	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
			A. BUILDING:		с
		MHL041-850	B. WING		05/06/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE	
YDIA'S H	OME LLC PHASE I		IMSLEY STREET		
		GREEN	SBORO, NC 27403		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
V 000	INITIAL COMMENTS	3	V 000		
		vas completed on May 6, nt was unsubstantiated ïciencies were cited.			
		ed for the following service 27G .1700 Residential ure for Children or			
	-	ed for 4 and has a current vey sample consisted of an ent.			
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131		
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident opriate business files.			
	failed to access the H Registry (HCPR) price	as evidenced by: ww and interview, the facility Health Care Personnel or to employment for 2 of 2 1 and #2). The findings are:			
	Review on 5/6/24 of revealed: -An original hire date	Staff #1's personnel record			
ining of Line	-An original nire date	010/11/22.			

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL ND PLAN OF CORRECTION IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL041-850	B. WING		C 05/06/2024	
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	2704 GF	RIMSLEY STREET			
OME LLC PHASE I	GREEN	SBORO, NC 27403			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 1	V 131			
revealed: -An original hire date -A rehire date of 7/17	of 6/25/19. /22.				
-Her original hire date -She worked at the fa	e was in August 2022. acility as a Residential				
-She had worked "on	and off" at the facility as a				
"I didn't think she (Sta year."	aff #1) had been gone a				
years. -She did not realize th be completed for re-h	ne HCPR access needed to hired staff.				
G.S. 122C-80 Crimin	al History Record Check	V 133			
CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a	FOR CERTAIN MPLOYMENT. ed in this section, the term an area authority/county				
	ROVIDER OR SUPPLIER OME LLC PHASE I SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page -A rehire date of 4/12 -No documentation of re-hire date. Review on 5/6/24 of 3 revealed: -An original hire date -A rehire date of 7/17 -No documentation of re-hire date. Interview on 5/3/24 w -Her original hire date -She worked at the fa Counselor for about 16 back to work. Interview on 5/3/24 w -She had worked "on Residential Counselor Interview on 5/3/24 w -She had worked "on Residential Counselor Interview on 5/6/24 w "I didn't think she (Sta year." -Staff #2 had worked years. -She did not realize th be completed for re-r -She would make sur for all staff. G.S. \$122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a	IDENTIFICATION NUMBER:         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 1         -A rehire date of 4/12/24.         -No documentation of HCPR access around her re-hire date.         A rehire date of 7/17/22.         -No documentation of HCPR access around her re-hire date.         Interview on 5/3/24 with Staff #1 revealed:         -Her original hire date was in August 2022.         -She worked at the facility as a Residential Counselor for about 1 year, then left and came back to work.         Interview on 5/6/24 with Staff #2 revealed:         -She had worked "on and off" at the facility as a Residential Counselor for 5 years.         Interview on 5/6/24 with the Director revealed:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL041-850       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         OME LLC       PHASE I         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 1       V 131         -A rehire date of 4/12/24.       -No documentation of HCPR access around her re-hire date.       V 131         Review on 5/6/24 of Staff #2's personnel record revealed:       -A no riginal hire date of 6/25/19.       -A rehire date of 1/17/22.         -No documentation of HCPR access around her re-hire date.       -A rehire date was in August 2022.       -She worked at the facility as a Residential Counselor for about 1 year, then left and came back to work.       -A rehire date was in August 2022.         -She had worked "on and off" at the facility as a Residential Counselor for 5 years.	FCORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL041-850       B. WING         COVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         OME LLC PHASE I       2704 GRIMSLEY STREET GREENSBORO, NC 27403         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MIST BE PRECEDED BY FULL REGULATORY ON LSC IDENTIFING INFORMATION)       ID PREVIDER STATEMENT OF DEFICIENCIES         Continued From page 1       V 131         -A rehire date of 4/12/24.       -No documentation of HCPR access around her re-hire date.         Review on 5/6/24 of Staff #2's personnel record revealed:       -An original hire date of 6/25/19.         -A rehire date.       -A noriginal hire date of 6/25/19.         -A rehire date.       -Arehire date of 71/1722.         -No documentation of HCPR access around her re-hire date.       -She worked at the facility as a Residential Counselor for about 1 year, then left and came back to work.         Interview on 5/3/24 with Staff #1 revealed: She advorked 'on and off'' at the facility as a Residential Counselor for 5 years.         Interview on 5/6/24 with the Director revealed: '' didn't think she (Staff #1) had been gone a year.'' -She did not realize the HCPR was accessed for all staff.         G.S. §12C-80 Criminal History Record Check       V 133         G.S. §12C-80 Criminal History Record Check       V 133         G.S. §12C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. <td< td=""><td>FCORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL041-850       B. WING       05         COMMER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         OME LLC       PHASE I       2704 GRIMSLEY STREET GREENSBORO, NC 27403         SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY OR LSC DEPICIENCE) TO THE APPROPRIATE REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL (FAC) DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL (FAC) DEPICIENCY         Continued From page 1 - An original hire date of 41/12/24 - No documentation of HCPR access around her re-hire date.       V 131      </td></td<>	FCORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL041-850       B. WING       05         COMMER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         OME LLC       PHASE I       2704 GRIMSLEY STREET GREENSBORO, NC 27403         SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY OR LSC DEPICIENCE) TO THE APPROPRIATE REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL REQUERTY OR LSC DEPICIENCY AUST BE PRECEDED BY FULL (FAC) DEPICIENCY       PREFIX (CONSERTING AUST BE PRECEDED BY FULL (FAC) DEPICIENCY         Continued From page 1 - An original hire date of 41/12/24 - No documentation of HCPR access around her re-hire date.       V 131

