STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-820	A. BUILDING: _____ B. WING _____	R 01/24/2025

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FAVOUR HOME 2	3825 CASHEW DRIVE RALEIGH, NC 27616

(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 and follow up survey was completed on January 24, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	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. (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	V 105		

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V 105	Continued From page 1 (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 implement their policy on delegating management authority for the operation of services. The findings are:

Review on 1/24/25 of the facility's Operating Authority policy revealed:
- "The Administrator serves as liaison between the Governing Body and home personnel. The Administrator is responsible for allocation of adequate resources for the home...In the absence of the Home's administrator, inquiries concerning residents will be referred to the appropriate senior staff member available."

Interview on 1/16/25 the Licensee's son revealed:
- The Licensee was out of the country
- Requested to delay the survey until the Licensee returned on 1/21/25
- Was not the administrator or staff associated with the facility

Interviews on 1/16/25 & 1/21/25 the Assistant Manager reported:
- The Licensee was out of the country
- Was responsible for being the administrator of the facility when the Licensee was not available, but she's been on medical leave since 12/12/24
- The Licensee's daughter (Qualified Professional/Registered Nurse (QP/RN)) was the designated administrator while the Licensee was out of the country
- Didn't know if the QP/RN had access to all of the personnel files and records
- She didn't have access to the staffs'

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V 105	Continued From page 3	V 105		

personnel records
- Requested to delay the survey until next week when the Licensee returned from her trip

Interviews on 1/15/25 & 1/21/25 the QP/RN reported:
- Verified she was the QP for the facility
- Started working as the QP "sometime last year"
- The Licensee was her mother
- Was designated as the facility's administrator while the Licensee was out of the country
- Hadn't been to the facility "in a while"
- Last visited the facility in October 2024
- The staffs' personnel records were kept locked in the facility
- Didn't have access to the staffs' personnel records because her brother had the key to access the records
- The Licensee planned to return from her trip on 1/21/25
- Her brother was not a staff of the facility and shouldn't have requested to delay the survey
- Requested to delay the survey until 1/23/25 to give the Licensee time to "get things together"
- The Licensee would "likely not have everything on Wednesday (1/22/25)"

Interview on 1/24/25 the Licensee reported:
- The hierarchy for Favour Home #2 is the Licensee, the QP/RN & then the Assistant Manager
- She's the designated administrator in the Operating Authority policy
- Had to leave out of the country due to an emergency
- Left out of the country on 12/2/24
- The Assistant Manger was supposed to be the administrator, but she had surgery and was placed on medical leave on 12/12/24

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V 105	Continued From page 4 - "[Assistant Manger] would have had everything in order if she didn't have surgery" - The QP/RN was designated to be the administrator of the facility - The QP/RN "comes when called and when she's needed" and was supposed to know what's going on in the facility - The QP/RN never "acted" as the administrator before - Been 6 years since she's last traveled out of the country and she's never been away from the facility that long - Prior to leaving the company she left the key to the staff records at home and informed her son where the key was - Her son was not a staff with the company - She communicated with the Assistant Manager and the QP/RN about where the files and records were kept	V 105		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;	V 109		

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V 109	Continued From page 5 (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 audited Qualified Professional/Registered Nurse (QP/RN) demonstrated the knowledge, skills and abilities required by the population served. The findings are: Review on 1/24/25 of the QP/RN's personnel record revealed: - No documentation of a certificate of education - No documentation of an active nursing license - No documentation of a signed job description	V 109		

