	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL011-265	B. WING		0,	R I/ 03/2025	
AME OF PF	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
ARLOW	E PLACE		LOWE DRIVE LLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual and follow up survey was completed on January 3, 2025. Deficiencies were cited.						
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.					
	-	d for 3 and has a current vey sample consisted of ents.					
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114				
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans sl procedures and route (b) The plans shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. eted under conditions that response to fire					
	Ith Service Regulation			TITLE		(X6) DATE	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL011-265	B. WING			R / 03/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MARLOW	E PLACE		LOWE DRIVE LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE
V 114	Continued From page	e 1	V 114			
		ew and interviews, the lete disaster drills at least				
	drills revealed:	the facility's fire and disaster the first quarter (January -				
	Lead revealed: -Was responsible for completed monthly. -"Our (company) poli once a year." -"We (the facility) had April of the year befo -"They (corporate) ch	and 1-3-25 with the Program making sure drills were cy was disaster (drills) was dn't run it (disaster drill) since re (2023)." hanged the policy back. We ster (drills) each month."				
	and Compliance reve -"The rule is confusin -Had been emailing T Service Regulation for	ng." The Division of Health or clarity. been audited in May of 2024 on the rule.				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring heat health care facility or health care facility sh	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident				

Division of Health Service Regulation STATE FORM

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O59W11

If continuation sheet 2 of 9

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
						R
		MHL011-265	B. WING		01	/03/2025
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
MARLOW	E PLACE		LOWE DRIVE LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 131	Continued From page	e 2	V 131			
	of access in the appropriate business files.					
	This Rule is not met					
		ews and interviews, the				
	facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 3 audited staff					
	(Staff Program Lead)					
	Review on 1-3-25 of the Program Lead's					
	personnel record revealed:					
	-Job title: Program Le					
	-Date of Hire: 10-16-16. -Date of HCPR check: 11-9-16.					
	Interview on 1.2.25 v	vith the Program Lead				
	revealed:					
	-The regional staff specialist completed the					
	pre-hire checks.	·				
		vith the Director of Quality				
	and Compliance reve -The Program Lead's	s hire date listed was a				
	"human error".					
	-The hire date should	have been listed as				
	11-16-16.					
		uld be fixed/changed in the				
	system.	started training on 11-19-16				
	and did not bill for se					
		tingent on all background				
	checks being comple					
	-There was now an o					
		ound checks before a new				
	hire would start.					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
	MHL011-265		B. WING		01	R I /03/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
MARLOW	E PLACE		LOWE DRIVE				
	1	ASHEVI	LLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133				
	G.S. §122C-80 CRIN CHECK REQUIRED	/INAL HISTORY RECORD FOR CERTAIN					
	APPLICANTS FOR E						
		sed 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.						
	-	n 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						
		ent to a State and national					
	-	d check of the applicant. If					
		en a resident of this State for then the offer of employment					
	•	nsent to a State and national					
		d check of the applicant. The					
		ory record check shall					
		e applicant's fingerprints. If					
	the applicant has bee	en a resident of this State for					
	-	nen the offer is conditioned					
		e criminal history record					
		nt. A provider shall not					
		who refuses to consent to a					
		d check required by this					
	-	herwise provided in this e business days of making					
		of employment, a provider					
		st to the Department of					
		14-19.10 to conduct a					
	,	d check required by this					
		nit a request to a private					
	-	tate criminal history record					
		is section. Notwithstanding					
		Department of Justice shall					
	return the results of r	national criminal history					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL011-265	B. WING		01	R 1/03/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
MARLOW	E PLACE		LOWE DRIVE LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page	e 4	V 133			
