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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
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 9/4/24. The complaint was unsubstantiated (Intake #NC00220796). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill and 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The residential program is licensed for 6 and currently has a census of 3. The day program currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records.	V 105		

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V 105	Continued From page 1 (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to adhere to its admission policy for 1 of 1 audited former client (FC #3). The findings are:

Review on 8/27/24 of the Tapestry Admission Criteria last revised 5/20/19 revealed:
-"The Clinical Director has the responsibility for oversight of this policy...III. Tapestry adheres to the following additional criteria for the residential level of care: a....lab work must be within normal limits...b. If for some reason lab work is slightly outside of medical limits, medical director must approve the admission based on other medical history...IV. Exclusion from admission are assessed by Admissions Screener, Clinical Director, and Medical Director:...b. Severe physical conditions requiring acute hospitalization or at a level that cannot be managed in a residential setting, including the need for medically monitored detoxification..."

Review on 8/20/24 of FC #3's record revealed:
-date of admission 8/8/24 at 2:00 p.m.
-date of discharge 8/9/24 at 10:11 a.m.
-diagnoses of Bipolar II Disorder, Borderline Personality Disorder, Generalized Anxiety Disorder, Opioid Use Disorder, Sedative, Hypnotic, or Anxiolytic Use Disorder, Stimulant Use Disorder, and Amphetamine Type Substance Use.

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V 105	Continued From page 3	V 105		

-8/7/24 - "Mental Health Pre-Screen" assessment - last use of illicit substance 7/2/24.
-8/8/24 (no time indicated) - "Technician Admission Checklist...Urinalysis...BNZO + (Benzodiazepine positive (depressants that produce sedation))."

Review on 8/26/24 of "Memo to Chart" notes written by the Former Nurse Practioner (FNP) in FC #3's record revealed:
-8/8/24 - "7:37 PM Received phone call from [Licensed Practical Nurse (LPN)]...She received notification from BHT (Behavioral Health Technician) that client (FC #3) had positive UDS (Urine Drug Screen) for benzodiazepines. Client then stated to BHT that she (FC #3) had lied to this provider in her psych eval (psychiatric evaluation) at 4:20 PM earlier that evening about her last benzo use. She admitted to BHT that she had actually taken '15 Valium' immediately prior to arriving at our facility. This provider advised that EMS (Emergency Medical Services) be called or client taken immediately to the ED (Emergency Department) for evaluation and to assess for benzo intoxication..."
-8/9/24 - "7:56 AM...Client (FC #3) was seen by EMS x2 during the evening of 8/8/24 and medically cleared...8:17 AM phone call with [Vice President of Operations]. Discussed client disposition and my recommendations that client be medically discharged to a higher lever of care for benzodiazepine detox. Per (Vice President of Operations) client was not transferred to (local detox facility) after she was medically cleared by EMS on the evening 8/8/24 and did not require further medical attention at that point..."

Review on 8/26/24 of "Memo to Chart" notes written by the Vice President (VP) of Operations in FC #3's record revealed:

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-8/9/24 - 7:15 a.m. - "VP received a call that client reported that she took Valium prior to admission to "get high". UDS was positive for benzos. BHT called EMS who presented on-site and client refused to go to the hospital. EMS would not transport due to client reporting she was only trying to get high. VP consulted and client was screened for detox. She reports relapsing 08/08/2024 and only used one time. EMS was contacted again and she was medically cleared..."

Review on 8/26/24 of "Memo to Chart" notes written by the LPN in FC #3's record revealed:
-8/9/24 - 8:20 a.m. "...I arrived to facility this morning and client was still here, in bed and not responding to verbal stimuli but was breathing. This nurse the (then) touched clients should (shoulder) stating "I need you (FC #3) to verbally tell me that you are okay", Client did state "I'm okay" but was groggy and did not turn over. I expressed that client was going to have to get up for the morning meds (medications) and routine but she (FC #3) ignored. It has been report that client admitted to taking 15 benzos before admitting yesterday to BHT on night shift. BHT then called EMS client refused to go..."

Interview on 8/20/24 with the VP of Operations revealed:
-she approved FC #3's admission.
-she spoke to FC #3 over the phone prior to admission "to make sure she was an appropriate level of care."
-FC #3 stated her last illicit drug use was in July 2024.
-received a phone call on 8/8/24 "around 7:00 p.m....(FC #3) had been here (facility) a few hours...Executive Director (ED) reported she had taken over 15 valium...directed to call EMS...EMS

