STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
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V 000	INITIAL COMMENT	rs .	V 000			
	An annual and follow up survey was completed on August 29, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
	This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.					
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	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.					
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the HCPR registry prior to hire for 1 of 3 audited staff (#4). The findings are: Review on 8/28/24 of staff #4's record revealed: -A hire date of 8/9/23She was hired as a Direct Care Worker -The HCPR was accessed on 8/28/24 Interview on 8/29/24 with the Director revealed:					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY	
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V 131	Continued From pa	ge 1	V 131			
	-Owner reported that she recently moved to a new office and staff's HCPR may had been lost in the processShe acknowledged that staff' #4's HCPR was not in her records.					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	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, 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					

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Division of Health Service Regulation						
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V 133	Continued From pa	ge 2	V 133			
	Justice under G.S.	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					
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		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 ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a artment of Justice. In such a				
		all commence with the State ord check required by this				
	section within five business days of the conditional offer of employment by the provider.					
		nformation received by the itial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
	criminal history record checks utilizing public					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MI II TIDI	E CONSTRUCTION	(V2) DATE	SLID//E//	
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V 133	Continued From pa	ge 3	V 133			
	records obtained fro	om a State agency.				
		pplicant's criminal history				
	. ,	ls one or more convictions of				
	a relevant offense,	the provider shall consider all				
	of the following fact	ors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.	and autrounding the				
	(4) The circumstant commission of the	<u> </u>				
		een the criminal conduct of				
		job duties of the position to be				
	filled.	job daties of the position to be				
	(6) The prison, jail,	probation, parole.				
		employment records of the				
		ite the crime was committed.				
		commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
		alifies an applicant after 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.	,				
		y A provider and an officer				
	or employee of a pr	ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:					
		e provider to employ an				
		sis of information provided in				
		record check of the individual.				
		an employee's history of				
	criminal offenses if	THE EMPIONEE'S CRIMINAL	II .			1

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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V 133	Continued From pa	ge 4	V 133			
	1.2.4	entre announce for the contract of the first				
		k is requested and received in				
	compliance with thi					
		se As used in this section,				
		neans a county, state, or				
	federal criminal hist	tory of conviction or pending				
	indictment of a crim	ne, whether a misdemeanor or				
	felony, that bears u	pon an individual's fitness to				
	have responsibility	for the safety and well-being of				
	persons needing m	ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		itive and Legislative Officers;				
		Article 7A, Rape and Other				
		ele 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		id Cheats; Article 19A,				
	0 , ,	or Services by False or				
		Credit Device or Other Means;				
	Article 19B, Financi	ial Transaction Card Crime				
	Act; Article 20, Frau	ıds; Article 21, Forgery; Article				
	26, Offenses Again	st Public Morality and				
	Decency; Article 26	A, Adult Establishments;				
	Article 27, Prostituti	ion; Article 28, Perjury; Article				
	29, Bribery; 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				

Division of Health Service Regulation STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 133	Continued From pa	ge 5	V 133			
V 133	Controlled Substan 90 of the General S offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employant for employment approximinal history recessful be guilty of a G (g) Conditional Employan applicant obtaining the result check regarding the following requirement (1) The provider shappior to obtaining the criminal history recessubsection (b) of the fingerprint cards as (2) The provider shappions (2) The provider shappions (3) The provider shappions (4) The provider shappions (5) The provider shappions (6) of the fingerprint cards as (7) The provider shappions (8) The provider shappions (9) The provider shappions (1) The provider shappions (2) The provider shappions (3) The provide	ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pord check under this section class A1 misdemeanor. Class A1 misdemeanor. Dloyment A provider may to conditionally prior to so for a criminal history record applicant if both of the	V 133			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three audited staff (#5). The					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 HAZEL DRIVE SURMARY STATEMENT OF DEFICIENCIES SURMARY STATEMENT OF DEFICIENCY SURMARY STATEMENT OF DEFICIENCE SURMARY STATEMENT OF DEFICIENCE SURMARY STATEMENT OF DEFICIENCE SURMARY STATEMENT OF DEFICIENCE SURMARY STATEMENT OF DEFICIENCY	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
LILLIES PLACE #2 ### SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, NC 27217 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERNCED TO THE APPROPRIATE DATE V 133	MHL001-251		B. WING				
Continued From page 6 Findings are: Review on 8/28/24 of staff #5's personnel record revealed: She was hired on 4/1/24. She was hired as a Direct Care Worker. No documentation a criminal history record check was requested within five business days of making the She was not able to run it. She confirmed the facility failed to ensure the criminal history record check was not able to run it. She confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the criminal history record check was requested within five business days of making the Summary of the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the Summary of the confirmed the facility failed to ensure the criminal history record check was requested Summary of the confirmed the facility failed to ensure the criminal history of the confirmed the facility failed to ensure the criminal history of the confirmed the facility failed	NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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	V 133	findings are: Review on 8/28/24 or revealed: -She was hired on 4-She was hired as a -No documentation check was requested April 2024. Interviews on 8/29/2-Staff #5 used to we backShe thought she had completedShe was told that had she uses for criminal and hence she was -She confirmed the criminal history recovithin five business	of staff #5's personnel record A/1/24. A Direct Care Worker. A criminal history record and when she was rehired in 24 with the Director revealed: bork for her and then came and her criminal record and her criminal record and recount with the agency al checks had been locked and hot able to run it. facility failed to ensure the bord check was requested days of making the	V 133			

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