

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER PINE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 4115 PINE STREET SALISBURY, NC 28147
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 23, 2024. The complaints were unsubstantiated (NC00215339, NC00215348, and NC00215868). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000	Left Blank	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills at least quarterly for each shift. The findings are:</p>	V 114	<p>RECEIVED JUN 21 2024 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Review on 4/17/24 of the facility's disaster drills for April 2023 to March 2024 revealed: -No documentation of fire or disaster drills having been conducted from January 2023 to March 2023 for third shifts (11pm to 7am) and first shifts (7am to 3pm); -No documentation of fire or disaster drills having been conducted from July 2023 to September 2023 for third shifts (11pm to 7am) and first shifts (7am to 3pm); -No documentation of fire or disaster drills having been conducted from October 2023 to December 2023 for third shifts (11pm to 7am) and first shifts (7am to 3pm).</p> <p>Interview on 4/15/24 with client #1 revealed: -"I think I participate in fire and disaster drills, but I'm not sure."</p> <p>Interview on 4/15/24 with client #3 revealed: -"I participate in fire and disaster drills. I and staff meet at the end of the road."</p> <p>Interview on 4/16/24 with the Lead Residential Direct Support revealed: -He facilitated disaster drills once a month at the same time; -" ... they (staff) try not to do drills during the middle of the night but he knows that one will need to be done."</p>	V 114	<p>Fire and disaster drill forms have been revised to indicate when drills are to be conducted to ensure that drills are run once per quarter per shift. Disaster Drills will reflect varying situations.</p> <p>(updated forms attached)</p> <p>Responsible: The Site Manager will ensure that drills are run monthly as scheduled. The Qualified Professional will review to ensure drills are run as required.</p> <p>Completion date: June 22, 2024</p>	
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>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</p>	V 133		

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V 133	Continued From page 2 program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under 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 national criminal history record check shall include a check of the applicant's fingerprints. If 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	V 133	Left Blank	
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V 133	<p>Continued From page 3</p> <p>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 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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 133	Left Blank	
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V 133	<p>Continued From page 4</p> <p>the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>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 record check to the applicant.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 133	Left Blank	
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V 133	<p>Continued From page 5</p> <p>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 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.</p> <p>(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 shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may</p>	V 133	Left Blank	
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V 133	<p>Continued From page 6</p> <p>employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(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.</p> <p>(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.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal record check within five business days of making the conditional offer of employment affecting 3 of 3 audited staff (#1, Lead Residential Direct Support (LRDS), and Qualified Professional (QP)). The findings are:</p> <p>Review on 4/15/24 of staff #1's record revealed: -Hire date: 5/31/23; -Criminal record check dated 1/4/24.</p> <p>Review on 4/15/24 of the LRDS's record revealed: -Hire Date: 10/21/21; -Criminal record check dated 1/4/24.</p> <p>Review on 4/15/24 of the QP's record revealed:</p>	V 133	<p>An offer of employment is contingent upon a background check and health care registry check. If the applicant has lived in the state less than 5 years a state and national check, which will include the applicant's fingerprints will be done. This will all be done within 5 business days of an offer of employment.</p> <p>Dependent upon these checks HANDS Rowan will take into consideration:</p> <ul style="list-style-type: none"> • The level and seriousness of crime • The date of crime • The age of the person convicted • Circumstances surrounding the crime • The type of crime • <p>If a background check comes back with a an offense, upon review HANDS will determine, based on the above factors, and severity of the crime if it will warrant a withdrawal of their offer of employment.</p> <p>Responsible: Human Resources Department</p> <p>Completion date: June 22, 2024</p>	
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V 133	<p>Continued From page 7</p> <p>-Hire date: 11/1/23; -Criminal record check dated 1/4/24.</p> <p>Interview on 4/15/24 with Human Resource (HR) revealed: -She had been employed approximately a month (3/2024) and was still getting accustomed to the files.</p> <p>Interview on 4/15/24 & 4/23/24 with the Director of Compliance revealed: -She had been on the job a year and HR about a month; -Prior to HR having been hired, she performed multiple jobs.</p>	V 133		



HELPING AND NEVER DENYING SUCCESS

FIRE DRILL REPORT

Site: _____ Date of Drill: _____ Time of Drill: _____ A.M. P.M

SHIFT: 1st (7a.m.-3 p.m.) 2nd (3p.m.-11 p.m.) 3rd(11p.m.-7 a.m.)