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			SURVEY
		BERTH IO, TION NOW BER	A. BUILDING:			
	MHL041-850		B. WING		C 05/06/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	OME LLC PHASE I	2704 GR	RIMSLEY STREET			
	IOME LLC PHASET	GREENS	SBORO, NC 27403			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 133	Continued From page	e 2	V 133			
	developmental disab	ility, and substance abuse				
		sable under Article 2 of this				
	Chapter.					
		n offer of employment by a				
	provider licensed und	ler this Chapter to an				
	applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If					
	the applicant has been a resident of this State for					
	less than five years, then the offer of employment					
	is conditioned on consent to a State and national criminal history record check of the applicant. The					
		ory record check shall e applicant's fingerprints. If				
		· · · · · · · · · · · · · · · · · · ·				
	the applicant has been a resident of this State for five years or more, then the offer is conditioned					
	-	five years or more, then the offer is conditioned on consent to a State criminal history record				
		it. A provider shall not				
		who refuses to consent to a				
		d check required by this				
	section. Except as ot	herwise provided in this				
	subsection, within fiv	e business days of making				
	the conditional offer of	of employment, a provider				
	shall submit a reques	st to the Department of				
		14-19.10 to conduct a				
	-	d check required by this				
		it a request to a private				
	•	ate criminal history record				
		s section. Notwithstanding				
		Department of Justice shall national criminal history				
		ployment positions not				
	covered by Public La					
		and Human Services,				
	Criminal Records Ch					
		eipt of the national criminal				
		the Department of Health				
	,					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERTH TOX TOT NONDER.	A. BUILDING:			
	MHL041-850		B. WING		05	C / <b>06/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		2704 GF	RIMSLEY STREET			
LYDIA'S H	IOME LLC PHASE I	GREEN	SBORO, NC 27403			
(X4) ID	-	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 133	Continued From page	e 3	V 133			
	Unit_shall notify the r	provider as to whether the				
		may affect the employability				
		case shall the results of the				
		bry 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					
	-	rovider having to submit a				
		ment of Justice. In such a				
		Il commence with the State				
	-	d check required by this				
	section within five but					
		nployment by the provider.				
		formation received by the				
	provider is confidentia	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. Fo	r purposes of this				
		"private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained fron	n a State agency.				
	(c) Action If an app	licant's criminal history				
	record check reveals	one or more convictions of				
	a relevant offense, th	e provider shall consider all				
	of the following factor	rs in determining whether to				
	hire the applicant:					
	(1) The level and seri	iousness of the crime.				
	(2) The date of the cr					
	(3) The age of the pe	rson at the time of the				
	conviction.					
	(4) The circumstance					
	commission of the cri					
	(5) The nexus betwee	en the criminal conduct of				
	the person and the jo					1

