	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL067-100	B. WING		R 03/20/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
COURTLA	ND		JRTLAND DRIVE ONVILLE, NC 28546	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	completed on March (intakes #NC002273 unsubstantiated and #NC00227510 and # substantiated. Deficie This facility is license category: 10A NCAC Living: Alternative Fa Residence. This facility is license census of 2. The sur audits of 2 current c This survey originally re-opened on 03/20/2	NC00228731) were encies were cited. ed for the following service 2 27G .5600F Supervised amily Living in a Private ed for 3 and has a current vey sample consisted of lients and 1 former client. y closed on 03/06/25 but was				
\/ 118	deficiences remained 27G .0209 (C) Medic	d the same.	V 118			
	<ul> <li>10A NCAC 27G .020 REQUIREMENTS</li> <li>(c) Medication admin (1) Prescription or no only be administered order of a person aut drugs.</li> <li>(2) Medications shall clients only when aut client's physician.</li> <li>(3) Medications, inclu administered only by unlicensed persons t pharmacist or other I privileged to prepare</li> </ul>	9 MEDICATION				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		MHL067-100	B. WING		R 03/20/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
COURTLA	ND		IRTLAND DRIVE DNVILLE, NC 28546			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 1	V 118			
	current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials o drug. (5) Client requests for checks shall be record	ed to each client must be kept administered shall be y after administration. The e following: and quantity of the drug; dministering the drug; e drug is administered; and f person administering the or medication changes or rded and kept with the MAR opointment or consultation				
	failed to administer n order of a physician a (FC #3) and failed to	as evidenced by: iew and interview the facility nedications on the written affecting one of three clients keep the MARs current e clients (FC #3). The				
	-Admission date of 0 -Discharge date of 0 -Diagnoses of Autism Cerebral Palsy and S -Current medications constipation: -Diazepam 2mg	2/14/25. n Spectrum Disorder, Seizure Disorder. s with a side effect of , 1 twice daily. 1mg, 1 twice daily.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		A. BUILDING:			
		MHL067-100	B. WING		R 03/20/2025		
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
COURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From pag	e 2	V 118				
	revealed: -Miralax (Polyethyler gram, Take 1 cap full (oz) water, juice, sod -Review on 02/25/25 November 2024, Dec and through Februa -Two entries for the s Miralax and one for g -Miralax listed as a F repeat 1 time a day day follow label inste -Polyethylene Glycol 17 gm in 8 oz water/j -No staff intial's to in administered from 11 Review on 03/03/25 summary dated 03/0 -FC #3 was admitted 02/06/25: "hospital m admit this patient for management of poss and constipation." -Results of an abdom Tomography (CT) on considerable stool bu significant finding in -He had a medical hi discharge summary of Review of photos on	ed 08/05/24 and for 11/20/24 the Glycol) (constipation) 17 I every day with 8 ounces Ia, coffee or tea. of FC #3's MARs for cember 2024, January 2025 ry 6, 2025 revealed: same medication: one for generic Polyethylene Glycol. PRN (as needed) schedule .Miralax -as needed 1 time a ructions. 3350 powder mix 1 cap full juice/tea once daily. dicate that Miralax was 1/20/2024 thru 02/06/25. of the hospital discharge 3/25 for FC #3 revealed: I to a local hospital on nedicine was consulted to further work up and medical sible aspiration pneumonia ninal and pelvis Computed 0/206/25: "Impression: urden with no other the abdomen or pelvis." istory of colon surgery per dated 03/03/25. 03/05/25 provided by FC#					
	bottles of Miralax rev	02/22/25 at 12:20pm and 2 realed: ign In/Release Form dated					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL067-100	B. WING		R 03/20/2025	
IAME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
OURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546	i		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 3	V 118			
	of Departure 12:20pi MedicationMiralax. bottles." Miralax bottle 1 with first name: -Did not contain a ph Miralax bottle 2 with -17 gram/dose oral p Sixty) Gram, Take 1 of day powder mixed w soda, coffee,or tea. -Date written on bott -Date filled on bottle: -Both Miralax bottles Interview on 02/28/2 -She had worked at a paraprofessional. -She had trained in " -She had administer clients at the facility. -She had no knowled Interview on 02/28/2 stated: -She had trained in " -She had no knowled Interview on 02/28/2 stated: -She had no knowled She had no knowled Interview on 02/28/2 stated: -She had no knowled Interview on 03/05/2 stated: -She had "some con being administered a	Quantity on departure 2 a partial label with FC #3's harmacy label. FC 3#'s name: bowder 260 (Two Hundred cap full by ORAL route every rith 8 ounces (oz) water, juice, le: 08/05/24. : 08/05/24. : 08/05/24. : were 238 grams. 5 former staff #10 stated: the facility for two years as a Medication Management." ed medications to all three dge of FC #3 taking Miralax. 5 and 03/05/25 Staff #9 Medication Management." C #3's medications. the facility data base and FC				
	-When FC #3 was a	FC #3's] constipation." dmitted in the hospital his es and he was so "backed				

STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL067-100	B. WING		R 03/20/2025	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
COURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546	ì		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From page	e 4	V 118			
		ility was not giving him his				
	Miralax daily.					
		Miralax because he is taking				
	Trazodone and it mai why he was ordered	kes him constipated. That is				
	-					
	-When FC #3 was discharged and items were picked up from the facility, there was a					
	medication list with all of the client's medications					
	checked and accounted for with the House					
	Manager's name on t	the form.				
		nopened bottles of Miralax.				
	One of the bottles had the label attached and the 2nd bottle did not have a label."					
		otion on the bottle retrieved lax 17 gram/dose oral				
	•	ndred Sixty) Gram,Take 1				
		te every day powder mixed				
		, soda, coffee, or tea."				
		r never mentioned the				
	Miralax was ordered					
		of an email to surveyors				
	revealed:	by the Director of Operations				
	-"A comprehensive re conducted."	eview all of facility files was				
		red Nurse (RN)) signed off				
		ler process via our/the				
		heck all MARs,Physician				
		PMOs), Medicine Labels,etc eds) and alert myself and the				
	clinical director of an					
		ity uses are linked to our				
	pharmacy interfacing					
		of Miralax sent via the				
	doctor to the pharma					
		notes from the pharmacy				
	and doctors via thera	py pharmacy interfacing."				
	Review on 03/05/25					

STATE FORM

6899

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
BEITH IO, TION TOWBER.	A. BUILDING:				
MHL067-100	B. WING		03	R 8/20/2025	
STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
		3			
TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
je 5	V 118				
terfacing with the Director of 's medication orders Prescription number-2391520. ge Order Request. Message 15/2024.Status- uction- Mix 1 capful (17 GM) /tea and drink once daily. hylene Glycol 3350 Powder. he Operations Manager, or on 08/06/2024 9:49 am. 5 and 03/03/25 the House edications were administered ity (ready and available) and ons. ed "medication for Miralax for [FC #3]." [FC #3] Miralax." ot opened at the facility." on why the medication was hize there was an error on the e physician's order to the me from an appointment, a n's order was made and given ager/Administrative Assistant to the data system. 5 the Primary Qualified ad: ed "medication					
	MHL067-100 STREET / 113 COU JACKS0 TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) Te 5 terfacing with the Director of 's medication orders Prescription number-2391520. ge Order Request. Message 5/2024.Status- Uction- Mix 1 capful (17 GM) /tea and drink once daily. ylene Glycol 3350 Powder. ne Operations Manager, or on 08/06/2024 9:49 am. 5 and 03/03/25 the House dications were administered ity (ready and available) and ons. ed "medication for Miralax for [FC #3]." [FC #3] Miralax." ot opened at the facility." on why the medication was ize there was an error on the e physician's order to the me from an appointment, a n's order was made and given ager/Administrative Assistant to the data system. 5 the Primary Qualified d:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CA A. BUILDING:	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:     (X2) MULTIPLE CONSTRUCTION A BUILDING:       MHL067-100     B. WING       STREET ADDRESS, CITY, STATE, ZIP CODE       113 COURTLAND DRIVE JACKSONVILLE, NC 28546       TROWDER'S PLAN OF PREVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIENCY WINS TO ERFORMATION)       PREVIDE TO DEFICIENCIES YOUST BER PROVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIEN       PREVIDE TO TO TO Semedication orders       Prescription number-2391520.       ge Order Request. Message 5/2024. Status-       Uction- Mix 1 capful (17 GM) thea and drink once daily.       ylene Glycol 3350 Powder.       POPerations Manager, or on 08/06/2024 9:49 am.       5 and 03/03/25 the House       dications were administered ty (ready and available) and ms.       ed "medication       for Miralax for [FC #3]." [FC #3] Miralax."       ot opened at the facility." on why the medication was ize there was an error on the a physician's order to the       me from an appointment, a 's order was made and given ager/Administrative Assistant to the data system.       5 the Primary Qualified d: ed "medication       ations."	(X1) PROVIDERSUPPLEMENTIAL IDENTIFICATION NUMBER:     (X2) MULTPLE CONSTRUCTION A BUILDING:	

D STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL067-100	B. WING		R 03/20/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
COURTLA	ND	113 COU	IRTLAND DRIVE			
		JACKSC	NVILLE, NC 28546			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 6	V 118			
	-"I did not take [FC #3] for appointments."					
		k MARs monthly to make				
	sure the medications					
	-She was unaware o	•				
		3's physician's order.				
	-The Records Manager/Administration Assistant					
	entered the information in the MARs/ facility data					
		sician's order after the client				
	had returned from an	appointment.				
	Interview on 03/06/2	5 the Records				
	Manager/Administrat	ive Assistant revealed:				
	-Her job duties were	to keep up with paperwork,				
	transcribed physiciar	n orders information into that				
	facilty data system to	the MARs and ensured that				
	the MARs were up to	o date.				
	-"I do not know why t	he information was entered				
	on the MARs incorre	ctly."				
	-"I usually see Physic (PMOs)."	cian's Medication Orders				
		given her orders after the				
	clients' appointments					
		IAR. The paper copy				
		ere filed into the audit				
	book/client files.					
		in the medications they write				
		louse Manager lets me know				
		es in the medications."				
	-"It was an oversight	on my part.				
	Review on 03/06/25	of the Plan of Protection				
		completed by the Director of				
	Operations revealed:					
		tions will the facility take to				
		the consumers in your care?				
		ns that have taken place to				
		our consumers are as				
	follows:					
		and Manager (Operations				
	Manager) will be con					

STATE FORM

If continuation sheet 7 of 18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		MHL067-100	MHL067-100 B. WING		R 03/20/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
COURTLA		113 COL	JRTLAND DRIVE			
COUNTER		JACKSC	ONVILLE, NC 2854	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From page	e 7	V 118			
	MAR's, labels and orders.					
		checking MAR's daily for any				
	errors that need add					
		Licensee) will also be looking				
		has more time to dedicate to				
		ations and overall safety of				
	the consumers.					
	Describe your plans to make sure the above					
	happens.					
	1)Procedure changes	s & training on new				
	procedures	5				
	2)Increased Director	involvement				
	3)Full team approach					
	4)New Nurse to com	plete bi-weekly checks of				
	new med orders. Nur	rse will be given access to				
	the Electronic Medica	al Administration Record				
	(EMAR).					
	*Will sign back of MA	AR with dates from				
	operations Director 8	& Manager(Operations				
	Manager).					
		eekly daily log to the				
	Operations Director &	& Clinical Director."				
	This deficiency has b	been cited 2 times since the				
	original cite on May 5	5, 2022.				
	FC #3 had a diagnos	ses of Autism Spectrum				
		alsy and Seizure Disorder.				
		rom the facility on 02/14/25				
		e guardian. On November				
		prescribed Miralax 1 cap full				
		of water, juice, soda, coffee				
		Miralax was transcribed on				
		ovember 20,2024 through				
	-	only administer as a PRN.				
		ted or administered the				
	Miralax to FC #3 since					
		Therefore, FC #3 missed 79				
		#3 was admitted to the				
	alth Service Regulation	and results of a CT scan				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
					R	
		MHL067-100	B. WING		03/20/2025	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
OURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 8	V 118			
	which is detrimental t	ble stool burden. This a Type B rule violation to the health, safety and and must be corrected within				
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.				
	facility failed to ensur Registry (HCPR) was employment for 1 of 2	ews and interviews, the the Health Care Personnel accessed prior to audited current staff (#9) rmer staff (FS #11, FS# 12,				
	Finding #1 Review on 03/05/25 or revealed: -Hire Date: 03/27/24. -HCPR was accessed					
	Finding #2					

