AND BLAN OF CORRECTION (INDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			71. BOILDING.		R	
		MHL083-029	B. WING		1	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W 66 STOREHOUSE,	INC	NCH ROAD HILL, NC 28	351		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
		w up survey was completed . Deficiencies were cited.				
	categories: 10A NC Living for Adults wit and 10A NCAC 270 Services for Individu (Residential).	sed for the following service AC 27G .5600C Supervised h Developmental Disabilities G .5100 Community Respite uals of All Disability Groups				
		sed for 3 and has a current urvey sample consisted of an ient.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES  (a) Each facility sha and a disaster plan these plans availab to the county emergrequest. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility.  (c) Fire and disaste shall be held at least repeated for each so Drills shall be condisimulate the facility' emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift.				

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

(X6) DATE TITLE

DIVIDION	Of Fleatill Service IN	syciation	1		т —	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
		MHL083-029	B. WING		1	9/2024
		WITIE003-029			00/2	3/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		22521 BL	NCH ROAD			
RAINBO	W 66 STOREHOUSE,	INC	HILL, NC 28	351		
	OLIMAN DV OTA					
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
\/ 11 /	Continued From no	go 1	V 114			
V 114	Continued From pa	ge 1	V 114			
	This Rule is not me	et as evidenced by:				
		view and interviews the facility				
		and disaster drills were held				
		nd repeated on each shift. The				
	findings are:	•				
	J					
	Review on 8/29/24	of facility records for 7/1/23				
	thru 6/30/24 revealed					
		drills were documented during				
	the periods of 7/1/2					
	110 portodo ot 77 172	0 till 0/00/21.				
	Interview on 8/29/24	4 client #1 stated he would go				
	outside for a fire or					
		a disastor.				
	Interview on 8/29/2	4 staff #1 stated·				
		bloyed at the facility for three				
	months.	sieyed at the racinty for three				
		Irills were completed weekly.				
	The arta aleaster a	iline were completed weekly.				
	Interview on 8/29/24	4 staff #2 stated:				
		bloyed at the facility for four				
	months.	sieyed at the racinty for real				
		Irills were completed weekly.				
	The arta aleaster a	iline were completed weekly.				
	Interview on 8/29/24	4 the Qualified Professional				
	(QP) stated:	Quamica / Totodoloriai				
		o different shifts (8a-8p and				
	8p-8a).	and the second second				
		er drills were completed				
	monthly.					
	Interview on 8/29/2	4 the Director stated:				
		o different shifts (8a-8p and				
	8p-8a).	s amoroni orinto (oa-op and				
		er drills were completed				
	monthly.	or arms were completed				
		ate the documentation.				
	TIC Was unable luc	ato the accumulation.				

Division of Health Service Regulation

STATE FORM 6899 ISLJ11 If continuation sheet 2 of 10

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	COMP	PLETED
		MHL083-029	B. WING		1	? <b>!9/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		22521 BU	NCH ROAD	,		
RAINBU	W 66 STOREHOUSE,	LAUREL	HILL, NC 28	351		
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	-He would check in sure that drills were	regularly with staff to make documented.				
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.				
	failed to ensure the Registry (HCPR) wa	et as evidenced by: view and interview, the facility Health Care Personnel as accessed prior to f 4 audited staff (staff #2). The				
	revealed: -Hire date: 4/8/24.	of staff #2's personnel record				
	-He would make su	4 the Director stated: re that HCPR checks were employment moving forward.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	G.S. §122C-80 CRI	MINAL HISTORY RECORD				

Division of Health Service Regulation STATE FORM

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MIII 002 020	B. WING	B WING		0/2024
		MHL083-029			1 08/2	9/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RAINBO	W 66 STOREHOUSE,	INC	NCH ROAD			
		LAUREL I	HILL, NC 28	351		,
(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 APPROFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any produced program and any produced program and any provider licensed unapplicant to fill a possible applicant to have an conditioned on concriminal history reconstituted a check of the applicant has be less than five years is conditioned on concriminal history reconstituted a check of the applicant has be five years or more, on consent to a Statcheck of the applicant criminal history reconsection. Except as a subsection, within fithe conditional offershall submit a required by the conduct and check required by the conduct and check required by the conduct and check required by the return the results of	D FOR CERTAIN  EMPLOYMENT.  Used in this section, the term of an area authority/county rovider of mental health, bility, and substance abuse reable under Article 2 of this  An offer of employment by a reader this Chapter to an sition that does not require the reader to a State and national ord check of the applicant. If reen a resident of this State for reader, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If reen a resident of this State for then the offer is conditioned the criminal history record that. A provider shall not the who refuses to consent to a ord check required by this otherwise provided in this tive business days of making of employment, a provider rest to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record this section. Notwithstanding to Department of Justice shall of national criminal history mployment positions not				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL083-029	B. WING		08/2	R 29/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		22521 BU	NCH ROAD			
RAINBO	W 66 STOREHOUSE,	INC	HILL, NC 28	351		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	Criminal Records C business days of rehistory of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verific check has been couby this section. A coappropriate local or the Division of Crimmay conduct on be criminal history recessection without the request to the Department of All criminal history recessection within five be conditional offer of All criminal history in provider is confider except to the application of the subsection, the term business regularly common of the following fact hire the applicant:  (1) The level and section the date of the condition of the condition of the cord check revea a relevant offense, of the following fact hire the applicant:  (1) The level and section the condition of the conditio	m "private entity" means a engaged in conducting ord checks utilizing public om a State agency. Oplicant's criminal history also one or more convictions of the provider shall consider allors in determining whether to eriousness of the crime.				