TATEMENT	OF DEFICIENCIES	lation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
	MHL041-850		B. WING		05	C 05/06/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		2704 GR	IMSLEY STREET				
YDIA'S H	OME LLC PHASE I	GREENS	SBORO, NC 27403				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
V 133	Continued From page	9 4	V 133				
	filled.						
	(6) The prison, jail, pr	obation, parole.					
	.,	ployment records of the					
		the crime was committed.					
	•	ommission 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						
	applicant.						
		- A provider and an officer					
		vider that, in good faith,					
	complies with this sec civil liability for:	ction shall be immune from					
	(1) The failure of the						
		s of information provided in					
	5	cord check of the individual.					
	( )	n employee's history of					
	criminal offenses if the						
		s requested and received in					
	compliance with this s						
		- As used in this section, ans a county, state, or					
		-					
	federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or						
		on an individual's fitness to					
		r the safety and well-being of					
		ital health, developmental					
		nce abuse services. These					
		minal offenses set forth in					
	any of the following A	rticles of Chapter 14 of the					
	General Statutes: Arti	icle 5, Counterfeiting and					
	Issuing Monetary Sub		1			1	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
				A. BUILDING:			
	MHL041-850		B. WING		05	C 5/06/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
LYDIA'S H	IOME LLC PHASE I		NMSLEY STREET SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 133	Continued From page	e 5	V 133				
	Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Artic Robbery; Article 18, B False Pretenses and Obtaining Property of Fraudulent Use of Cr Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 36A, F Article 27, Prostitution 29, Bribery; Article 31 Office; Article 36A, F Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli- criminal history recor- shall be guilty of a Cla	Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, r Services by False or redit Device or Other Means; I Transaction Card Crime ls; Article 21, Forgery; Article Public Morality and , Adult Establishments; n; Article 28, Perjury; Article 1, Misconduct in Public Riots and Civil Disorders; of Minors; Article 40, hily; Article 59, Public Cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may					

TATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       ND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		C 05/06/2024	
	MHL041-850		B. WING			
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
YDIA'S H	OME LLC PHASE I		RIMSLEY STREET SBORO, NC 27403			
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
V 133	Continued From pag	e 6	V 133			
	check regarding the following requirement (1) The provider sha prior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as re (2) The provider sha criminal history reconsumed business days after to conditional employme 2001-155, s. 1; 2004	Il not employ an applicant applicant's consent for rd check as required in a section or the completed required in G.S. 114-19.10. Il submit the request for a rd check not later than five the individual begins				
	failed to ensure a cri requested within five conditional offer of e Review on 5/6/24 of revealed:	iew and interview, the facility minal background check was business days of the mployment. The findings are: Staff #1's personnel record				
	-A rehire date of 4/12 Review on 5/6/24 of	2/24. Staff #2's personnel record				
	revealed: -A rehire date of 7/17	7/22.				
		with Staff #1 revealed: acility for about 1 year, then o work.				

TATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SU COMPLE	
					C	
		MHL041-850	B. WING			6/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
(DIA'S H	OME LLC PHASE I		RIMSLEY STREET SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 7	V 133			
	Residential Counseld	or for 5 years.				
		vith the Director revealed: riminal background checks staff.				
	Ith Service Regulation					