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V 105	Continued From page 5 said if she had taken that much she would be unresponsive. That upset her and she refused to go to ED..." -"...started screening for detox to get her (FC #3) sent out...she was never unstable...never called by staff to say she (FC #3) was not responding...nurse said not going to get up for meds (medications)...not even 5 minutes later...never mind up with the community, she's fine..." -FNP "didn't feel comfortable" with FC #3 staying at the facility. -"Her (FNP) recommendation was she (FC #3) go to detox...that we wouldn't be able to medically monitor if she was detoxing..." -"I do think she should have stayed here..." Interview on 8/23/24 with the FNP revealed: -after was notified by the LPN FC #3 "took 15 valium prior to coming to the facility." -spoke to the VP of Operations and recommended FC #3 be "medically discharged." -the facility was not "equipped" to monitor and care for FC #3 should she begin detoxing from benzodiazepines. -the facility did not have a nurse on-site after 4:00 p.m.; after 4:00 p.m. "we're talking high school" staff. -"My decision was overrode by non-medical personnel...person not medically qualified to make these decisions..." Interview on 8/26/24 with the Clinical Director revealed: -was not aware he was to oversee the admission criteria policy.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements	V 108		

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V 108	Continued From page 6 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 staff (Staff #1) had current	V 108		

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V 108	Continued From page 7 first aid/cardiopulmonary resuscitation (CPR) training. The findings are: Review on 8/27/24 of Staff #1's record revealed: -job title - Behavioral Health Technician (BHT) -date of hire - 1/8/24. -First Aid/CPR training expired 5/31/24. Interview on 8/24/24 with Staff #1 revealed: -worked 11:00 p.m. - 7:00 a.m. shift. -been "so short staffed" have worked shifts alone. -"last week" was the last time had a 2nd staff person who worked with her. -"just realized the other day" her First Aid/CPR had expired. Interview on 8/29/24 with the BHT Supervisor revealed: -was not aware Staff #1's First Aid/CPR was expired. -new staff had been hired and was in training. -the new staff left at 11:00 p.m. -Staff #1 worked by herself from 11:00 p.m. - 7:00 a.m. Interview on 8/27/24 with the Director of Client Engagement revealed: -spoke to the Vice President of Training who confirmed Staff #1 was "over due" for First Aid/CPR recertification.	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon	V 114		

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V 114	Continued From page 8 request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Review on 8/27/24 of the facility's fire and disaster drill logs from July 2023 through June 2024 revealed: -July - September 2023 (3rd quarter) - no fire drill 3rd shift; no disaster drill 1st shift conducted. -October - December 2023 (4th quarter) - no 2nd or 3rd shift fire drills; no disaster drills conducted for all 3 shifts. -April - June 2024 (2nd quarter) - no 3rd shift fire drill; no 2nd shift disaster drill conducted. Interview 8/20/24 with Client #2 revealed: -she had been at the facility for "like 6-7 weeks (admitted 5/15/24)."	V 114		

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V 114	Continued From page 9 -there had been no fire or disaster drills conducted. Interview on 8/27/24 with the Director of Client Engagement revealed: -there were 3 shifts - 7:00 a.m. - 3:00 p.m., 3:00 p.m. - 11:00 p.m., and 11:00 p.m. - 7:00 a.m. Interview on 8/29/24 with the Behavioral Health Technician Supervisor revealed: -fire and disaster drills were held monthly. -maintenance scheduled when these were to be completed.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and	V 117		

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V 117	Continued From page 10 (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain labeling of dispensed medications affecting 1 of 2 current clients audited (Client #1). The findings are: Review on 8/26/24 of Client #1's record revealed: -date of admission - 7/6/24. -diagnoses of Major Depressive Disorder, Bulimia Nervosa Binge/Purge Eating Disorder, Generalized Anxiety Disorder and Post-Traumatic Stress Disorder. Observation and interview with the Licensed Practical Nurse (LPN) on 8/20/24 at 2:44 p.m. of medications revealed: -Client #1's medications included Ventolin HFA (hydrofluoroalkane) (bronchospasm) and Triamcinolone Acetonide Cream USP (United States Pharmacopoeia) (itchy skin) 1%. -both the Ventolin and Triamcinolone cream were in separate zip-lock baggies. -handwritten on each baggie was Client #1's name and date of birth. -neither medication had a prescription label. -LPN stated Client #1 brought these medications upon admission. -she did not think Client #1 used either medication since being admitted.	V 117		

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V 117	Continued From page 11 Interview on 8/20/24 with Client #1 revealed: -used the inhaler (Ventolin) for asthma. -she had not used the Ventolin or Triamcinolone since being at the facility.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 current clients audited (Client #2); and failed to ensure unlicensed persons were trained in medication administration by a legally qualified person to prepare and administer medications affecting 2 of 3 audited staff (Staff #1 and the Licensed Practical Nurse (LPN)). The findings are:

Review on 8/26/24 of Client #2's record revealed:
-date of admission 5/15/24.
-diagnoses of Post-Traumatic Stress Disorder (PTSD), Bipolar I Disorder, Generalized Anxiety Disorder, Insomnia Disorder and Gastroesophageal Reflux Disease.