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Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation				
AND DIAN OF CODDECTION IDENTIFICATION NUMBER		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					R	
		MHL083-029	B. WING		1	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
DAINDO	W 66 STOREHOUSE	22521 BL	INCH ROAD			
KAINBU	W 66 STOREHOUSE,	LAUREL	HILL, NC 28	351		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	conviction.  (4) The circumstance commission of the commission of the filled.  (5) The nexus between the person and the filled.  (6) The prison, jail, rehabilitation, and experson since the day (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall lift the provider disquence consideration of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (1) The failure of the criminal history (2) Failure to check criminal offenses if history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history indicated in the criminal history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history indicated in the criminal history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history indicated in the criminal history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history indicated in the criminal history record check compliance with thin (e) Relevant Offense "relevant offense" rederal criminal history record check criminal histo	ces surrounding the crime, if known. The cent the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of the comployment; however, the provider and an applicant after the relevant factors, then the present the provider and the provider are relevant factors, then the provider are relevant factors and an officer to the set of the provider and an officer to the set of the provider and an officer to the set of the provider that, in good faith, the provider to employ an are provider to employ and the employee's criminal and the employee's criminal and the employee's criminal and the provider and received in the provider and provider a				

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						.
		MHL083-029	B. WING		F	
		WITILU03-029			00/2	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
- A 1111-0		22521 BU	NCH ROAD			
RAINBO	W 66 STOREHOUSE,	LAUREL	HILL, NC 28	351		
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX	-	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 133	Continued From pa	age 6	V 133			
	-					
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		ıtive and Legislative Officers;				
		; Article 7A, Rape and Other				
		cle 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
	Injury or Damage b	y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		ticle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		nd Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		Offenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
	I	ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		Statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.					
		shing False Information Any				
		yment who willfully furnishes,				
	supplies, or otherwi	ise gives false information on				

Division of Health Service Regulation STATE FORM

AND DLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 ` '		(X3) DATE SURVEY COMPLETED		
ANDILAN	PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:			
		MHL083-029	B. WING		F   08/2	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W 66 STOREHOUSE,	INC	NCH ROAD	251		
040.15	CLIMMA DV CTA		HILL, NC 28		DNI.	0(5)
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	criminal history reco shall be guilty of a C (g) Conditional Emp employ an applican obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200	olication that is the basis for a production check under this section class A1 misdemeanor. Soloyment A provider may a to conditionally prior to so of a criminal history record explicant if both of the ents are met: all not employ an applicant explicant's consent for ord check as required in its section or the completed required in G.S. 114-19.10. all submit the request for a production of the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	failed to request sta within five business	et as evidenced by: view and interviews the facility ate criminal background check days of employment for 2 of 4 \$1, staff #2). The findings are:				
	revealed: -Hire Date: 5/6/24.	of staff #1's personnel record				
	Review on 8/29/24	of staff #2's personnel record				

Division of Health Service Regulation

-Hire Date: 4/8/24.

AND BLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL083-029	B. WING		R 08/29/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/2	9/2024
		22521 BII	NCH ROAD	STATE, ZIF GODE		
RAINBO	W 66 STOREHOUSE,	INC LAUREL I	HILL, NC 28	351		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	-Criminal background 5/7/24.	nd check was completed on				
	Interview on 8/29/24 the Director stated: -He would make sure that criminal background checks were completed by the required timeframe moving forward.					
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.					
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interviews, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings				
	am revealed: -The hot water templedegrees Fahrenheit -The hot water templedegrees Fahrenheit Interview on 8/29/2	perature in bathroom was 120 tat the sink and the shower.				

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ISLJ11 If continuation sheet 9 of 10

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	
		MHL083-029	B. WING		08/2	9/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RAINBO	W 66 STOREHOUSE,	INC:	NCH ROAD HILL, NC 28	351		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 9	V 752			
		4 the Director stated: naintenance address and fix ure.				
	This deficiency con and must be correct	stitutes a re-cited deficiency sted within 30 days.				

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