STATE FORM

STATEMEN	of Health Service Regi T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL067-100	B. WING		03	R 03/20/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
COURTLA		113 COU	JRTLAND DRIVE				
		JACKS	DNVILLE, NC 28540	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE	
V 131	Continued From pag	e 9	V 131				
	Review on 02/28/25 record revealed: -Hire Date: 07/16/24 -HCPR was accesse						
	Finding #3 Review on 03/05/25 record revealed: -Hire Date: 08/20/24 -HCPR was accesse						
	Finding #4 Review on 03/05/25 record revealed: -Hire Date: 07/02/24 -HCPR was accesse						
	stated: - It was her responsi checks for potential of -"The facility waited to the staff had comple not want to do the ch money if they did not -"That is how I was to checks after the date	to complete the checks until ted training because they did neck and it was a waste of t make it through training." rained to do the HCPR					
V 133	G.S. §122C-80 CRIN CHECK REQUIRED APPLICANTS FOR I (a) Definition As us "provider" applies to program and any pro-		V 133				

Division of Health Service Regulation STATE FORM

If continuation sheet 10 of 18

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
		BENTI IOATION NOMBER.	A. BUILDING:				
		MHL067-100	B. WING		03	R 03/20/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
COURTLA	ND	113 COL	JRTLAND DRIVE				
COURTER		JACKSO	ONVILLE, NC 28546	i			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE	
V 133	Continued From page	e 10	V 133				
	services that is licensable under Article 2 of this						
	Chapter.						
	-	n offer of employment by a					
	provider licensed und						
	applicant to fill a posi	tion that does not require the					
		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 recor	d check of the applicant. The					
	national criminal histo	ory record check shall					
	include a check of the	e applicant's fingerprints. If					
	the applicant has been	en a resident of this State for					
	•	nen the offer is conditioned					
		e criminal history record					
		it. A provider shall not					
		who refuses to consent to a					
	-	d check required by this					
	•	herwise provided in this					
		e business days of making					
		of employment, a provider					
		st to the Department of					
		14-19.10 to conduct a					
	•	d check required by this					
		it a request to a private					
		ate criminal history record					
		s section. Notwithstanding					
		Department of Justice shall					
		national criminal history					
	covered by Public La	ployment positions not					
	•	n and Human Services,					
	Criminal Records Ch						
		eipt of the national criminal					
	-	the Department of Health					
		, Criminal Records Check					
		provider as to whether the					

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:		Р		
		MHL067-100	B. WING		03	R 03/20/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
COURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE	
V 133	Continued From page	e 11	V 133				
	of the applicant. In normational criminal history with the provider. Pro- upon request verifical check has been comp by this section. A cour- appropriate local ordi the Division of Crimin may conduct on beha- criminal history records section without the pri- request to the Depart case, the county shal criminal history records section within five bus conditional offer of errical All criminal history infi- provider is confidential except to the applicant (c) of this section. For subsection, the term business regularly en- criminal history record records obtained from (c) Action If an app record check reveals a relevant offense, th of the following factor hire the applicant: (1) The level and seri (2) The date of the cri (3) The age of the pe conviction. (4) The circumstance commission of the cri (5) The nexus between	nployment by the provider. Formation received by the al and may not be disclosed, int as provided in subsection r purposes of this "private entity" means a logaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to cousness of the crime. ime. rson at the time of the s surrounding the					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: MHL067-100 B. WING			) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.			R 03/20/2025		
		MHL067-100					
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
COURTLA		113 COL	JRTLAND DRIVE				
		JACKS	ONVILLE, NC 2854	6			
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLETE DATE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
V 133	Continued From pag	e 12	V 133				
	(6) The prison, jail, p	robation, parole,					
	rehabilitation, and en	nployment records of the					
		e the crime was committed.					
	. ,	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,						
	<ul> <li>complies with this section shall be immune from civil liability for:</li> <li>(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.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal</li> </ul>						
		is requested and received in					
	compliance with this	-					
	(e) Relevant Offense As used in this section, "relevant offense" means a county, state, or						
		ry 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						
		nce abuse services. These iminal offenses set forth in					
		Articles of Chapter 14 of the					
		ticle 5, Counterfeiting and					
	Issuing Monetary Su						
		ive and Legislative Officers;					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-100			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/20/2025	
		MHL067-100				
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
COURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546	5		
(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 AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 133	Continued From page	e 13	V 133			
	Article 6. Homicide: A	Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	Injury or Damage by					
	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 Crime. These crimes also include possession or sale of drugs in violation of the North Carolina					
	0	es 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	÷ .				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	5				
	(f) Penalty for Furnisl	hing 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					
	-	d check under this section				
		ass A1 misdemeanor.				
		oyment A provider may				
	employ an applicant					
	obtaining the results		1			1

