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 MHL078-330 10/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE WILKINSON FACILITY SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on October 24, 2023. The complaint was unsubstantiated (intake #NC00207607). Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600B Supervised Living for Minors With Developmental Disabilities. The facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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 client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by DHSR - Mental Health unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. NOV 9 9 2023 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept Lic. & Cert. Section current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug: (C) instructions for administering the drug; (D) date and time the drug is administered; and Division of Health Service Regulation

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

(X6) DATE

Division of	of Health Service Re	egulation		- CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
		MHL078-330	B. WING		10/24/2023	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
MAIL KING	ON FACILITY		H WILKINSO			
MILKINS	ON FACILITY		ULS, NC 283		ON (X5)	
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 118	Continued From pa	age 1	V 118			
	drug. (5) Client requests	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record of facility failed to ke of 1 current clients. Finding #1: Review on 10/20/2 revealed: - 17-year old male - Admission date - Diagnoses of im disorder, and inte. Review on 10/23/#1 dated 10/12/2 - Aripiprazole (and 1 tablet (tab) daily - Clonidine (anxiet - Fluoxetine (antidaily). Review on 10/20/MAR revealed the - Aripiprazole 10r 10/10/23 at 7am.	of 5/1/23. pulse control disorder, conduct llectual developmental disability. 23 of physician orders for client 3 revealed: tipsychotic) 10 milligrams (mg) -/ (ty) 0.1 mg - 1 tab every evening depressant) 20 mg - 3 capsules (23 of client #1's October 2023 e following blanks: ng - 10/1/23, 10/2/23, and				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL078-330	B. WING_		10/24/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
WILKINS	SON FACILITY		TH WILKIN: NULS, NC 2	SON DRIVE 8384		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	E
V 118	Continued From page	ge 2	V 118			
	- Fluoxetine 20 mg -	- 10/2/23 and 10/7/23 at 7am.				
	Interview on 10/20/2 - He took his medica - He had not missed	ations as prescribed.				
	Interview on 10/24/2 Professional/Directorshe would ensure moving forward.					
	medication administ	1 received his medications				
V 133	G.S. 122C-80 Crimir	nal History Record Check	V 133			
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR It (a) Definition As us "provider" applies to program and any prodevelopmental disabservices that is licensed chapter. (b) Requirement A provider licensed und applicant to fill a posi applicant to have an conditioned on consecriminal history recorn the applicant has been less than five years, it is conditioned on concriminal history recornational criminal history recornational	MINAL HISTORY RECORD FOR CERTAIN	V 133			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/24/2023 MHL078-330 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **635 NORTH WILKINSON DRIVE** WILKINSON FACILITY SAINT PAULS, NC 28384 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 133 V 133 Continued From page 3 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 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

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-330	B. WING_		10/24/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384						
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V 133	criminal history reco section within five be conditional offer of a All criminal history in provider is confident except to the applica (c) of this section. For subsection, the term business regularly e criminal history reco records obtained fro (c) Action If an apprecord check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and ser (2) The date of the co (3) The age of the perconviction. (4) The circumstance commission of the criminal history re- filled. (6) The prison, jail, prehabilitation, and emperson since the date (7) The subsequent of a relevant offense. The fact of convictionshall not be a bar to delisted factors shall be If the provider disquare consideration of the re- provider may disclose the criminal history re-	and check required by this usiness days of the employment by the provider. Information received by the tial and may not be disclosed, ant as provided in subsection or purposes of this in "private entity" means a ingaged in conducting rid checks utilizing public in a State agency. Colicant's criminal history is one or more convictions of the provider shall consider all in the provider shall consider all in the provider shall consider all in the crime. The provider is a surrounding the rime, if known, and the criminal conduct of the provider of the position to be in the crime was committed. Commission by the person of the provider in of a relevant offense alone employment; however, the provider in of a relevant offense alone employment; however, the provider information contained in ecord check that is relevant, but may not provide a copy	V 133			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 10/24/2023 MHL078-330 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 635 NORTH WILKINSON DRIVE WILKINSON FACILITY SAINT PAULS, NC 28384 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 5 applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers: Article 6. Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10. Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and 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 26, Offenses Against Public Morality and