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V 109	Continued From page 6 Interviews on 1/15/25 & 1/21/25 the QP/RN reported: - Was an RN - Verified she was the QP for the facility - Started working as the QP "sometime last year" - The Licensee was her mother - The Licensee was out of the country and she was in charge of the facility - The Licensee planned to return from her trip on 1/21/25 - Some of the clients attended a day program, but she was didn't know the name of the programs the clients attended - Found out where client #4 attended his day program at by calling the Assistant Manager - Was responsible for checking the clients' medications and medication administration records (MAR) - Hadn't been to the facility "in a while" - Last visited to the facility to check the clients' medications and MARs in October 2024 - Was responsible for developing the clients' treatment plans, but the Licensee told her when the treatment plans are due - Was unaware the clients' treatment plans had expired - Knew the clients' treatment plans were supposed to be completed annually, but was told by the Licensee the plans could be completed by the end of the month (January 31, 2025) - Clients #3, #4 & #5 had unsupervised time in the community, but she couldn't recall how many hours the clients were approved for - The clients were assessed for unsupervised time by herself and the Licensee - The clients didn't have a "set limit" of hours for unsupervised time - There was a set time for clients to return to the facility, but she couldn't recall when	V 109		

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V 109	Continued From page 7 - "Verify with [Licensee]...she'll be back this evening" - Was responsible for training staff and she completed staff supervisions "as needed" - Wasn't comfortable with answering questions about things that occurred in the facility over the past 3 months because she didn't want to give the wrong information - The Licensee worked in the facility and could answer the questions Interview on 1/24/25 the Licensee reported: - The QP/RN was an RN - Thought the QP/RN provided her RN license and certificate of education - Would contact the QP/RN and have her send her credentials - The QP/RN was the designated administrator of the facility while she was out of the country - The QP/RN never "acted" as the administrator before - The QP/RN "comes when called and when she's needed" which was usually quarterly unless the clients needed something - The QP/RN was supposed to know what's going on in the facility - She kept the QP/RN informed and the QP/RN knew what was going on in the facility - Believed "she (QP/RN) didn't want to say something different from what's been already said" - Told the QP/RN to just be forthcoming with information during "audits" The facility failed to provide documentation of the QP/RN's certificate of education or nursing license prior to the exit of the survey. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 109		

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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. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 9 Based on observation, record review and interview, the facility failed to administer medications on a written order of a physician and failed to ensure the MAR was kept current affecting 2 of 3 audited clients (#1 & 4). The findings are: A. Review on 1/15/25 client #1's record revealed: - Admitted 4/28/14 - Diagnoses of Psychosis, Depression, Bipolar Disorder & Seizure Disorder - No physician's orders for the following medications: - Levothyroxine 50 microgram (mcg) take 1 tablet (tab) by mouth (PO) for 90 days (Thyroid) - Alendronate Sodium 70 milligram (mg) Take first thing in the morning once a week at least 30 minutes before breakfast (Osteoporosis) - Hydrochlorothiazide 12.5mg take 1 tab PO every day (Hypertension) - Vitamin D3 1000 units (U) take 1 capsule (cap) PO every day (Supplement) - Tolterodine Tartrate 4mg take 1 tab PO in the morning for 90 days (Bladder Control) - Aspirin 81mg take 1 tab PO every day (Hypertension) - Daily Vite take 1 tab PO every day (Supplement) - Melatonin 5mg take 1 tab PO at bedtime (Insomnia) - Hydroxyzine 50mg take 1 tab PO at bedtime (Anxiety) Observation at 11:55am on 1/15/25 of client #1's medication bin revealed the following medications: - Levothyroxine 50mcg - Alendronate Sodium 70mg - Hydrochlorothiazide 12.5mg	V 118		

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V 118	Continued From page 10 - Vitamin D3 1000U - Tolterodine Tartrate 4mg - Aspirin 81mg - Daily Vite - Melatonin 5mg - No Hydroxyzine 50mg located in the medication bin or facility Review on 1/15/25 of client #1's January 2025 MAR revealed: - Hydroxyzine 50mg initialed as administered from 1/1/25-1/14/25 Interview on 1/15/25 client #1 reported: - Received her medications daily - Didn't refuse her medications B. Review on 1/15/25 of client #4's record revealed: - Admitted 12/2/14 - Diagnoses of Schizophrenia, Hypertension, Multiple Sclerosis & Cardiomyopathy - No physician's orders for the following medications: - Atorvastatin 20 mg take 1 tab by mouth daily (Hypertension) - Terbinafine 250mg take 1 tab PO daily (Fungus) - Fingolimod 0.5mg take 1 cap PO every morning (Multiple Sclerosis) - Check blood sugar (BS) once daily - No physician's order discontinuing BS checks - Physician order dated 8/2/24 for the following medications: - Docusate Sodium 100mg take 2 caps PO every other day (Constipation) - Fluticasone 50mcg spray one spray in each nostril once daily (Allergies) - Multivitamin with (w)/Iron take 1 tab PO	V 118		

