

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/13/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INEZ'S HOUSE HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2811 INDEPENDENCE AVENUE DURHAM, NC 27703</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on September 13, 2024. The complaint was substantiated (intake #NC00221397). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> </ol>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 1 audited staff (#4) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/13/24 of Staff #4's personnel record revealed: -Hire date of 6/4/24. -She was hired as Habilitation Technician.</p> <p>Review on 9/13/24 of Incident Reports for Client #1 revealed: -Incident dated 8/13/24. -Details of Incident:"Staff reported to Qualified Professional (QP) that [Client #1] scraped his arm when he fell while walking to his van. Staff reported that it was a small scratch and she applied first aid to him. Client #1 reported that he was OK and appeared to be fine." -Injury did not require physician's visit or hospitalization. -Plan of Action:"QP address with [Staff #4] to inform her or the Administrator immediately when an incident happens so that the Administrator can do an assessment as well as determine if any other service would be needed. QP made</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>recommendations of the following:</p> <ul style="list-style-type: none"> <li>-Close Monitoring and Additional Training. "</li> <li>-Incident dated 9/4/24.</li> <li>-Details of Incident: "Staff reported to QP that [Client #1] fell walking to the van and appear to injure his mouth. Staff reported this incident later in the day and stated that he appeared to be fine after she assisted him when he fell. Staff reported that his mouth did bleed but she did not detect any other injuries. Staff reported that she applied first aid to to him. [Client #1 stated that he was ok and appeared to be fine."</li> <li>-Injury did not require physician's visit or hospitalization.</li> <li>-Plan of Action: "QP address with [Staff #4] to inform her or the Administrator immediately when an incident happens so that the Administrator can do an assessment as well as determine if any other service would be needed. QP also recommended that moving forward, she is to assist [Client #1] by walking with him to the van as well as when he gets off the van when returning home. QP made recommendations of the following: <ul style="list-style-type: none"> <li>-Close monitoring.</li> <li>-Walking besides [Client #1]to the van as well as when he gets off the van when returning home.</li> <li>-Additional training.</li> </ul> </li> </ul> <p>Observation on 9/13/24 at about 9:35 am.</p> <ul style="list-style-type: none"> <li>-Client #1's transportation van came to pick him up to go to his day program.</li> <li>-Staff #4 assisted Client #1 down the stairs and to the front of the house.</li> <li>-Staff #4 met with van's driver halfway on the driveway.</li> <li>-Transport van's driver assisted Client #1 walking from the rest of the driveway to the van parked on the street.</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Staff #4 returned to the facility once van driver started assisting Client #1 to walk to the van.</li> </ul> <p>Interview on 9/13/24 at about 9:05 am with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-She did not know the client's goals.</li> <li>-She did not know how to access the client's goals.</li> <li>-She helped clients with their basic needs.</li> <li>-Client #1 had fallen a couple of times since she was re-hired. One time was when he was waiting for the bus. She did not know what happened. Had a scar on the right side. He was cleaned up and placed on the bus.</li> <li>-Later in the day, she received a call from Client #1's day program saying that they were sending him home because he had multiple scratches on his arm. She did not see those in the morning.</li> <li>-This happened about three weeks ago.</li> <li>-She was supposed to do a report, but it slipped her mind.</li> <li>-There was another incident where he was bleeding in his gums. She asked him what happened, but he was not able to say because of his diagnoses.</li> <li>-He may have scrapped something inside his mouth.</li> <li>-She did not know why he was bleeding from the mouth.</li> <li>-Client #1 had told her that he had fallen, but he did not fall at the house when he was bleeding from the mouth.</li> <li>-He told his parents that he fell down the stairs. She did not see him fall down the stairs. She did not believe it happened that way.</li> <li>-She did not know why he was bleeding from the mouth.</li> <li>-When Client #1 got home, he was no longer bleeding from the mouth. The bleeding had stopped.</li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <p>Interview on 9/13/24 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-All staff had been trained on client's individual goals.</li> <li>-Staff are also constantly being trained and re-trained on things; however, they continue to make errors.</li> <li>-Clients have GRID notes that staff goes to the office and completes them there.</li> <li>-GRID notes were not being completed daily.</li> <li>-Staff completed the grid notes at the office when they went there.</li> <li>-They have trained staff on completing the client's goals and what they would be working at the facility.</li> <li>-She acknowledged that they needed to have the client's goals at the house so to remind staff what were the goals they needed to be working on.</li> <li>-Staff was supposed to contact her or the administrator whenever an incident occurred with the clients.</li> <li>-If Client #1 fell again and hurt himself, they would need to see him to determine if he needed any further treatment or to see if he was really OK.</li> <li>-Staff at the house would not be sending Client #1 out if he still had any injuries or if he was bleeding anywhere.</li> </ul> <p>Interview on 9/13/24 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was prone for falling. "He falls a lot."</li> <li>-Physical Therapist recently made an assessment. They were surprised he had not fallen much.</li> <li>-Client #1 was taken to his doctor's last week.</li> <li>-They ordered a brace for his leg and a walking cane.</li> <li>-They would be doing alterations in the house. More rails.</li> <li>-They'll be reconstructing things around the home</li> </ul>	V 110		