Observation on 8/20/24 at 3:12 p.m. of Client #2's medications revealed:
-Prazosin HCL (hydrochloric acid) (PTSD) 5 milligrams (mg) - 1 capsule every HS (bedtime).
-Aripiprazole (Bipolar I Disorder) 15 mg - 1 tablet 1 time a day.
-Triamcinolone Acetonide Cream USP (United States Pharmacopoeia) (itchy skin) 1%.

Review on 8/26/24 of Client #2's physician orders revealed:
-5/15/24 - Prazosin HCL 5 mg - 1 capsule every HS.
-5/22/24 - Aripiprazole 15 mg - 1 tablet 1 time a

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day.
-no physician's order for Triamcinolone Acetonide Cream USP 1%.

Review on 8/26/24 of Client #2's MARs from 5/15/24 through 8/25/24 revealed:
-Prazosin HCL 5 mg - no staff initials to indicate medication was administered on 6/17/24.
-Aripiprazole 15 mg - no staff initials to indicate medication was administered on 7/1/24 and 7/2/24.

Interview on 8/27/24 with the LPN revealed:
-an order for Client #2's Triamcinolone could not be located.

Review on 8/27/24 of Staff #1's employee record revealed:
-job title - Behavioral Health Technician (BHT).
-date of hire - 1/8/24.
-"Relias Official Transcript" - 1/19/24 - "Assisting with Self-Administration of Medications: The Basics."

Review on 8/27/24 of the LPN's employee record revealed:
-job title - Nurse LPN.
-date of hire - 2/12/24.
-"Relias Official Transcript" - no medication administration training.

Interview on 8/27/24 with Staff #1 revealed:
-trained in medication administration by a sister facility nurse who was an LPN.

Interview on 8/20/24 with the facility LPN revealed:
-she trained the BHTs on medication administration.
-there was no Registered Nurse, Nurse

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V 118	Continued From page 14 Practioner or other legally qualified person who conducted the medication administration training. Interview on 8/27/24 with the Director of Client Engagement revealed: -after speaking to the Vice President of Training, the LPN was not assigned medication administration training since she was a nurse. -Relias was an electronic training system, there was no classroom or observation training involved with Relias trainings.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining	V 119		

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V 119	Continued From page 15 drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 2 of 2 current clients audited (Clients #1 and #2). The findings are: Review on 8/26/24 of Client #1's record revealed: -date of admission - 7/6/24. -diagnoses of Major Depressive Disorder, Bulimia Nervosa Binge/Purge Eating Disorder, Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD). Observation on 8/20/24 at 2:44 p.m. of Client #1's medications revealed: -Methylphenidate (GAD) 20 milligrams (mg) - 1 tablet 2 times a day - dispensed 6/24/24. Review on 8/26/24 of Client #1's physician's orders revealed: -Methylphenidate 20 mg - ordered 7/5/24 - discontinued 7/6/24. Review on 8/26/24 of Client #2's record revealed: -date of admission 5/15/24. -diagnoses of PTSD, Bipolar I Disorder, GAD, Insomnia Disorder and Gastroesophageal Reflux Disease.	V 119		

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V 119	Continued From page 16 Observation on 8/20/24 at 3:12 p.m. of Client #2's medications revealed: -Divalproex Sodium ER (extended release) (Bipolar I Disorder) 250 mg - 1 tablet at bedtime - dispensed 4/15/24. Review on 8/26/24 of Client #2's physician's orders revealed: -Divalproex Sodium ER 250 mg - ordered 5/15/24 - discontinued 5/17/24. Interview on 8/27/24 with the facility Licensed Practical Nurse revealed: -realized Client #1 and #2's discontinued medications should have been removed from the clients' current medications. -did not notice the discontinued medications were still with the current medications until observations conducted on 8/20/24.	V 119		
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, 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	V 133		

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V 133	Continued From page 17 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 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	V 133		

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V 133	Continued From page 18	V 133		

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 filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission 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

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V 133	Continued From page 19 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. (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: (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. (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. (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 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	V 133		

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V 133	Continued From page 20 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 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 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	V 133		

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V 133	Continued From page 21 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.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request fingerprints (to include State Bureau of Investigation (SBI) national criminal background check) for individuals who had lived in North Carolina (NC) for less than five years within five business days of making the conditional offer of employment for 2 of 3 audited staff (Licensed Practical Nurse (LPN) and Clinical Director (CD)). The findings are: Review on 8/27/24 of the facility LPNs employee record revealed: -date of hire 2/12/24. -2/1/24 - criminal background check completed and did not include fingerprints. Interview on 8/20/24 with the LPN revealed: -moved to NC from another state in 2021. Review on 8/27/24 of the CD's employee record revealed: -date of hire 3/25/24. -3/13/24 - criminal background check completed and did not include fingerprints. Interview on 8/27/24 with the CD revealed: -currently lived in a neighboring state. Interview on 9/4/24 with the Senior Vice President and Vice President of Compliance revealed:	V 133		

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V 133	Continued From page 22 -unaware of the requirement to request fingerprints for employees living in NC for less than five years.	V 133		