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V 118	Continued From page 11 every day (Supplement) - No December 2024 MAR Observation at 12:07pm on 1/15/25 of client #4's medication bin revealed the following medications: - Atorvastatin 20mg - Fingolimod 0.5mg - Fluticasone 50mcg - No Terbinafine 250mg located in the medication bin or the facility - No glucometer located in the facility Review on 1/15/25 of client #4's November 2024 & January 2025 MARs revealed: - MARs initialed daily from 11/1/24-11/30/24 & 1/6/25-1/15/25 indicating client #4's BS was checked daily - Docusate Sodium 100mg was initialed as being administered daily from 11/1/24-11/30/24 & 1/1/25-1/14/25 - No documentation of Multivitamin w/ Iron being administered from 1/1/25-1/15/25 - No documentation of Terbinafine 250mg being administered from 1/1/25-1/15/25 - No documentation of Fluticasone 50mcg being administered from 1/1/25-1/15/25 Interview on 1/15/25 client #4 revealed: - Received his medications - Didn't miss any medications - Took Docusate Sodium for constipation every day - Didn't have any negative affects from taking Docusate Sodium every day - Went on a home visit for Christmas - Was gone for a few weeks - Didn't need to check his BS daily - BS was checked previously to monitor his BS levels	V 118		

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V 118	Continued From page 12 - Couldn't recall the last time he checked his BS Interview on 1/15/25 staff #1 reported: - Administered the clients' medication daily - Knew to call clients one by one, administer the clients' medications and sign the MAR - Forgot to sign the MAR for client #4's Multivitamin w/ Iron, Terbinafine & Fluticasone, but she administered the medications - She "made an error" by administering client #1's Docusate Sodium every day - She "accidentally marked (initialed) the MAR" for client #4's BS and client #1's Hydroxyzine - Didn't check client #4's BS - Asked the Licensee if she needed to check client #4's BS and she replied "no" - Client #4 had a home visit in December (2024) and she didn't see his December 2024 MAR when he returned to the facility in January (2025) Interview on 1/15/25 the Qualified Professional/Registered Nurse (QP/RN) reported: - Was an RN - Responsible for checking the clients' MARs and medications - Checked the clients' MARs to ensure the clients received their medications - Last time she checked the clients' medications was in October 2024 - The pharmacy supplied the clients' medications and she was "pretty sure" the missing medicine was in the facility - During medication administration the staff were supposed to do the following: - Verify the client's name and date of birth - Verify the client's medication name, dosage & route - Document the MAR as soon as the	V 118		

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medicine was administered
- Wasn't aware of the documentation errors on the MARs

Interview on 1/24/25 the Licensee reported:
- Left out of the country 12/2/24 and returned 1/23/25
- Staff #1 was the fill-in staff while she was away
- The QP/RN was an RN
- She and the QP/RN checked the client's medications and MARs
- The QP/RN was supposed to come to the facility quarterly or as needed by the clients
- Was responsible for obtaining client's physician's orders
- Client #1 had an upcoming appointment to have her physician orders renewed
- The Assistant Manager normally filled in as her backup staff, but she had surgery in December (2024)
- "[Assistant Manager] would have had everything in order if she didn't have surgery"
- Was unaware of the documentation errors on the clients' MARs
- Client #1's Hydroxyzine was discontinued due to the pharmacy's failure to receive an approval for the prior authorization
- The Hydroxyzine was never dispensed
- Client #4 had a home visit in December (2024) and his family may still have his December 2024 MAR
- She administered client #4's Docusate Sodium every other day and the documentation on client #4's MAR was a "error in signing"
- Client #4's was not a diabetic and his BS checks were discontinued, but she couldn't recall when
- Client #4 didn't have a glucometer in the facility