	covered by Public Lat Department of Health Criminal Records Che business days of rece history of the person, and Human Services Unit, shall notify the p information received of the applicant. In no national criminal histor with the provider. Pro- upon request verificat check has been comp by this section. A cou appropriate local ordi the Division of Crimin may conduct on beha criminal history record section without the pr request to the Depart case, the county shall criminal history record section within five bus conditional offer of er All criminal history inf provider is confidentia except to the applicant (c) of this section. Fo subsection, the term business regularly en criminal history record records obtained from (c) Action If an app record check reveals a relevant offense, th of the following factor hire the applicant:	a and Human Services, eck Unit. Within five eipt of the national criminal the Department of Health , Criminal Records Check provider as to whether the may affect the employability o case shall the results of the pry record check be shared viders shall make available tion that a criminal history oleted on any staff covered nty that has adopted an nance and has access to al Information data bank alf of a provider a State d check required by this ovider having to submit a ment of Justice. In such a I commence with the State d check required by this siness days of the nployment by the provider. formation received by the al and may not be disclosed, nt as provided in subsection r purposes of this "private entity" means a gaged in conducting d checks utilizing public				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	MHL011-265		B. WING		01	R / 03/2025
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MARLOWI	E PLACE		LOWE DRIVE LLE, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 133	Continued From pag	e 5	V 133			
	(2) The date of the cr	rime.				
	(3) The age of the pe	erson at the time of the				
	conviction.					
	(4) The circumstance	5				
	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.					
		lifies an applicant after				
		relevant factors, then the				
		e information contained in				
		ecord check that is relevant				
	to the disqualification	i, but may not provide a copy				
	of the criminal history	/ record check to the				
	applicant.					
		- A provider and an officer				
		vider that, in good faith, ction shall be immune from				
	civil liability for:					
	-	provider to employ an				
		is of information provided in				
	the criminal history re	ecord check of the individual.				
	(2) Failure to check an employee's history of					
		e employee's criminal				
		is requested and received in				
	compliance with this	section. As used in this section,				
		eans a county, state, or				
		ry of conviction or pending				
		, whether a misdemeanor or				
	felony, that bears up					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL011-265			01	R / 03/2025
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MARLOW	E PLACE		OWE DRIVE			
		ASHEVIL	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 6	V 133			
	persons needing mer disabilities, or substa crimes include the cri any of the following A General Statutes: Art Issuing Monetary Sul Endangering Executiv Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property or Fraudulent Use of Crr Article 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 35, Offe Peace; Article 35, Offe Peace; Article 36A, R Article 39, Protection Protection of the Farr Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B-	ve and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, action; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and le 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, * Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article Public Morality and , Adult Establishments; n; Article 28, Perjury; Article I, Misconduct in Public enses Against the Public tiots and Civil Disorders; of Minors; Article 40, mily; Article 59, Public cle 60, Computer-Related also include possession or ion of the North Carolina es Act, Article 5 of Chapter tutes, and alcohol-related e to underage persons in 302 or driving while				
	G.S. 20-138.5.	of G.S. 20-138.1 through ning False Information Any				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL011-265	B. WING		01	R I/ 03/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		22 MAR	LOWE DRIVE			
ARLOW	E PLACE	ASHEVI	LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 7	V 133			
 V 133 Continued From page 7 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 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.) 						
	facility failed to reque of making the condition request for a criminal for 1 of 3 audited staff findings are: Review on 1-3-25 of t	ews and interviews, the st within five business days onal offer for employment a history background check f (Staff Program Lead). The he Program Lead's				
	-Job title: Program Le -Date of Hire: 10-16-1 -Date of background	ead. 16.				

STATE FORM

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL011-265	B. WING		01	1/03/2025
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ARLOW	E PLACE		LOWE DRIVE LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 133	Continued From pag	e 8	V 133			
	revealed: -The regional staff sp pre-hire checks. Interview on 1-3-25 w and Compliance reve -The Program Lead's "human error". -The hire date should 11-16-16. -Did not believe it consystem. -The Program Lead so and did not bill for se -New hires were considered to the completed of t	s hire date listed was a d have been listed as uld be fixed/changed in the started training on 11-19-16 rivices until 12-1-16. tingent on all background eted.				