	ord check required by this mit a request to a private					
		State criminal history record					
		his section. Notwithstanding					
		Department of Justice shall					
		f national criminal history					
		mployment positions not					
	covered by Public L	aw 105-277 to the					
	•	lth and Human Services,					
		check Unit. Within five					
		ceipt of the national criminal					
	history of the perso	n, the Department of Health					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
		MHL080-204	B. WING		04/2	3/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PINE STREET 4115 PINE		STREET					
PINE 31	KEE I	SALISBUI	RY, NC 2814	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 133	Continued From pa	ge 3	V 133				
	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 corby this section. A corporate local or the Division of Crimmay conduct on be criminal history recessection without the request to the Department of the Conditional offer of All criminal history is conditional offer of All criminal history is provider is confider except to the applic (c) of this section. Further the subsection, the term business regularly criminal history records obtained from (c) Action If an apprecord check reveaus a relevant offense, of the following fact hire the applicant: (1) The level and section. (2) The date of the proviocition. (4) The circumstant commission of the commission of the commission of the commission of the control of the commission of the commission of the control of the commission of the commission of the control of the commission	es, Criminal Records Check e provider as to whether the d may affect the employability no case shall the results of the story record check be shared roviders shall make available cation that a criminal history mpleted on any staff covered ounty that has adopted an dinance and has access to sinal Information data bank half of a provider a State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by the susiness days of the employment by the provider. Information received by the stall and may not be disclosed, cant as provided in subsection for purposes of this in "private entity" means a engaged in conducting ord checks utilizing public orm a State agency. Splicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to be riousness of the crime. Cerime.					

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DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
1						ļ	
<u> </u>		MHL080-204	B. WING		04/23/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
4115 PINE			57771E, 211 GGBE				
I PINE STREET		RY, NC 2814	17				
			K1, NC 2012				
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE	
				DEFICIENCY)			
V 133	Continued From pa	ge 4	V 133				
	the nerson and the	job duties of the position to be					
	filled.	job duties of the position to be					
	(6) The prison, jail,	probation parole					
		employment records of the					
		ate the crime was committed.					
	•	t commission by the person of					
	à relevant offense.	, ,					
	The fact of conviction	on of a relevant offense alone					
	shall not be a bar to	employment; however, the					
	listed factors shall be	be considered by the provider.					
	If the provider disqu	ualifies an applicant after					
	consideration of the	e relevant factors, then the					
		se information contained in					
		record check that is relevant					
		on, but may not provide a copy					
		ry record check to the					
	applicant.	A					
		y A provider and an officer					
		rovider that, in good faith,					
	compiles with this s	ection shall be immune from					
		e provider to employ an					
		sis of information provided in					
		record check of the individual.					
		an employee's history of					
		the employee's criminal					
		k is requested and received in					
	compliance with thi						
		se As used in this section,					
		neans a county, state, or					
		tory of conviction or pending					
		ne, whether a misdemeanor or					
		pon an individual's fitness to					
		for the safety and well-being of					
		ental health, developmental					
	disabilities, or subs	tance abuse services. These					
		criminal offenses set forth in					
	any of the following	Articles of Chapter 14 of the					
	General Statutes: A	article 5. Counterfeiting and					

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DIVISION	Division of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL080-204	HL080-204 B. WING		04/23/2024		
NAME OF I	PROVIDER OR SUPPLIER	QTDEET AD	DRESS CITY S	STATE, ZIP CODE	-		
INAIVIE OF I				STATE, ZIF CODE			
PINE ST	REET		E STREET	47			
		SALISBU	RY, NC 2814	¥7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE	
		,		DEFICIENCY)			
V 133	Continued From pa	ge 5	V 133				
		ubstitutes; Article 5A,					
i		utive and Legislative Officers;					
	Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious						
		y Use of Explosive or					
		or Material; Article 14, Burglary					
	•	eakings; Article 15, Arson and					
		ticle 16, Larceny; Article 17,					
		, Embezzlement; Article 19,					
		nd Cheats; Article 19A,					
	Obtaining Property	or Services by False or					
		Credit Device or Other Means;					
		ial Transaction Card Crime					
		uds; Article 21, Forgery; Article					
		st Public Morality and					
		A, Adult Establishments;					
		ion; Article 28, Perjury; Article					
		31, Misconduct in Public					
		Offenses Against the Public					
		Riots and Civil Disorders; on of Minors; Article 40,					
	•	amily; Article 59, Public					
		ticle 60, Computer-Related					
		es also include possession or					
		ation of the North Carolina					
		ces Act, Article 5 of Chapter					
		Statutes, and alcohol-related					
	offenses such as sa	ale to underage persons in					
		B-302 or driving while					
		n of G.S. 20-138.1 through					
	G.S. 20-138.5.						
		shing False Information Any					
		yment who willfully furnishes,					
		ise gives false information on					
i		olication that is the basis for a					
		ord check under this section					
		Class A1 misdemeanor. oloyment A provider may					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL080-204	B. WING		04/2	3/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PINE STREET 4115 PINE SALISBUF		E STREET RY, NC 2814	47			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	obtaining the result check regarding the following requirement (1) The provider shippion to obtaining the criminal history recession (b) of the fingerprint cards as (2) The provider shippion criminal history recessions days after conditional employr 2001-155, s. 1; 200	nt conditionally prior to s of a criminal history record a applicant if both of the	V 133			
	facility failed to requestion five business conditional offer of audited staff (#1, Le (LRDS), and Qualif findings are: Review on 4/15/24 -Hire date: 5/31/23; -Criminal record ch	eviews and interviews, the uest a criminal record check a days of making the employment affecting 3 of 3 ead Residential Direct Support fied Professional (QP)). The of staff #1's record revealed: eck dated 1/4/24. of the LRDS's record				
	Review on 4/15/24	of the QP's record revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-204	B. WING		04/2	3/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PINE ST	REET	4115 PINE SALISBUI	RY, NC 2814	17		
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	-Hire date: 11/1/23; -Criminal record che Interview on 4/15/24 revealed: -She had been emp (3/2024) and was si files. Interview on 4/15/24 of Compliance reve -She had been on ti month;	eck dated 1/4/24. 4 with Human Resource (HR) bloyed approximately a month till getting accustomed to the 4 & 4/23/24 with the Director	V 133			

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