STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R
		MHL073-075	B. WING		03/	10/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AJINNDA	A 13 GROUP LIVING F	FACILITY LLC	T MOREHEA O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	тѕ	V 000			
	2025. Deficiencies This facility is licens category: 10A NCA Living for Adults with This facility is licenses.	sed for the following service C 27G .5600A Supervised th Mental Illness. sed for 3 and currently has a urvey sample consisted of				
V 112	10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall I assessment, and ir legally responsible of admission for clireceive services be (d) The plan shall i (1) client outcome achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultaresponsible person (5) basis for evalua outcome achievem (6) written consent responsible party, or staff responsible party responsib	De developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. Include: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of	V 112			

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

TITLE (X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL073-075	B. WING		03/1	尺 0/2025
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00.1	0.2020
		408 WFS	T MOREHEA			
AJINNDA	A 13 GROUP LIVING F	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	failed to ensure Tre current for two of tw findings are: Review on 3/6/25 or -Admission date of -Diagnoses of Hyper Vitamin D deficiency mood, Generalized -Treatment Plan date of -Diagnoses of Neur History of Seizures -Treatment Plan date of -Diagnoses of Neur History of Seizures -Treatment Plan date of -Diagnoses of Neur History of Seizures -Treatment Plan date	view and interview the facility satment Habilitation plans were to clients (#1, #2). The f client #1's record revealed: 7/22/22 ertension, Hyperlipidemia, by, Dementia-depressive Anxiety. ted 7/26/22 f client #2's record revealed: 9/27/23 rocognitive Disorder and te 12/23/23 the Licensee stated: w often treatment plans leted.				
V 133	G.S. §122C-80 CR	inal History Record Check	V 133			
l	CHECK REQUIRED APPLICANTS FOR					

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Division of Health Service Regulation

AND DIAN OF CORRECTION INDENTIFICATION NUMBER		1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:		_	,
		MHL073-075	B. WING		03/1	0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AJINNDA	A 13 GROUP LIVING F	-ACHILY IIC	Γ MOREHEA O, NC 27573			
040.15	CLIMMA DV CTA				ION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ige 2	V 133			
V 133	(a) Definition As a "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed un applicant to fill a possibility applicant to have a conditioned on concriminal history recently the applicant has belies than five years is conditioned on concriminal history recently applicant has belies than five years is conditioned on concriminal history recently applicant has belies than five years or more, on consent to a Stacheck of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history recessection. Except as subsection, within the conditional offershall submit a requestion or shall submit to conduct a check required by the covered by Public Legartment of Head	used in this section, the term of an area authority/county rovider of mental health, ability, and substance abuse insable under Article 2 of this. An offer of employment by a inder this Chapter to an instition that does not require the information occupational license is sent to a State and national ford check of the applicant. If een a resident of this State for it, then the offer of employment consent to a State and national ford check of the applicant. The story record check shall the applicant's fingerprints. If een a resident of this State for then the offer is conditioned and the criminal history record ant. A provider shall not at who refuses to consent to a ford check required by this otherwise provided in this inversiones days of making in of employment, a provider est to the Department of 114-19.10 to conduct a ford check required by this ownit a request to a private state criminal history record this section. Notwithstanding to Department of Justice shall of national criminal history employment positions not	V 133			

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DIVISION	of Health Service Re	eguiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		MHL073-075	B. WING			0/2025
					1 00/1	0.2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AJINNDA	A 13 GROUP LIVING F	FACILITY LLC	T MOREHEA			
		ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATORTORE	GO IDENTIF TING IN ORWATION)	TAG	DEFICIENCY)	INAIL	5,112
	_					
V 133	Continued From pa	ige 3	V 133			
	business days of re	eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
	national criminal his	story record check be shared				
		roviders shall make available				
	upon request verific	cation that a criminal history				
	check has been co	mpleted on any staff covered				
	by this section. A co	ounty that has adopted an				
	appropriate local or	dinance and has access to				
	the Division of Crim	ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
		ousiness days of the				
		employment by the provider.				
		information received by the				
		ntial and may not be disclosed,				
		cant as provided in subsection				
		For purposes of this				
		n "private entity" means a engaged in conducting				
		ord checks utilizing public				
	records obtained from					
		on a state agency. oplicant's criminal history				
	` '	ils one or more convictions of				
		the provider shall consider all				
		tors in determining whether to				
	hire the applicant:	or an actorniming whether to				
		eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.					
		ces surrounding the				

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL073-075	B. WING		03/1	0/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A HAINIDA	A 42 CROUR LIVING	408 WEST	Γ MOREHEA	D STREET		
AJINNDA	A 13 GROUP LIVING F	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	the person and the filled. (6) The prison, jail, rehabilitation, and experson since the da (7) The subsequen a relevant offense. The fact of conviction shall not be a bar to listed factors shall lift the provider disquence of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the criminal histor	crime, if known. ween the criminal conduct of job duties of the position to be	V 133			
	civil liability for: (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense "relevant offense" rederal criminal his indictment of a criminal felony, that bears us have responsibility persons needing medisabilities, or substantial individuals.	e provider to employ an usis of information provided in record check of the individual. It an employee's history of the employee's criminal k is requested and received in				

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Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL073-075	B. WING			R 10/2025
	PROVIDER OR SUPPLIER A 13 GROUP LIVING F	ACILITY LLC 408 WEST	DRESS, CITY, S F MOREHEA O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 133	any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artick Kidnapping and Aboungury or Damage b Incendiary Device of and Other Housebrother Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of C Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 27, Prostituti 29, Bribery; Article 36, Article 37, Protection of the Fall Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplosupplies, or otherwian employment applicant and applicant app	Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, ative and Legislative Officers; Article 7A, Rape and Other de 8, Assaults; Article 10, duction; Article 13, Malicious by Use of Explosive or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, Embezzlement; Article 19, de Cheats; Article 19A, or Services by False or Credit Device or Other Means; all Transaction Card Crime ands; Article 21, Forgery; Article 18 Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pard check under this section	V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL073-075	B. WING			R 10/2025	
	ROVIDER OR SUPPLIER 13 GROUP LIVING F	FACILITY LLC 408 WES	DDRESS, CITY, S' ST MOREHEAL RO, NC 27573	STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	(g) Conditional Empemploy an applican obtaining the result check regarding the following requirement (1) The provider shaprior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shapriminal history reconsumers days after conditional employr 2001-155, s. 1; 200	Class A1 misdemeanor. bloyment A provider may t conditionally prior to s of a criminal history record applicant if both of the	V 133				
	failed to ensure one criminal record che employment. The f Review on 3/6/25 o -Hire date of 3/4/24 -No criminal record Interview on 3/6/25 -Has asked staff #2 check.	and record review the facility of three staff (#2) had a ck completed prior to findings are: f staff #2's record revealed:					

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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: _____ R B. WING _ MHL073-075 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 WEST MOREHEAD STREET** AJINNDA 13 GROUP LIVING FACILITY, LLC ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

Division of Health Service Regulation