Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	I I E D
			B WING	B. WING		C
		MHL090-219	B. WING		01/2	7/2025
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
PENA CO	ΓTAGE		Y ROAD, SUIT LE, NC 28103			
			·	PROVIDER'S PLAN OF CORRECTION	ı	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 1-27-25. The com	w up survey was completed aplaint was substantiated b). Deficiencies were cited.				
		d for the following service 27G .1300 Residential en Or Adolescents.				
	census of 6. The sur	d for 12 and currently has a vey sample consisted of ent and 1 former client.				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN	TATION OR SERVICE				
	assessment, and in p legally responsible pe	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to				
	receive services beyo (d) The plan shall inc	ond 30 days. llude:				
	achieved by provision projected date of achieved (2) strategies;					
	(3) staff responsible(4) a schedule for re	view of the plan at least				
	responsible person or (5) basis for evaluation	on or assessment of				
	responsible party, or	t; and or agreement by the client or a written statement by the such consent could not be				
	obtained.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
			A. BUILDING:			
			D WING		l l	R-C
		MHL090-219	B. WING		01	/27/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		1915 H <i>A</i>	STY ROAD, SUITE	E		
PENA CO	TTAGE		VILLE, NC 28103			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 112	Continued From page	e 1	V 112			
	This Rule is not met	as evidenced by:				
	Based on record revie	ews and interviews, the				
	facility failed to develo	op and implement strategies				
		2 of 2 audited clients (client				
	#1 and former client #	#7 (FC #7). The findings				
	are:					
	Daview en 4 2 05 ef	client #1's record revealed:				
	-Date of admission:					
	-Age: 14.	11-7-23.				
	-Diagnoses: Attention	Deficit Hyperactivity				
	_	neralized Anxiety Disorder;				
	` ,	sorder; General Disability.				
		an (PCP) dated 8-16-24				
		owing goal: "[Client #1] will				
	_	community and reduce the				
	number of absences	compared to the previous				
	year."					
		9-24 documenting the				
	-	Client #1] struggles to go to				
		nity. [Client #1] refuses				
	, , , , , , , , , , , , , , , , , , ,	ays that [client #1] attends				
	school he makes thre suspended."	eats or acts out to get				
		ecords which documented				
		e school days between				
		chool) and 9-19-24 (the last				
		d school), client #1 was				
		24, 9-4-24, 9-6-24, 9-11-24,				
	, ,	7-24, 9-18-24, and 9-19-24).				
		ided from school on 9-20-24				

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Division of Health Service Regulation						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Y
		MHL090-219	B. WING		R-C 01/27/202	25
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STAT		<u>-</u>	
			TY ROAD, SUIT			
PENA CO	TAGE		LLE, NC 28103			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) MPLETE DATE
V 112	Continued From page	2	V 112			
	school and did not ret suspension was lifted -There were no strate					
	-Date of admission: 1 -Date of discharge: 12 -Age: 14Diagnoses: Post-Tra (PTSD); Separation A Intellectual Developm -PCP dated 5-12-24 of goal: "Attend public serons of the serons o	aumatic Stress Disorder Anxiety Disorder; Unspecified mental Disability. documenting the following chool in the community." menting the following: med therapist that client (FC o school 10-17-24: 10 days (FC #7 had refused e previous 10 school days)." ecords which documented e school days between t day of school) and October #7 attended school), FC #7 (8-27-24, 8-28-24, 8-29-24, 24, 9-16-24, 9-18-24, .,). FC #7's last attended egies developed or ess client #1's school				
		pened (at school) but I don't				

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Phone calls and voice message on 1-15-25 and