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V 110	<p>Continued From page 5</p> <p>for him.</p> <ul style="list-style-type: none"> <li>-They will also be adding rails in the shower.</li> <li>-Client #1 will also be using the ramp coming in to the house.</li> <li>-Client #1 would be starting physical therapy to strengthen his legs. He would be starting next week.</li> <li>-Client #1's Managed Care Coordinator was going to coordinate things, but his doctor wanted to do it himself in order to have it done the way he wanted to be done.</li> <li>-Incident with Client #1 bleeding in his mouth.:</li> <li>-He may had bitten his mouth.</li> <li>-The bleeding stopped the same day. Once she gave him something and cold water. It stopped.</li> <li>-"Client #1 fell once to the bus. He said that he fell when his mouth was bleeding. It seemed that he bit his tongue when he opened his mouth."</li> <li>-Staff did not see him fall.</li> <li>-"Client #1 is able to get himself up."</li> <li>-Staff never saw him on the floor.</li> <li>-Staff #4 was supposed to contact her or the QP when Client #1 had the incidents. He should not had been allowed to ride to his day program without being seen bur her or the QP first.</li> <li>-She acknowledged that Staff #4 failed to follow protocol of informing her or the QP when Client #1 fell.</li> <li>-Training will be provided on-going to Staff #4.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 110		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>(1) an identification face sheet which includes:                      (A) name (last, first, middle, maiden);                      (B) client record number;                      (C) date of birth;                      (D) race, gender and marital status;                      (E) admission date;                      (F) discharge date;                      (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;                      (3) documentation of the screening and assessment;                      (4) treatment/habilitation or service plan;                      (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;                      (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;                      (7) documentation of services provided;                      (8) documentation of progress toward outcomes;                      (9) if applicable:                      (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);                      (B) medication orders;                      (C) orders and copies of lab tests; and                      (D) documentation of medication and administration errors and adverse drug reactions.                      (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure records were complete for 3 of 3 current clients (#1, #2, and #3). The findings are:</p> <p>Review on 9/13/24 of Client #1's record revealed: -Admission date of 6/13/05. -Diagnoses of Severe Intellectual Disability; Keratoconus with Secondary Monocular Right Eye Blindness; Cerebral Palsy; Gastroesophageal Reflux Disease; Chronic Constipation. -There was no documentation of progress towards outcomes.</p> <p>Review on 9/13/24 of Client #2's record revealed: -Admission date of 2/16/24. -Diagnoses of Profound Mental Retardation; Seizure Disorder; Allergic Rhinitis; Herpes Simplex Virus Type I. -There was no documentation of progress towards outcomes.</p> <p>Review on 9/13/24 of Client #3's record revealed: -Admission date of 6/10/16. -Diagnoses of Moderate Mental Retardation; Paranoid Schizophrenia; Dementia; Urinary Incontinent -There was no documentation of progress towards outcomes.</p> <p>Interview on 9/13/24 with Staff #4 revealed: -She did not know how to access the client's goals. -She did not know where the client's records were</p>	V 113		