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		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL078-330	B. WING_		10/24/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
WILKIN	MHL078-330 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384 XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 6 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 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. (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					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE COMPLETE	
	Decency; Article 26, Article 27, Prostitution 29, Bribery; Article 35, Office; Article 35, Office; Article 36A, Article 39, Protection of the Fallntoxication; and Art Crime. These crime sale of drugs in violation of G.S. 18E impaired in violation of G.S. 18E impaired in violation G.S. 20-138.5. (f) Penalty for Furnisa applicant for employ supplies, or otherwisan employment application of G.S. 20-138.5. (g) Conditional Employment application of G.S. 20-138.5. (g) Conditional Employment application of G.S. 20-138.5. (g) The provider shapping the following requirement obtaining the results check regarding the following requirement (1) The provider shapping the provider shapping the criminal history reconsubsection (b) of this fingerprint cards as reconditional employment 201-155, s. 1; 2004	A, Adult Establishments; on; Article 28, Perjury; Article 21, Misconduct in Public Iffenses Against the Public Riots and Civil Disorders; of Minors; Article 40, mily; Article 59, Public icle 60, Computer-Related also include possession or ation of the North Carolina are Act, Article 5 of Chapter atutes, and alcohol-related le to underage persons in 3-302 or driving while of G.S. 20-138.1 through are false information Any ment who willfully furnishes, are gives false information on ication that is the basis for a red check under this section lass A1 misdemeanor. Oyment A provider may conditionally prior to of a criminal history record applicant if both of the ats are met: Il not employ an applicant applicant's consent for a check as required in a section or the completed equired in G.S. 114-19.10. Il submit the request for a and check not later than five the individual begins	V 133			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 10/24/2023 MHL078-330 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 635 NORTH WILKINSON DRIVE WILKINSON FACILITY SAINT PAULS, NC 28384 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 7 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request within five business days of making the conditional offer of employment, a national criminal history record check to include a check of the applicant's fingerprints, for 2 of 3 staff audited who had lived out of state within 5 years of hire (#1, #2). The findings are: Review on 10/20/23 of staff #2's personnel record revealed: - Date of Hire: 5/18/23 - No documentation of a national criminal background with fingerprint check had been completed Review on 10/20/23 of staff #3's personnel record revealed: - Date of Hire: 9/22/23 - No documentation of a national criminal background with fingerprint check had been completed Interview on 10/23/23 staff #2 stated: - He had moved from the state of New York to the state of North Carolina several months earlier. Interview on 10/23/23 staff #3 stated: - She had moved from the state of New York to the state of North Carolina 2 months earlier. Interview on 10/24/23 the Qualified Professional/Director stated: - A national criminal background with fingerprint check would be completed for staff #2 and #3.

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PRINTED: 11/13/2023 **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:** A. BUILDING: COMPLETED B. WING MHL078-330 10/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE **WILKINSON FACILITY** SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/20/23 at approximately 11:00am during a tour of the facility revealed: - There was a chirping fire alarm behind living area. - There were dark discolorations, peeling paint, and stains along the ceiling down the hallway. approximately 3' x 3' in size. - The floor was uneven in the hallway. - There was a long cable extending from the behind the top left corner of the garage door and into the front yard. Interview on 10/24/23 the Qualified Professional/Director stated: - Repairs would be made.

Findings	Corrective Measures	Preventive Measures	Responsible Party/ How often	Time Frame
10A NCAC 27G . 0209 Medication Requirements	QP met with staff to ensure that moving forward every person initial is documented after giving medication	House manager will complete weekly checks of MARS and OM will oversee house manager	House manager Operational Manager	60 Days
G.S 122C-80 Criminal history record check required for certain applicants for employment	Complete fingerprints for required staff	Moving forward, Office staff responsible for staff personnel files will make sure to send required applicant to obtain fingerprint upon hire	Office Admin	60 Days
10A NCAC 27G . 0303 LOCATION AND EXTERIOR REQUIREMENTS		Met with staff about making sure to complete work orders for any property damage in the home	House Manager Office Admin Maintenance	60 Days