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FAVOUR HOME 2	3825 CASHEW DRIVE RALEIGH, NC 27616

(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 118	Continued From page 14 Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) check was completed prior to hire for 1 of 2 audited paraprofessional staff (#1). The findings are: Review on 1/24/25 of staff #1's personnel record revealed: - No documentation of a HCPR check Interview on 1/15/25 staff #1 reported: - Started working in the facility yesterday (1/14/25) Upon further interview on 1/15/25 staff #1	V 131		

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V 131	Continued From page 15	V 131		

reported:
- Started working in the facility in December 2024
- Was the fill-in staff for the facility because the Licensee was out of the country

Interview on 1/16/25 the Assistant Manager reported:
- The Licensee went out of the country on 12/2/24
- Was supposed to fill in for the Licensee but she had surgery on 12/12/24
- Staff #1 was a fill-in staff while the Licensee was out of the country
- The Licensee was responsible for maintain staffs' personnel records
- Didn't know if staff #1 had a personnel record because she was on medical leave when staff #1 was hired

Interview on 1/15/25 the Qualified Professional/Registered Nurse reported:
- The Licensee was responsible for maintain staffs' personnel records

Interviews on 1/16/25 & 1/24/25 the facility's trainer reported:
- Was the trainer for Favour Home #2 for years
- Responsible for conducting the trainings for staff at the facility
- Didn't perform any HCPR checks for the facility
- Didn't have a HCPR check on file for staff #1

Interview on 1/23/25 the Licensee reported:
- Hired staff #1 12/2/24 as a fill-in staff
- She put in an order for staff #1's HCPR check, but hadn't received results yet

Upon further interview on 1/24/25 the Licensee

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V 131	Continued From page 16 reported: - The facility's trainer was responsible for performing the HCPR checks and he could provide a copy of staff #1's HCPR check The facility failed to provide documentation of a HCPR check prior to the exit of the survey.	V 131		
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 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	V 133		

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V 133	Continued From page 17	V 133		

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 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

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V 133	Continued From page 18 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 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.	V 133		

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V 133	Continued From page 19 (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 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	V 133		

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V 133	Continued From page 20 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 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 ensure a criminal record check was completed for 1 of 2 audited paraprofessional	V 133		

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V 133	Continued From page 21 staff (#1). The findings are: Review on 1/24/25 of staff #1's personnel record revealed: - No documentation of a criminal record check Interview on 1/15/25 staff #1 reported: - Started working in the facility yesterday (1/14/25) Upon further interview on 1/15/25 staff #1 reported: - Started working in the facility in December 2024 - Was the fill-in staff for the facility because the Licensee was out of the country Interview on 1/16/25 the Assistant Manager reported: - The Licensee went out of the country on 12/2/24 - Was supposed to fill in for the Licensee but she had surgery on 12/12/24 - Staff #1 was a fill-in staff while the Licensee was out of the country - The Licensee was responsible for maintain staffs' personnel record - Didn't know if staff #1 had a personnel record because she was on medical leave when staff #1 was hired Interview on 1/15/25 the Qualified Professional/Registered Nurse reported: - The Licensee was responsible for maintain staffs' personnel record Interviews on 1/16/25 & 1/24/25 the facility's trainer reported: - Was the trainer for Favour Home #2 for years - Responsible for conducting the trainings for	V 133		

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V 133	Continued From page 22 staff at the facility - Didn't perform any criminal record checks for the facility - Didn't have a criminal record check on file for staff #1 Interview on 1/23/25 the Licensee reported: - Hired staff #1 12/2/24 as a fill-in staff - She put in an order for staff #1's criminal record check, but hadn't received results yet Upon further interview on 1/24/25 the Licensee reported: - The facility's trainer was responsible for performing the criminal record check and he could provide a copy of staff #1's criminal record check The facility failed to provide documentation of a criminal record check prior to the exit of the survey.	V 133		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for	V 290		