Jan 1 st	Feb 2 nd	March 3 rd	April 1 st	May 2 nd	June 3 rd	July 1 st	Aug 2 nd	Sept 3 rd	Oct 1 st	Nov 2 nd	Dec 3 rd
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ASSIGNED MEETING PLACE: _____

STAFF INVOLVED: 1. _____ 2. _____ 3. _____

INDIVIDUALS First Name/Last Initial (If Additional Lines are needed, please attach 2nd page)	LOCATION/ACTIVITY	TYPE OF ASSISTANCE REQUIRED TO EVACUATE (Independent, Gestural, Verbal, Physical Assist)	How Long to Evacuate To Assigned Location	Exit Used

LOCATION OF THE "SIMULATED FIRE" (front door, back door, side door, etc): _____

SMOKE DETECTOR CHECKED/DATE: _____

CARBON MONOXIDE DETECTOR CHECKED/DATE _____

FIRE EXTINGUISHERS CHECKED/DATE _____

VEHICLE (S) FIRE EXTINGUISHERS CHECKED/DATE _____

Staff Conducting Drill Name/Title: _____ Date: _____

Site Coordinator's Signature: _____ Date: _____

QP's signature: _____ Date: _____

QP's REMEDIAL Action/Training to Correct the Concern (for evacuations over 2 mins. or refusals needs a remedial action) ***If no actions needed the please put NA*** : _____



Emergency EVACUATION Drill Report

Site: _____ Date of Drill: _____ Time of Drill _____ am pm

Please circle one of the following:

Jan 1st 7a -3p	Feb 2nd 3p-11p	March 3rd 11p-7a	April 1st 7a-3p	May 2nd 3p-11p	June 3rd 11p-7a	July 1st 7a-3p	Aug 2nd 3p-11p	Sept 3rd 11p-7a	Oct 1st 7a-3p	Nov 2nd 3p-11p	Dec 3rd 11p-7a
Natural Disaster	Medical Emergency	Bomb Threat AND Violent Threaten Situation	Utility Failure	Natural Disaster	Medical Emergency	Bomb Threat AND Violent Threaten Situation	Utility Failure	Natural Disaster	Medical Emergency	Bomb Threat AND Violent Threaten Situation	Utility Failure

STAFF INVOLVED: 1. _____ 2. _____

INDIVIDUAL First Name/Last Initial <small>(If Additional Lines are needed, please attach a 2nd page)</small>	LOCATION/ACTIVITY	TYPE OF ASSISTANCE REQUIRED TO EVACUATE <small>(Independent, Gestural, Verbal, Physical Assist)</small>	How Long for individuals to complete drill OR NA	EXIT USED

Emergency Evacuation Review:

Staff Conducting Drill Name/Title: _____ Date: _____

Site Coordinator's Signature: _____ Date: _____

QP's Signature: _____ Date: _____

Remedial Action Needed? Yes No

Note: For evacuations that take longer than 2 minutes, or if someone refuses to leave the site, remedial action or additional training needs to take place.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 1, 2024

Porter McRavion, Owner
HANDS LLC of Rowan
4115 Pine Street
Salisbury NC 28144

COPY

Re: Annual and complaint Survey completed April 23, 2024
Pine Street, 4115 Pine Street, Salisbury, NC, 28144
MHL # 080-204
E-mail Address: pmcravion@handsofrowan.org
Intake #NC00215339, NC00215348, and NC00215868

Dear Mr. McRavion:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed April 23, 2024. The complaints were unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 22, 2024.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 1, 2024
Pine Street
HANDS LLC of Rowan

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

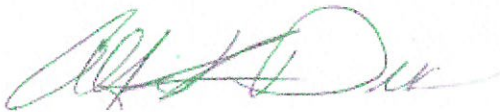
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Clarice Rising at (336) 247-5469.

Sincerely,



Alfie K. Dixon
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
networkEngagement@trillium.nc.org, CEO, Trillium Health Resources LME/MCO
Micah Ennis, Director, Rowan County DSS
Pam Pridgen, Administrative Supervisor