STATE FORM 6899 LRWZ11 If continuation sheet 3 of 14

Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MIII 000 040	B. WING		R-C
		MHL090-219	B. W. C		01/27/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		1915 HAS	STY ROAD, SUIT	re e	
PENA CO	TTAGE		ILLE, NC 28103		
			ILLE, NC 20103		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
1710		,	,,,,,	DEFICIENCY)	
			+		
V 112	Continued From page	e 3	V 112		
	1-21-25 to FC #7's le	gal guardian was not			
	returned by survey ex				
	Telumed by survey ex	di date.			
	Interview on 1-3-25 w	ith the facility's Care			
	Coordinator revealed	<u> </u>			
	_				
		e for coordinating with the			
	_	or client #1 and FC #7.			
		client #1 and FC #7 were			
	not attending school.	(-li			
		nem (client #1 and FC #7)			
	•	't make any of the clients go			
		refuses to go to school, we			
		s and ask them again. While			
		courage them to go to			
		g to them to try to explain to			
		of attending school. We will			
		ttle time and ask them again			
		go. We will ask several			
	· ·	e to take them to school			
	•	try to talk them into going			
		hey still refuse they will go to			
	,	itional setting on the facility's			
		ents) is allowed in the			
		ay. They (clients) have to be			
		if they don't go to school			
	they go to the classro				
		FC #7) were just refusing to			
		a reason given. Staff would			
		ol and they would just say			
	they didn't want to go				
		personnel (school social			
	· ·	elor and client #1 and FC			
	,	reral occasions (10-30-24			
	,	uss both client #1 and FC			
	#7's school attendand				
	-"We were in the prod				
	homebound services	for both [client #1] and [FC			
	#7]."				
	-"[FC #7] was dischar	rged before that process			
		c) could be completed for			

Division of Health Service Regulation

STATE FORM 6899 LRWZ11 If continuation sheet 4 of 14

Division of Health Service Regulation

Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-	C
		MHL090-219	B. WING		1	27/ 2025
		WITIL090-219			01/2	.112025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DENIA CO	TTACE	1915 HAS	TY ROAD, SUIT	TE E		
PENA CO	ITAGE	MARSHV	ILLE, NC 28103	3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
V 112	Continued From page	e 4	V 112			
	him, and before we c	ould finalize all the				
	paperwork for [client:	#1] he (client #1) came to us				
	and stated he wanted	to go back to school. So				
		ool. I'll have to look for the				
		de a plan for him (client #1)				
		ak (1-6-25) on modified				
	days (half days)."					
	-	le for updating the PCP's.				
		o, I'm not exactly sure who's				
	responsible for that (updating PCP's).				
	Interview on 1-16-25	with Therapist #1 revealed:				
		ed therapist for client #1 and				
	FC #7.	ou therapist for olient #1 and				
		ol attendance for [client #1]				
		FT (child and family team)				
		lk with them (client #1 and				
	FC #2) during our ind	lividual sessions (therapy). I				
	would talk about the i	importance of going to				
	school and obtaining					
		neetings (unsure of dates) to				
		(client #1 and FC #7) back				
	in school. I made not in the CFT notes."	te of their school attendance				
	-She is not responsib	le for completing the PCP's.				
	"[Therapist #2] is resp	ponsible for that (developing				
	goals and strategies)	."				
	lutum dave an 4 47 05					
		with Therapist #2 revealed:				
	_	usually inform her when h clients not attending				
	school.	IT clients not attending				
		sation with them (clients)				
		ey are not attending school,				
		truggling with and ask how				
	-	ort you. I talk to them about				
	` ;	ng to school.We will pull the				
	school (school staff) i					
	-"Myself, I'm respons	ible for updating the PCP's.				
	Usually once monthly					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 20.25		
		MHL090-219	B. WING	····	R-C 01/27/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE	
TV-IVIL OI I	NOVIDEN ON GOLT EIEN		TY ROAD, SUIT		
PENA CO	TTAGE		LLE, NC 28103		
(V4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRI	ECTION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE
V 112	Continued From page	÷ 5	V 112		
	for CFTs."	son, usually after we meet			
		uring CFTs the need to add f1] and [FC #7], for both to			
	-Not sure why the pla it was noted in the pla	n was not updated. "I know n."			
	Interview on 1-27-25 of Officer revealed:	with the Chief Agency			
		sive training on all of that			
	,	goals and strategies when			
	·	e why we are still having this another training and make			
		niother training and make nined on completing and			
	updating the PCP's."	and on completing and			
	Interview on 1-7-25 w	ith Client # 1 and FC #7's			
	school Social Worker	revealed:			
	, , , , , , , , , , , , , , , , , , , ,	el) had concerns because			
	`	l and FC #7) were not			
	_	eached out to Anderson to			
		as going on and to see if we			
	_	to try figure out how we nts in school. All they would			
		t #1 and FC #7) are refusing			
	to come to school. W				
		are Coordinator] they would			
	say 'we can't make th				
	-"Yes, I was reaching	out weekly to get an update			
		ke with [Care Coordinator]			
		cer] they were good about			
	talking to us and com	•			
		e in school. But when we			
	<u> </u>	t to do to try to get them			
	_	ould repeat, 'we can't make			
	_	never a plan put in place to			
	try to get them back to -Eventually we did (Se				
	- ,	ocial worker and the s (FC) go out to Anderson's			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL090-219	B. WING			R-C / /27/2025
NAME OF PI	ROVIDER OR SUPPLIER	1915 HA	DDRESS, CITY, STATE			
	-	MARSH	/ILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 6	V 112			
	for a meeting (10-30- students (client #1 an time with them that da any concrete plans ju	24) We were able to see the d FC #7) and spend some ay. No we didn't leave with st an understanding that we unication and keep meeting."				
V 131	G.S. 131E-256 (D2) F Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	ALTH CARE PERSONNEL Alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	facility failed to acces Registry (HCPR) prio	ew and interviews, the s the Healthcare Personal r to making an offer of g 1 of 2 audited staff (the				
	Review on 1-3-25 of t record revealed: -Date of hire: 7-1-24. -HCPR check: 12-10-	he Care Coordinator's 24				
	revealed: -There was no record	or documentation in the				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL090-219	B. WING			R-C / 27/2025
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	•		
PENA CO	TTAGE	MARSH	VILLE, NC 28103			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PR		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Continued From page		V 131			
	the HCPR check was 12-10-24). But this is So I guess this is it (1 Interview on 1-27-25 officer revealed: -" I thought we had all did a plan of correctio -"I already put in place suppose to do the HC as soon as we feel lik (potential employees)	hat happened there (why not completed prior to all we have in her record. 2-10-24 HCPR report)." with the Chief Agency				
V 133	G.S. §122C-80 CRIM CHECK REQUIRED I APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabil services that is license Chapter. (b) Requirement An provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, ti is conditioned on conse	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this	V 133			

