	of Health Service Reg	ulation			FOF	RM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X:			X3) DATE SURVEY	
		IDENTIFICATION NOMBER:	A. BUILDING:		COMPLETED		
		MHL097-046	B. WING		02	/12/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZIP CODE	1 02	112/2020	
CIAIAINI CT	DEET COOLD HOME		AIN STREET				
SWAIN SI	REET GROUP HOME		ESBORO, NC 2	28659			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE	
				DEFICIENCY)	W/12	0,112	
V 000	INITIAL COMMENTS		V 000	8			
	An annual survey was completed on February 12,						
	2025. A deficiency wa	as cited.					
	This facility is license	d for the following conting					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised						
	Living for Adults with Developmental Disability.						
		- Transpired Diodomy.				2/14/202	
	This facility is licensed for 5 and has a current			V 133 - G.S. §122C-80 CRIMINAL HIS	STORY		
	census of 4. The survey sample consisted of			RECORD CHECK REQUIRED FOR CI APPLICANTS FOR EMPLOYMENT.	ERTAIN		
	audits of 3 current clie	ents.					
	holygoldersteam of the control of th			Beginning today, February 14, 2025,			
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133	BMGH Director will obtain consent to perform criminal background checks			
	C C \$122C 00 CEININA LIBOTORY DECOR			from applicants. When consent is obtain	ned		
	G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN			BMGH Director will submit a Criminal			
	APPLICANTS FOR EMPLOYMENT.			Background request through the Depart	ment		
	(a) Definition As used in this section, the term			of Health and Human Services for poter employees. Potential employee's document of the services of the services for potential employee's document of the services of the servi	ntial		
	"provider" applies to an area authority/county			will be reviewed and monitored by the	ients		
	program and any prov	vider of mental health,		Administrative Assistant, who will also			
t li ii tt ffi	developmental disability, and substance abuse			assist with Human Resources from this forward, prior to the first day of employm	day		
	services that is licensable under Article 2 of this			confirm all documents are completed an	nent to		
	Chapter.			NC DHHS standards prior to proceeding	with		
	(b) Requirement An offer of employment by a			active employment. This will occur each	time		
	provider licensed under this Chapter to an applicant to fill a position that does not require the			that there is a potential new employee			
	applicant to have an o	ccupational license is					
	conditioned on conser	nt to a State and national					
	criminal history record	check of the applicant. If	1				
	the applicant has been a resident of this State for		,				
	ess than five years, then the offer of employment			RECEIVED			
	s conditioned on consent to a State and national			FEB 17 2025			
	criminal history record check of the applicant. The			FED 17 2023			
	national criminal history record check shall			0.100			
	nclude a check of the applicant's fingerprints. If			DHSR-MH Licensure Sect			
	he applicant has been a resident of this State for ive years or more, then the offer is conditioned						
	on consent to a State	criminal history record					
	heck of the applicant.	A provider shall not					
		ho refuses to consent to a					

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

P, Executive I

continuation sheet 1 of 6

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL097-046 B. WING 02/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1224 SWAIN STREET** SWAIN STREET GROUP HOME N WILKESBORO, NC 28659 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 | Continued From page 1 V 133 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 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,

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DIVISION OF HEAlth Service Regulations of Deficiencies and Plan of Correction		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:		
		MHL097-046	B. WING		02/12/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, ST	ATE, ZIP CODE		
SWAIN S	TREET GROUP HOME		AIN STREET			
	THE STATE OF THE S	N WILKE	SBORO, NC 28	3659		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 133	33 Continued From page 2		V 133			П
	(c) of this section. For subsection, the term "business regularly engoriminal history record records obtained from (c) Action If an appli record check reveals of a relevant offense, the of the following factors hire the applicant: (1) The level and seriod (2) The date of the criminal history reconviction. (4) The circumstances commission of the criminal history reconviction, and empty person since the date of (7) The subsequent coar relevant offense. The fact of conviction of shall not be a bar to entilisted factors shall be colf the provider may disclose in the criminal history reconviction. (d) Limited Immunity or employee of a provider may disclose or employee of a provider may disclose or employee of a provider empl	private entity" means a gaged in conducting checks utilizing public a State agency. cant's criminal history one or more convictions of a provider shall consider all in determining whether to susness of the crime. The surrounding the surrounding the ne, if known. In the criminal conduct of duties of the position to be bation, parole, sloyment records of the crime was committed. In mission by the person of the one of a relevant offense alone on a relevant offense alone on a polyment; however, the onsidered by the provider. It is an applicant after evant factors, then the information contained in ord check that is relevant out may not provide a copy ecord check to the		RECEIVE FEB 17 202 DHSR-MH Licensure S	ED 5 ect	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: MHL097-046 02/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1224 SWAIN STREET SWAIN STREET GROUP HOME N WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 3 V 133 (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. (2) Failure to check an employee's history of RECEIVED

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DHSR-MH Licensure Sect 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;

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL097-046 B. WING 02/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1224 SWAIN STREET SWAIN STREET GROUP HOME N WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 4 V 133 Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while 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:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL097-046 02/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1224 SWAIN STREET** SWAIN STREET GROUP HOME N WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) OHSR-MH Licensure Sect V 133 Continued From page 5 V 133 Based on record reviews and interviews, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 1 of 3 audited staff (Group Home Manager (GHM) #3). The findings are: Review on 2/10/25 of GHM #3's personnel record -Hire date: 7/25/24. -Criminal history check: -Requested on 7/25/24 with no results in their file. -County wide check completed on 7/25/24. Interview on 2/11/25 with the Qualified Professional (QP) revealed: -Was not responsible for completing the criminal background checks for newly hired staff. Interviews on 2/10/25 and 2/12/25 with the Executive Director revealed: -Was responsible for completing the criminal background checks for newly hired staff. -Completed GHM #3's criminal background check at the county courthouse. -"Thought it (criminal background check at the county courthouse) checks the whole state, didn't know it was only a county search." -"Should have checked with the courthouse to make sure it was a statewide check." -Will complete the criminal background checks through the Department of Health and Human Services moving forward.