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V 290	Continued From page 23 specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure clients were capable of remaining in the community without supervision which affected 3 of 5 clients (#3, #4 & #5). The finding are:	V 290		

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V 290	Continued From page 24 Review on 1/21/25 of client #3's record revealed: - Admitted 3/12/14 - Diagnoses of Paranoid Schizophrenia, Bipolar Depression & Posttraumatic Stress Disorder - A treatment plan dated 1/1/24: "No unsupervised time outside of the immediate area of the group home" Review on 1/15/25 of client #4's record revealed: - Admitted 12/2/14 - Diagnoses of Schizophrenia, Hypertension, Multiple Sclerosis & Cardiomyopathy - No documentation of an unsupervised time assessment - A treatment plan dated 1/1/2: No documentation of unsupervised time in the community Interview on 1/15/25 client #4 reported: - Attened a day program from Monday - Thursday - Didn't go out in the community without staff Review on 1/21/25 of client #5's record revealed: - Admitted 7/3/17 - Diagnoses of Schizoaffective Disorder, Hypertension, Depressive Type & Chronic Kidney Disease - Unsupervised time assessment (no date): "Level of Supervision needed in the Community...the client has not demonstrated that she is able to independently access public transportation. The client has not demonstrated awareness of traffic/safety hazards in the community..." - A treatment plan dated 1/1/24: No documentation of unsupervised time in the community	V 290		

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V 290	Continued From page 25 Observations between 12:54pm and 3:15pm on 1/16/25 revealed: - 12:54pm: Client #5 had the facility phone and stated she called a taxi to take her to a local bank - 1:21pm: The Assistant Manager arrived to the facility and informed client #5 that she would transport her to the bank - 3:15pm: A taxi pulled up in front of the facility and client #5 exited the vehicle without a staff Attempted interviews on 1/16/25 & 1/21/25 with client #5 was unsuccessful because client #5 refused to participate in the interview by ignoring the questions asked. Interview on 1/21/25 staff #1 reported: - Client #3 didn't go out in the community on his own - Client #4 left to go to work after he left his day program - Client #4 would return home from work around 6pm or 7pm - Didn't know where client #4 worked - Client #5 would call a taxi to go out in the community to go shopping and go to work - Client #5 worked on Monday, Tuesday & Wednesday - Client #5 went to the bank on 1/16/25 Interview on 1/21/25 the Assistant Manager reported: - Client #3 didn't have unsupervised time - Client #4 had unsupervised time in the community and he would leave the facility without staff supervision - Client #5 didn't have unsupervised time in the community, but client #5 went to work in the morning and at night - Didn't know client #5 left the facility on	V 290		

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1/16/25 but saw client #5 return back to the facility
- Was the first time she saw client #5 leave the facility without staff's supervision
- She usually took client #5 to the bank but she's been out on medical leave
- Staff #1 was "too nice" and allowed client #5 to leave the facility
- No incidents caused by client #5 leaving the facility

Interview on 1/21/25 the Qualified Professional/Registered Nurse (QP/RN) reported:
- Clients #3, #4 & #5 had unsupervised time in the community but she couldn't recall how many hours the clients were approved for
- The clients were assessed for unsupervised time by herself and the Licensee
- The clients didn't have a "set limit" of hours for unsupervised time
- Clients were supposed to let staff #1 know when they were leaving and when they would return the facility
- There was a set time for clients to return to the facility but she couldn't recall when
- "Verify with [Licensee]...she'll be back this evening"

Interview on 1/24/25 the Licensee reported:
- Clients #3 & #4 did not have approved unsupervised time in the community
- Client #5 had approved unsupervised time in the community
- Client #5 took a taxi to work, shopping & to the bank
- Client #5 was independent and she believed client #5 should continue to go out independently
- The QP/RN was wrong to believe clients #3 & #4 had approved unsupervised time
- Believed the QP/RN thought the clients going

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V 290	Continued From page 27 to their day program was a part of unsupervised time - She and the QP/RN were responsible for assessing clients for unsupervised time - Thought client #5 had an unsupervised time assessment	V 290		