Division of Health Service Regulation

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Division of Health Service Regul	lation		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED
			R-C
	MHL090-219	B. WING	01/27/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STATE, ZIP CODE	
PENA COTTAGE	1915 HAST`	Y ROAD, SUITE E	
PENACOTIAGE	MADCUMU	I E NC 20402	

PENA CO	TTAGE MARSHV	/ILLE, NC 28103		
(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 133	Continued From page 8	V 133		
	include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a			
		1		

Division of Health Service Regulation

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Division of Health Service Regulation

MHL090-219 B. WING		OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MAIL OF PROVIDER OR SUPPLIER PENA COTTAGE SUMMARY STATEMENT OF DEFICIENCES INTERMENT OF DEFICIENCES INTO PROPERTY OR A CONTROL (EACH OPERCIND WINDS TEE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 9 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 encord check required 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 "pirviate entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency, (c) Action If an applicant's criminal history record check revelse 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.						R-C	
Penal Cottage Summary statement or deficiencies Summary statement or deficiency with the State Provider of employment by the provider of employment by the provider is conditional offer of employment by the provider is conditional offer of employment by the provider is conditional offer of employment 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 check 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, 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 of a relevant offense.			MHL090-219	B. WING		1	
CALID SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION (PICEN TAG) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 133 Continued From page 9 Company of the conditional offer of employment 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 check utilizing public records obtained from a State agency. (c) Action If an applicants criminal history record check utilizing public records obtained from a State agency. (c) Action If an applicants criminal history record check utilizing public records obtained from a State agency. (c) Action If an applicants 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.	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAJ ID SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APROPRIATE DATE V 133 Continued From page 9 Case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant. (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the 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.	PENA CO	TTAGE					
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 9 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 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 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.			MARSHVIL	LE, NC 28103			
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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	V 133	case, the county shall criminal history record section within five bus conditional offer of en All criminal history inf provider is confidential except to the applicant (c) of this section. For subsection, the term business regularly encriminal history record records obtained from (c) Action If an applicant of the following factor hire the applicant: (1) The level and seri (2) The date of the cric (3) The age of the peconviction. (4) The circumstance commission of the cric (5) The nexus between the person and the join filled. (6) The prison, jail, properson since the date (7) The subsequent can relevant offense. The fact of conviction shall not be a bar to elisted factors shall be lift the provider disqual consideration of the reprovider may disclose	I commence with the State d check required by this siness days of the inployment by the provider. Formation received by the all and may not be disclosed, and as provided in subsection or purposes of this private entity means a gaged in conducting dischecks utilizing public in a State agency. It is a state agency, and a state agency is in determining whether to cousness of the crime. It is in determining whether to cousness of the crime. It is surrounding the me, if known. It is not the criminal conduct of b duties of the position to be cobation, parole, apployment records of the enthe crime was committed. It is on a relevant offense alone employment; however, the considered by the provider. It is an applicant after elevant factors, then the enformation contained in	V 133			