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V 113	<p>Continued From page 8</p> <p>located at the facility. -She only had access to the client's Medication Administration Records.</p> <p>Interview on 9/13/24 with the Qualified Professional revealed: -She had taken the client's records to review and update them. -Clients records had been at the office. -Facility used the GRID notes as a way to record client's progress towards their goals. -She had pulled all the client's GRID notes out of the facility and had them at her office. -Staff would go to the office and complete client's GRID notes. -Staff #4 may had not known what surveyors were asking about client's goals. She may had been nervous. -She acknowledges that client's GRID notes should have been at the facility to be completed daily. -She acknowledged the facility failed to ensure client's records were complete.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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,</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MARs current affecting one of two audited clients (#2). The findings are:</p> <p>Review on 9/13/24 of Client #1's record revealed: -Admission date of 6/13/05. -Diagnoses of Severe Intellectual Disability; Keratoconus with Secondary Monocular Right Eye Blindness; Cerebral Palsy; Gastroesophageal Reflux Disease; Chronic Constipation. -Physician's order dated 3/17/23 for Ketoconazole 2% Cream, apply one application topically daily for 21 days to affected area of face with rash.</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>Observation on 9/13/24 at 11:30 am of Client #1's medications revealed: -Ketoconazole 2% Cream was not available.</p> <p>Review on 9/13/24 of Client #1's MAR for July 1, 2024 through September 13, 2024 revealed: -Ketoconazole 2% Cream had been marked as administered from 9/1-9/13.</p> <p>Review on 9/13/24 of www.webmd.com revealed: -Ketoconazole 2% Cream was used to treat skin infections such as athlete's foot, jock itch, ringworm, and certain kinds of dandruff.</p> <p>Review on 9/13/24 of Client #2's record revealed: -Admission date of 2/16/24. -Diagnoses of Profound Mental Retardation; Seizure Disorder; Allergic Rhinitis; Herpes Simplex Virus Type I. -Physician's orders dated 9/11/24 for Divalproex Sodium 250 milligrams (mg), take three tablets twice daily. Placed on HOLD since 9/1/24. -Physician's orders dated 9/11/24 for Chlorpromazine 100 mg, take one tablet twice daily.</p> <p>Observation on 9/13/24 of Client #2's medications revealed: -Divalproex Sodium 250 mg was not available. -Chlorpromazine 100 mg was available.</p> <p>Review on 9/13/24 of Client #2's MAR for July 1, 2024 through September 13, 2024 revealed: August: -Chlorpromazine 100 mg- Was not marked as given on 8/12/24 and 8/14/24 at 8:00 pm. September: -Divalproex Sodium 250 mg- Marked as being administered from 9/1/24-9/13/24.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Review on 9/13/24 of www.webmd.com revealed: -Chlorpromazine was used to treat mental illness, behavioral disorders, tetanus, blood disorders such as porphyria, and severe nausea and vomiting. It can also reduce anxiety before surgery. -Divalproex Sodium was used to treat seizure disorders, certain psychiatric conditions (manic phase of bipolar disorder), and to prevent migraine headaches.</p> <p>Interview on 9/11/24 with the Administrator revealed: -She was not aware that there were errors on the MAR. -She had trained Staff #4 on medication administration and to keep the MAR current. -Client #1's Ketoconazole cream had been discontinued a while back. Staff #4 mistakenly marked it as being given this month. -Client #2's Divalproex Sodium 250 mg was placed on hold this month. Staff #4 mistakenly marked it as being given this month. -She was not aware that there were dates in August left open as not administered for Client #2's Chlorpromazine. -She would review the MAR with Staff #4 and re-trained her as needed. -She confirmed the MARs were not kept current for clients #1 and #2.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 131		

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V 131	<p>Continued From page 12</p> <p>(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.</p> <p>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:</p> <p>Review on 9/13/24 of staff #4's personnel record revealed: -A hire date of 6/4/23. -She was hired as a Habilitation Technician. -The HCPR was not accessed.</p> <p>Interview on 9/13/24 at around 9:05am with Staff #4 revealed: -She had worked on and off at the facility for about four years. -She was re-hired again in June of 2024.</p> <p>Interview on 9/13/24 with the Administrator revealed: -Staff #4 was rehired in June of 2024. -She had completed an HCPR check on April 2023 for Staff #4 and was under the impression that it was still good. -She was not aware that she needed to complete a new HCPR check every time that she re-hired a staff. -She acknowledged that staff' #4's HCPR was not in her records for when she was re-hired in June</p>	V 131		

