	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA N OF CORRECTION IDENTIFICATION NUMBER:		1 ` '		(X3) DATE SURVEY COMPLETED	
74101 12/44	or contraction	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL036-373	B. WING		03/2	5/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
EAST DRI	VE RESIDENCE	1013 EAST GASTONIA	DRIVE , NC 28052			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was 2025. Deficiencies we	s completed on March 25, ere cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	•	d for 5 and has a current rey sample consisted of ents.				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	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.					
	facility failed to acces Registry (HCPR) prio (Staff #1 and #2, and Professional (QP)). T	and record reviews, the s the Health Care Personnel r to hiring 3 of 3 audited staff the Director/Qualified				
	personnel record reversible of Hire: 7-16-24 -Job Title: Direct Serv	ealed:				

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

TITLE (X6) DATE

STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
	MHL036-373		B. WING		03/25/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	VE DECIDENCE	1013 EAS	T DRIVE		
EAST DRI	VE RESIDENCE	GASTONI	A, NC 28052		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE
V 131	Continued From page	e 1	V 131		
	-Date of HCPR check				
	Review on 3-24-25 of Staff #2's personnel record revealed:				
	-Date of Hire: 12-16-2	24			
	-Job Title: Direct Serv	vice Professional			
	-Date of HCPR check: 2-24-25				
		f the Director/QP's personnel			
	record revealed:				
	-Date of Hire: 3-16-22				
	-Job Title: Director/QI				
	-Date of HCPR check	(: 5-15-23			
Interviews on 3-24-25 and 3-25-25 with the					
	Director/QP revealed: -Contracted with an outside company to complete HCPR checks"Once I offer the position, it (HCPR check) is				
		ay or two of that week."			
	-The administrator and she handled the HCPR				
	checks.				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133		
	G.S. §122C-80 CRIM	IINAL HISTORY RECORD FOR CERTAIN			
	APPLICANTS FOR E				
	(a) Definition As us	ed in this section, the term			
		an area authority/county			
		vider of mental health,			
		lity, and substance abuse			
		able under Article 2 of this			
	Chapter.				
		n offer of employment by a			
	provider licensed und				
		tion that does not require the			
		occupational license is			
	conditioned on conse	nt to a State and national			

Division of Health Service Regulation

STATE FORM 6899 QB3V11 If continuation sheet 2 of 8

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING			
		MHL036-373	B. WING		03/25	5/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		1013 EAS	ST DRIVE			
EAST DRI	AST DRIVE RESIDENCE		IA, NC 28052			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	2	V 133			
		d check of the applicant. If				
		n a resident of this State for				
	•	hen the offer of employment				
		sent to a State and national				
	•	d check of the applicant. The				
	national criminal histo					
		applicant's fingerprints. If				
	• • •	n a resident of this State for				
	_	en the offer is conditioned				
		criminal history record				
	check of the applicant	•				
		who refuses to consent to a				
	•	d check required by this				
		nerwise provided in this business days of making				
		f employment, a provider				
		t to the Department of				
	Justice under G.S. 11	· · · · · · · · · · · · · · · · · · ·				
		d check required by this				
		it a request to a private				
		ate criminal history record				
	•	s section. Notwithstanding				
		epartment of Justice shall				
		ational criminal history				
		ployment positions not				
	covered by Public Lav					
		and Human Services,				
	Criminal Records Che					
		eipt of the national criminal				
	•	the Department of Health				
	- ·	Criminal Records Check				
		rovider as to whether the				
		may affect the employability				
		case shall the results of the				
	· ·	ry record check be shared				
		viders shall make available				
	•	ion that a criminal history				

Division of Health Service Regulation

check has been completed on any staff covered by this section. A county that has adopted an

STATE FORM 6899 If continuation sheet 3 of 8 QB3V11

Division	of Health Service Regu	llation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL036-373	B. WING		02/25/2025	
		WITE036-373			03/25/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1013 EA	ST DRIVE			
EAST DRI	VE RESIDENCE	GASTON	NIA, NC 28052			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	()	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	
				DEFICIENCY)		
V 133	Continued From page	e 3	V 133			
		nance and has access to				
		al Information data bank				
	-	alf of a provider a State				
	-	d check required by this				
		ovider having to submit a				
		ment of Justice. In such a				
	· · · · · · · · · · · · · · · · · · ·	I 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					
		"private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
	·	e provider shall consider all				
	_	s in determining whether to				
	hire the applicant:					
	(2) The date of the cr	ousness of the crime.				
	( )	rson at the time of the				
	conviction.	ison at the time of the				
	(4) The circumstance	e surrounding the				
	commission of the cri					
		en the criminal conduct of				
	• ,	b duties of the position to be				
	filled.	s dades of the position to be				
	(6) The prison, jail, pr	obation parole				
		nployment records of the				
		e the crime was committed.				
		commission by the person of				
	a relevant offense.	ommission by the person of				
		of a relevant offense alone				
		employment; however, the				