Division of Health Service Regulation

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Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					R-	.C
		MHL090-219	B. WING		1	7/2025
					1 02	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
PENA CO	PENA COTTAGE			EE		
I LIVA GO	MARS		/ILLE, NC 28103			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	DAIL
			+			
V 133	Continued From page	e 10	V 133			
	of the criminal history	record check to the				
	applicant.	record erreck to the				
	• •	- A provider and an officer				
		vider that, in good faith,				
		ction shall be immune from				
	civil liability for:					
	(1) The failure of the provider to employ an individual on the basis of information provided in					
		cord check of the individual.				
		n employee's history of				
	• •	e employee's criminal				
		s requested and received in				
	compliance with this	section.				
	(e) Relevant Offense	As used in this section,				
	"relevant offense" me	eans a county, state, or				
	federal criminal histor	ry of conviction or pending				
	indictment of a crime	, whether a misdemeanor or				
	felony, that bears upo	on an individual's fitness to				
	have responsibility fo	r the safety and well-being of				
	persons needing mer	ntal health, developmental				
		nce abuse services. These				
		minal offenses set forth in				
	-	rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
	-	8, Assaults; Article 10,				
		iction; Article 13, Malicious				
	Injury or Damage by	•				
	-	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	•	le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or	Services by False or				

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Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article

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Division of Health Service Regulation

Division	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _			
					R-C	
		MHL090-219	B. WING		01/27/2025	
		WITE090-219			01/2//2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1915 HAS	TY ROAD, SUIT	ΈΕ		
PENA CO	TTAGE	MARSHV	ILLE, NC 28103			
0/10/15	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J 0/5	—
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /	E
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
V 133	Continued From page	. 11	V 133			
V 133	Continued From page 11		V 155			
	26, Offenses Against	Public Morality and				
	Decency; Article 26A,	Adult Establishments;				
	Article 27, Prostitution	n; Article 28, Perjury; Article				
	29, Bribery; Article 31	, Misconduct in Public				
	Office; Article 35, Offe	enses Against the Public				
	Peace; Article 36A, R	iots and Civil Disorders;				
	Article 39, Protection	of Minors; Article 40,				
	Protection of the Fam	ily; Article 59, Public				
	Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through					
	G.S. 20-138.5.					
	(f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes,					
	supplies, or otherwise gives false information on					
	an employment applic	cation that is the basis for a				
	criminal history record	d check under this section				
	shall be guilty of a Cla					
		yment A provider may				
	employ an applicant of					
		of a criminal history record				
	check regarding the a					
	following requirement					
		not employ an applicant				
	•	applicant's consent for				
	criminal history record					
	` ,	section or the completed				
		equired in G.S. 114-19.10.				
	. , .	submit the request for a				
		d check not later than five				
	business days after th	•				
conditional emplo		ent. (2000-154, s. 4;				
	2001-155, s. 1; 2004-	124, ss. 10.19D(c), (h);				

Division of Health Service Regulation

2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 11 20122 11 101 _		R-C	
МН		MHL090-219	B. WING		01/27/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PENA CO	TTAGE		Y ROAD, SUIT			
	I		LE, NC 28103			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page 12		V 133			
	facility failed to ensur was requested within conditional offer of en audited staff (the Car are: Review on 1-3-25 of record revealed: -Date of hire: 7-1-24Criminal History Back Interview on 1-3-25 where was no record Care Coordinators per background check properties. There was no record care Coordinators per background check properties. But this is So I guess this is it (1 background check)." Interview on 1-27-25 officer revealed: -"I thought we had ald did a plan of correction." Interview on the Hought we had ald did a plan of correction." I already put in place suppose to do the Hought we had ald did a plan of correction."	ew and interviews, the e a criminal history check 5 business days of a exployment affecting 1 of 2 e Coordinator). The findings The Care Coordinator's Explored the Care Coordinator's Exployed the Quality Director For documentation in the explored the cord of a for to 12-10-24. Exployed the completed prior to exployed the completed prior to exployed the cord. Exployed				

Division of Health Service Regulation

STATE FORM 6899 LRWZ11 If continuation sheet 13 of 14

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
			A. BOILBING.			R-C	
		MHL090-219	B. WING			/27/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	ΓΕ, ZIP CODE			
1915 HASTY ROAD, SUITE F							
PENA COTTAGE MARSHVILLE, NC 28103							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			(X5) COMPLETE DATE	

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