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL067-100		B. WING		03	R 3/20/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
COURTLA	ND		JRTLAND DRIVE ONVILLE, NC 28546	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 14	V 133			
	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.)					
	facility failed to ensur check was requested making the condition affecting 1 of 2 audite	as evidenced by: ews and interviews, the re the criminal history record within five business days of al offer of employment ed current staff (#9) and 2 of f (FS #11, FS #12). The				
	revealed: -Hire Date: 03/27/24.	of staff #9's personnel record I check was requested on				
	record revealed: -Hire Date: 07/16/24.	of FS # 11's personnel I check was requested on				

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
					R	
		MHL067-100			03	/20/2025
			ADDRESS, CITY, STATE JRTLAND DRIVE	, ZIP CODE		
COURTLA	ND	JACKS	ONVILLE, NC 28546	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 15	V 133			
	8/15/24.					
	record revealed: -Hire Date: 08/20/24.	of FS # 12's personnel				
	Background checks fr -The facility waited to the staff had complete not want to do the che money if they did not -"That is how I was tr checks after the date	sibility and accessed the or potential employees. complete the checks until ed training because they did eck and it was a waste make it through training. ained to do the Background of hire." will be completed prior to				
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation	EMENTS is grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: n and interview the facility	V 736			
	was not maintained ir orderly manner. The t Observation on 02/25 10:54am revealed:	-				

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-100			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWBER.	A. BUILDING:			
		B. WING		R 03/20/2025		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
COURTLA	ND					
			NVILLE, NC 28540			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 16	V 736			
	discolorations where hanging. -There was dried liqu covered the bottom of -Vacant Bedroom #1 wall near outlet. -1 light bulb did not w -The living room had cracked about 12 inc -The lamp shade had lamp shade and the s of 3 light bulbs did no -The 1st chandelier if missing globe on the -The 2nd chandelier if light bulbs that did no -The carpeted stairca soiled in multiple area -The transition lift cha work. -There were 1 of 2 lig main hallway light fixt -Client #1's bedroom splotches on the floor floor. -The upstairs bathroop ping pong ball size sr back edge of toilet se	had a golf ball size hole in york in bedroom #1. puckered wood raised and hes by left window. I 2 broken fitters inside the shade leaned to the front; 1 of work. In the living room had a light. In the living room had 1 of 5 of work. Hase leading upstairs was as with a dark residue. A d				
	being purchased. -A client used the res behind himself. "We d	the process of the home troom and did not clean did not check behind him." ing to be made after the the house.				
	Interview on 02/25/25 alth Service Regulation	5 the Director of Operations				

STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		BEITH IOMON HOMBEN.	A. BUILDING:			
MHL067-100		B. WING			R / <b>20/2025</b>	
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
OURTLA	ND		JRTLAND DRIVE DNVILLE, NC 28546	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 17	V 736			
	liked to pick the paint discharged recently a make the needed rep -The living room had water damage, that is that." -The landlord just pai When the house is puneeded changes. -They have never use they have been in the to see if the chair wor -Client #1's bedroom because the landlord and "refused" to get t -A client used the res behind himself. "Staff client."	"a pipe to burst which left s why the wall looks like inted over the patches. urchased they can make the ed the stair lift chair since e home and never checked rked. had paint drips on the floor that they rent from painted				