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V 131	Continued From page 13 2024.	V 131		
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.</p> <p>(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.</p> <p>(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</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>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 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</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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> <ol style="list-style-type: none"> <li>(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.</li> <li>(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.</li> </ol> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or</p>	V 133		



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V 133	Continued From page 16  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 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	V 133		

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V 133	<p>Continued From page 17</p> <p>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 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 ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of two audited staff (#4). The findings are:</p> <p>Review on 9/13/24 of staff #4's personnel record revealed:</p>	V 133		

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V 133	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-A hire date of 6/4/23.</li> <li>-She was hired as a Habilitation Technician.</li> <li>-The Criminal History Check was not requested.</li> </ul> <p>Interview on 9/13/24 at around 9:05am with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-She had worked on and off at the facility for about four years.</li> <li>-She was re-hired again in June of 2024.</li> </ul> <p>Interview on 9/13/24 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Staff #4 was rehired in June of 2024.</li> <li>-She had completed a criminal background check on April 2023 for Staff #4 and was under the impression that it was still good.</li> <li>-She was not aware that she needed to complete a new criminal background check every time that she re-hired a staff.</li> <li>-She acknowledged that staff' #4's criminal background check was not in her record for when she was hired in June 2024.</li> </ul>	V 133		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 9/13/24 at about 12:15 pm of the</p>	V 736		

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V 736	<p>Continued From page 19</p> <p>facility revealed:</p> <ul style="list-style-type: none"> <li>-Living Room Area; <ul style="list-style-type: none"> <li>-Hand rail from the stairway leading from the living room to the front door was lose/wobbly.</li> </ul> </li> <li>-Client #1's Bedroom: <ul style="list-style-type: none"> <li>-Blinds on window were broken on the lower section.</li> </ul> </li> <li>-Client #2's Bedroom: <ul style="list-style-type: none"> <li>-Blinds on window were broken on the upper left section.</li> </ul> </li> <li>-Client #3's Bedroom: <ul style="list-style-type: none"> <li>-Nightstand drawer was broken.</li> </ul> </li> <li>-Upstairs' Hall Bathroom: <ul style="list-style-type: none"> <li>-There were stains/mold/mildew in corner of shower,</li> <li>-The toilet seat was missing. It had commode seat above where regular seat should be instead.</li> <li>-No curtains covering window.</li> <li>-Lights in bathroom not working. A table lamp was being used for lighting.</li> </ul> </li> <li>-Downstairs' Bathroom: <ul style="list-style-type: none"> <li>-There were stains on bottom of shower door.</li> </ul> </li> <li>-Basement Area: <ul style="list-style-type: none"> <li>-Paint was peeling off from the floor tiles.</li> <li>-There was a broken dresser.</li> </ul> </li> <li>-Outside: <ul style="list-style-type: none"> <li>-There was a broken washing machine on top of the back deck.</li> </ul> </li> </ul> <p>Interview on 9/13/24 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware that the lights in the upstairs' bathroom were not working. Staff had not informed her.</li> <li>-She was also not aware that the toilet seat from the upstairs bathroom was missing. Staff at the facility had not informed her.</li> <li>-It was hard to maintain the blinds at Client #1 and Client #2's bedrooms because they would destroy them.</li> </ul>	V 736		

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V 736	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>-She was thinking of placing curtains on Client #1 and #2's windows.</li> <li>-They were in the process of doing some remodeling in the house to better accommodate Client #1's needs. they would be adjusting the railings in the stairs.</li> <li>-She had a maintenance person scheduled to come in to the facility to throw away the old washer and fix things around that needed to be fixed. Her husband was also in the process of fixing the drawers from the dresser downstairs.</li> <li>-She acknowledged that the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner</li> </ul>	V 736		