Division of Health Service Regulation

STATE FORM 6899 QB3V11 If continuation sheet 4 of 8

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1013 EAST DRIVE GASTONIA, NC 28052  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  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 to the applicant. (d) Limited Immunity A provider and an officer		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1013 EAST DRIVE  GASTONIA, NC 28052  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  Isted 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	AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
EAST DRIVE RESIDENCE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  Isted 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			MHL036-373 B. WING		03/25/2025		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  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	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  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				, ,	,		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  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	EAST DRIVE RESIDENCE						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 4  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	(VA) ID	QUMMARV QT		<u>,                                      </u>	PROVIDER'S DI ANI DE CORRECTIO	N (VE)	-
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	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	Ξ.
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	V 133	Continued From page	e 4	V 133			
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.  (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 54, 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,		listed factors shall be If the provider disqual consideration of the reprovider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a provice of	considered by the provider.  lifies an applicant after elevant factors, then the enformation contained in cord check that is relevant by the provider and an officer or of check to the  - A provider and an officer or of check to the  - A provider and an officer or of that, in good faith, ction shall be immune from  provider to employ an end of information provided in cord check of the individual. In employee's history of end employee's criminal end requested and received in election.  - As used in this section, ends a county, state, or end of conviction or pending end whether a misdemeanor or end an individual's fitness to end the safety and well-being of ental health, developmental ence abuse services. These eminal offenses set forth in enticles of Chapter 14 of the elicle 5, Counterfeiting and estitutes; Article 5A, eve and Legislative Officers; enticle 7A, Rape and Other end 8, Assaults; Article 10, ection; Article 13, Malicious elicity of Explosive or end that health, Burglary end that a provider is a provider of the end of the				

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DIVISION	of Health Service Regu	lation				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MUI 026 272	MHL036-373 B. WING		02/25/2025	
		WITE036-373			03/25/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
FACT DD	VE DECIDENCE	1013 EA	ST DRIVE			
EAST DRI	VE RESIDENCE	GASTON	IIA, NC 28052			
(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	()	
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE	
				DEFICIENCY)		
V 133	Continued From page	÷ 5	V 133			
	1	Embezzlement; Article 19,				
	False Pretenses and					
		Services by False or				
		edit Device or Other Means;				
	· ·	Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
	_	Adult Establishments;				
		n; Article 28, Perjury; Article				
	•	, 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 Artic	le 60, Computer-Related				
		also include possession or				
	_	ion of the North Carolina				
	Controlled Substance	s Act, Article 5 of Chapter				
		tutes, and alcohol-related				
		to underage persons in				
	violation of G.S. 18B-	· ·				
	impaired in violation of	of G.S. 20-138.1 through				
	G.S. 20-138.5.					
	(f) Penalty for Furnish	ing False Information Any				
	'' ' '	nent 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	ass A1 misdemeanor.				
	(g) Conditional Emplo	yment A provider may				
	employ an applicant of	conditionally prior to				
	obtaining the results	of a criminal history record				
	check regarding the a	applicant if both of the				
	following requirement	s are met:				
	(1) The provider shall	not employ an applicant				
		applicant's consent for				
		d check as required in				
	_	section or the completed				
		equired in G.S. 114-19.10.				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED
		MHL036-373	B. WING		03	3/25/2025
	ROVIDER OR SUPPLIER	1013 EA	DDRESS, CITY, STATE ST DRIVE IIA, NC 28052	E, ZIP CODE		
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	submit the request for a d check not later than five ne individual begins	V 133			
	facility failed to reque check within five busi conditional offer of en staff (Staff #1 and #2, Professional (QP)). T	and record reviews, the st a criminal history record ness days of making the apployment for 3 of 3 audited and the Director/Qualified he findings are:  and 3-25-25 of Staff #1's ealed:				
	revealed: -Date of Hire: 12-16-2 -Job Title: Direct Serv -Date of background Review on 3-24-25 of revealed: -Date of Hire: 3-16-22 -Job Title: Director/QF -Date of background	rice Professional check: 2-8-25  GQP's personnel record  check: 5-4-22  G and 3-25-25 with the				

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	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL	
		MHL036-373	B. WING		03/2	25/2025
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
EAST DRI	VE RESIDENCE	1013 EAST GASTONIA	DRIVE A, NC 28052			
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 133	-Contracted with an o background checks. -After receiving applic get all that, I do backg	utside company to complete	V 133			

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