		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL0601505	B. WING	7/0.0005	01	1/09/2025
IAME OF PH	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
COOLEY'S	BHOUSE		OTTE, NC 28270			
(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) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa 2025. Deficiencies we	s completed on January 9, ere cited.				
		d for the following service 27G .5600F Supervised Family Living.				
		d for 3 and has a current /ey sample consisted of ents.				
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh Personnel Registry a	LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.				
	failed to access the N Personnel Registry (H hire for each staff. Th Review on 1/8/25 of A Living) Provider's per	ew and interview, the facility lorth Carolina Health Care HCPR) prior to the date of the findings are: AFL (Alternative Family sonnel record revealed:				
	Living) Provider's per -Hire date of 12/1/21. -HCPR accessed on					

	FOF DEFICIENCIES DF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL0601505	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
COOLEY	S HOUSE		URLES COURT DTTE, NC 28270			
(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 DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 131	Continued From page	e 1	V 131			
	Review on 1/8/25 of S revealed: -Hire date of 1/31/24. -HCPR accessed on 4					
	Review on 1/8/25 of t (QP)'s personnel reco -Hire date of 1/24/23. -HCPR accessed on					
	bought by the current 2021.	ith the AFL Provider vious company which was Licensee in December e current Licensee was				
	Interview on 1/7/25 w -She was hired as a 0 January 2023.	ith the QP revealed: Qualified Professional in				
	-Human Resources s accessing the HCPR -She would communi- Resources staff. -No additional informa revealed HCPR was a	ealed: equired the previous oyed the AFL Provider. taff was responsible for				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E					

STATE FORM

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED		
	MHL0601505 B. W							
			B. WING		01	/09/2025		
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       COOLEY'S HOUSE     2116 THURLES COURT								
COOLEY	S HOUSE		URLES COURT OTTE, NC 28270					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE		
V 133	Continued From page	e 2	V 133					
	"provider" applies to a program and any pro- developmental disabi- services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posi- applicant to fill a posi- applicant to have and conditioned on conse- criminal history recor- the applicant has bee- less than five years, f is conditioned on con- criminal history recor- national criminal history recor- national criminal history recor- national criminal history recor- national criminal history recor- national criminal history criminal history recor- section. Except as oth subsection, within five the conditional offer of shall submit a requese Justice under G.S. 11 criminal history recor- section or shall subm- entity to conduct a St check required by this G.S. 114-19.10, the D return the results of m record checks for em covered by Public Lat	tion that does not require the occupational license is ont to a State and national d check of the applicant. If an a resident of this State for then the offer of employment sent to a State and national d check of the applicant. The ory record check shall e applicant's fingerprints. If an a resident of this State for then the offer is conditioned e criminal history record t. 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 at to the Department of 14-19.10 to conduct a d check required by this it a request to a private ate criminal history record s section. Notwithstanding Department of Justice shall national criminal history ployment positions not w 105-277 to the a and Human Services,						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
			A. BUILDING:				
	MHL0601505		B. WING		01	1/09/2025	
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       COOLEY'S HOUSE     2116 THURLES COURT							
COOLEY	S HOUSE		URLES COURT DTTE, NC 28270				
(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 T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From page	e 3	V 133				
	history of the person, and Human Services. Unit, shall notify the p information received a of the applicant. In no national criminal histor with the provider. Pro- upon request verificat check has been comp by this section. A cour 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 shal criminal history record section within five bus conditional offer of en All criminal history inf provider is confidentia except to the applicar (c) of this section. For subsection, the term business regularly en criminal history record records obtained from (c) Action If an appli record check reveals a relevant offense, th of the following factor hire the applicant: (1) The level and seri (2) The date of the cri	nployment by the provider. Formation received by the al and may not be disclosed, at as provided in subsection r purposes of this "private entity" means a gaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to ousness of the crime. ime. rson at the time of the					

Division of Health Service Regul STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0601505		B. WING		01	/09/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
COOLEY'S	HOUSE		URLES COURT DTTE, NC 28270			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page	e 4	V 133			
	commission of the cri	ime if known				
		en the criminal conduct of				
		b duties of the position to be				
	filled.	•				
	(6) The prison, jail, pi	robation, parole,				
	rehabilitation, and em	ployment records of the				
	•	e the crime was committed.				
		commission by the person of				
	a relevant offense.					
		of a relevant offense alone				
		employment; however, the considered by the provider.				
		lifies an applicant after				
		relevant factors, then the				
		e information contained in				
		cord check that is relevant				
		, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
		<ul> <li>A provider and an officer</li> </ul>				
		vider that, in good faith,				
	complies with this sec civil liability for:	ction shall be immune from				
	(1) The failure of the	provider to employ an				
	individual on the basi	s of information provided in				
		ecord check of the individual.				
		n 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				
		on an individual's fitness to				
		r the safety and well-being of				
		ntal health, developmental				
		nce abuse services. These				
	crimes include the cri	iminal offenses set forth in				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BOILDING.		01/09/2025				
		MHL0601505	B. WING						
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE					
COOLEY'S HOUSE 2116 THURLES COURT CHARLOTTE, NC 28270									
(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			
V 133	Continued From page	e 5	V 133						
		articles of Chapter 14 of the							
		ticle 5, Counterfeiting and							
	Issuing Monetary Sul								
		ve and Legislative Officers;							
		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								
		akings; Article 15, Arson and							
		le 16, Larceny; Article 17,							
	Robbery; Article 18, I	Embezzlement; Article 19,							
	False Pretenses and	Cheats; Article 19A,							
	Obtaining Property o	r Services by False or							
		edit Device or Other Means;							
		I Transaction Card Crime							
		s; Article 21, Forgery; Article							
	26, Offenses Against	•							
		, Adult Establishments; n; Article 28, Perjury; Article							
		1, Misconduct in Public							
		enses Against the Public							
		Riots and Civil Disorders;							
		of Minors; Article 40,							
		nily; Article 59, Public							
		cle 60, Computer-Related							
	Crime. These crimes	Crime. These crimes also include possession or							
	-	tion of the North Carolina							
		es Act, Article 5 of Chapter							
		atutes, and alcohol-related							
		e to underage persons in							
	violation of G.S. 18B	-							
	G.S. 20-138.5.	of G.S. 20-138.1 through							
		ning False Information Any							
	.,	nent who willfully furnishes,							
		e gives false information on							
		cation that is the basis for a							
	criminal history recor					1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	AME OF PROVIDER OR SUPPLIER STREE					
				7/0.0005	01	/09/2025
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
COOLEY'S	S HOUSE		OTTE, NC 28270			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 6	V 133			
	(g) Conditional Emplo employ an applicant of obtaining the results check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history recor- subsection (b) of this fingerprint cards as re (2) The provider shall criminal history recor- business days after th conditional employme 2001-155, s. 1; 2004	of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins				
	failed to ensure a crir requested within 5 bu offer of employment a Provider). The finding	ew and interview, the facility ninal history check was isiness days of a conditional affecting 1 current staff (AFL gs are:				
	Living) Provider's per -Hire date of 12/1/21.	AFL (Alternative Family sonnel record revealed: nd check was requested on				
	revealed:	ith the Program Director				

STATE FORM

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/09/2025	
		MHL0601505				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
COOLEY'S		2116 TH	URLES COURT OTTE, NC 28270			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
	revealed a criminal h or received prior to o	e 7 ation was provided which istory check was requested r within 5 business days of art of employment with the	V 133			