If continuation sheet 1 of 8

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED MHL041-850 B. WING C NAME OF PROVIDER OR SUPPLIER 05/06/2024 STREET ADDRESS, CITY, STATE, ZIP CODE LYDIA'S HOME LLC PHASE I 2704 GRIMSLEY STREET GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on May 6, 2024. The <complaint was unsubstantiated (#NC00216521). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of an audit of 1 current client V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 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. Upon hiring or re-hiring of any staff, Lydia's Home will complete a Health 05/25/ Care Registry and Criminal 2024 Background Check The Director or rensure that regardless of re-hire This Rule is not met as evidenced by: that the records check on any new Based on record review and interview, the facility or re-hire employee will be done. failed to access the Health Care Personnel Lydia's Home will start this process Registry (HCPR) prior to employment for 2 of 2 immediately. audited staff (Staff #1 and #2). The findings are: RECEIVED Review on 5/6/24 of Staff #1's personnel record MAY 3 0 2024 revealed: -An original hire date of 8/11/22. DHSR-MH Licensure Sect Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Dreiter STATE FORM

Division of Health Service Regulation PRINTED: 05/14/2024 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL041-850 B. WING C NAME OF PROVIDER OR SUPPLIER 05/06/2024 STREET ADDRESS, CITY, STATE, ZIP CODE LYDIA'S HOME LLC PHASE I 2704 GRIMSLEY STREET GREENSBORO, NC 27403 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) V 131 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 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 5/3/24 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: "I didn't think she (Staff #1) had been gone a year."

- -Staff #2 had worked "on and off" for about 5 vears.
- -She did not realize the HCPR access needed to be completed for re-hired staff.
- -She would make sure the HCPR was accessed for all staff.
- V 133 G.S. 122C-80 Criminal History Record Check

G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,

Division of Health Service Regulation

STATE FORM

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If continuation sheet 2 of 8

Division of Health Service Regulation

	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADI			DDRESS, CITY, STATE, ZIP CODE		05/06/2024	
LYDIA'S I	HOME LLC PHASE I		IMSLEY STREET	-, 2., 3352		
		GREENS	BORO, NC 27403			
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TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	VII O DE	COMP DAT
V 133	Continued From page	2	V 133			
			V 133			
	developmental disabilit	y, and substance abuse				
	services that is licensa	ble under Article 2 of this				
1	Chapter.					
	(b) Requirement An o	offer of employment by a				
	provider licensed under	r this Chapter to an				
	applicant to fill a position	n that does not require the				
	applicant to have an oc	Cupational license is				
	conditioned on consent	to a State and national				
	criminal history record of	check of the applicant. If				
	the applicant has been	a resident of this State for				
	less than five years, the	a resident of this State for				
	is conditioned on service	n the offer of employment				
	oriminal historical on conse	nt to a State and national				
	national history record c	heck of the applicant. The				
	national criminal history	record check shall				
	include a check of the a	oplicant's fingerprints. If				
1	the applicant has been a	resident of this State for				
1 *	Tive years or more than		1			
1	me your of more, then	the offer is conditioned			1	
	on consent to a State cri	the offer is conditioned				
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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER-A. BUILDING: COMPLETED C MHL041-850 B. WING 05/06/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LYDIA'S HOME LLC PHASE I 2704 GRIMSLEY STREET GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 133 Continued From page 3 V 133 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 conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 05/06/2024	
			A. BUILDING:	A. BUILDING:			
		MHL041-850	B. WING				
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LYDIA'S	HOME LLC PHASE I		RIMSLEY STREET				
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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	ION	(X5)	
				CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE PRIATE	COMPLETE DATE	
V 133	Continued From page	: 4	V 133				
	filled.						
	(6) The prison, jail, probation, parole,						
	rehabilitation, and emp	ployment records of the					
	person since the date	the crime was committed.					
	a relevant offense.	ommission by the person of					
		of a val.					
	shall not be a bar to or	of a relevant offense alone mployment; however, the					
	listed factors shall be o	considered by the provider.					
	If the provider disqualif	lies an applicant after					
	consideration of the rel	levant factors, then the					
	provider may disclose i	information contained in					
the criminal history record check that is relevant							
1	to the disqualification, b	out may not provide a copy				- 1	
of the criminal history record check to the							
applicant. (d) Limited Immunity /		**************************************				- 1	
		A provider and an officer				- 1	
	or employee of a provid	er that, in good faith,				- 1	
	civil liability for:	on shall be immune from				- 1	
(1) The failure of the pro		ovider to employ an				- 1	
i	ndividual on the basis of	of information provided in					
t	the criminal history reco	rd check of the individual.					
(criminal offenses if the employee's history of					- 1	
(- 1	
	history record check is re	equested and received in				- 1	
C	compliance with this sec	ction.				- 1	
(e) Relevant Offense A	As used in this section,					
	relevant offense" means	s a county, state, or				1	
ir	ederal criminal history o	f conviction or pending				1	
fe	elony that board upon	nether a misdemeanor or				1	
h	elony, that bears upon a	e safety and well-being of				1	
p	ersons needing mental	bealth dovelopments					
di	sabilities, or substance	abuse services There					
CI	imes include the crimin	al offenses eat forth in					
an	crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and						
	audia a Maria di Cara	-, - samonoming and	1			1	

Issuing Monetary Substitutes; Article 5A,

PRINTED: 05/14/2024 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL041-850 C B. WING 05/06/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2704 GRIMSLEY STREET** LYDIA'S HOME LLC PHASE I GREENSBORO, NC 27403 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX TAG PREFIX (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 | Continued From page 5 V 133 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 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; 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

Division of Health Service Regulation

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

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PRINTED: 05/14/2024 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: __ COMPLETED MHL041-850 C B. WING 05/06/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LYDIA'S HOME LLC PHASE I 2704 GRIMSLEY STREET GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 6 V 133 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.) Upon hiring or re-hiring of any staff, Lydia's Home will complete a Health Care Registry and Criminal 05/25/ Background Check within 5 2024 This Rule is not met as evidenced by: business days of employment. The Based on record review and interview, the facility Director's failed to ensure a criminal background check was will ensure that requested within five business days of the regardless of re-hire that the conditional offer of employment. The findings are: records check on any new or re-hire employee will be done. Lydia's Review on 5/6/24 of Staff #1's personnel record Home will start this process revealed: immediately. -A rehire date of 4/12/24. Review on 5/6/24 of Staff #2's personnel record revealed:

-She had worked "on and off" at the facility as a Division of Health Service Regulation

-A rehire date of 7/17/22.

left and came back to work.

Interview on 5/3/24 with Staff #1 revealed: -She worked at the facility for about 1 year, then

Interview on 5/3/24 with Staff #2 revealed:

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PRINTED: 05/14/2024 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: __ COMPLETED MHL041-850 B. WING C NAME OF PROVIDER OR SUPPLIER 05/06/2024 STREET ADDRESS, CITY, STATE, ZIP CODE LYDIA'S HOME LLC PHASE I **2704 GRIMSLEY STREET** GREENSBORO, NC 27403 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 7 V 133 Residential Counselor for 5 years. Interview on 5/6/24 with the Director revealed: -She would ensure criminal background checks are requested on all staff.

Division of Health Service Regulation