		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MUI 026 079	B. WING		R	
		MHL026-978	1		04/	04/2025
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST			
	ARE AGENCY INCO	RPORATED	RIDGER STREE AYETTEVILLE,			
(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 T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow up survey was completed eficiencies were cited				
		sed for the following service \C 27G .5600A Supervised th Mental Illness.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 105	27G .0201 (A) (1-7	) Governing Body Policies	V 105			
	POLICIES (a) The governing I facility or service sl written policies for (1) delegation of m operation of the fac (2) criteria for adm (3) criteria for disch (4) admission asse (A) who will perform (B) time frames for (5) client record ma (A) persons author (B) transporting rec (C) safeguard of re defacement or use (D) assurance of re authorized users a (E) assurance of co (6) screenings, whi (A) an assessment problem or need; (B) an assessment	anagement authority for the cility and services; ission; narge; essments, including: m the assessment; and r completing assessment. anagement, including: rized to document; cords; ecords against loss, tampering e by unauthorized persons; ecord accessibility to t all times; and onfidentiality of records.	,			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MUI 026 079	B. WING		R 04/04/2025	
					04/	04/2023
	PROVIDER OR SUPPLIER	1903 BRI	DRESS, CITY, S <sup>-</sup> DGER STREE			
XCEL C	ARE AGENCY INCO	RPORATED	YETTEVILLE,			
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 105	Continued From pa	age 1	V 105			
	<ul> <li>(C) the disposition, recommendations;</li> <li>(7) quality assurance activities, including</li> <li>(A) composition an assurance and quatimprovement plan;</li> <li>(C) methods for more quality and approprincluding delineation utilization of services</li> <li>(D) professional or a requirement that professionals and professionals and pshall be supervised that area of services</li> <li>(E) strategies for in (F) review of staff or determination made treatment/habilitation</li> <li>(G) review of all fatt were being served residential programmatic applicable standard purpose, "applicable means a level of correference to the professional and the original context of the professional context o</li></ul>	including referrals and ce and quality improvement d activities of a quality lity improvement committee; assurance and quality onitoring and evaluating the riateness of client care, on of client outcomes and es; clinical supervision, including staff who are not qualified provide direct client services d by a qualified professional in e; nproving client care; qualifications and a e to grant				

Division of Health Service F STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIEF EXCEL CARE AGENCY INCO	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-978		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		B. WING			
	STREET AD			R 04/04/2025	
EXCEL CARE AGENCY INCO		DRESS, CITY, S	TATE, ZIP CODE		
	RPORATED	DGER STREE /ETTEVILLE,			
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE
V 105 Continued From p	age 2	V 105			
Based on record r failed to develop a standards that ens programmatic perf standards of pract instrument and Inj (Clinical Laborator waiver. The finding Review on 4/3/25 revealed: -There was no doo CLIA waiver. Review on 4/3/25 -Admission date o -Diagnoses of Sch Chronic Kidney Di Dependency; Orth Hypomagnesemia	of the facility's records cumentation or evidence of a of client #2's record revealed: f 12/19/24. izophrenia; Type 1 Diabetes; sease; Cigarette Nicotine ostatic Hypotension;				
milliliter (ml) pen with meals plus sli -Lantus Solosta units at bedtime. -Accu-Chek gui	Inject 9 units 3 times a daily				
Administration Re 2025 through April	of client #1's Medication cord for the months of February 3, 2025 revealed: ons were administered and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-978		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-978	B. WING		R 04/04/2	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	·	
	ARE AGENCY INCO	REORATED 1903 BR	IDGER STREE	т		
		EAST F/	YETTEVILLE,	NC 28301		
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 105	Continued From pa	nge 3	V 105			
	Interview on 4/3/25 revealed: -She was not sure -She was not award waiver. -She did not know -She confirmed the	with the Administrator if she had a waiver. e that she had to have a what the waiver was. facility failed to have a CLIA blood sugar checks and				
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL nealth care personnel into a for service, every employer at a shall access the Health Care and shall note each incident propriate business files.	a			
	Based on record refailed to ensure the Registry (HCPR) we employment affecti staff. The findings Review on 4/4/25 co Qualified Professio	f the personnel record for the nal (QP) revealed:				
	-Hire date of 8/1/25 -She was hired as t -HCPR check cond	the QP.				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	MHL026-978		B. WING		R 04/04/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	CARE AGENCY INCOR	RPORATED	DGER STREE /ETTEVILLE,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
V 131	Continued From pa	ge 4	V 131			
	records revealed: -Treatment plans w before the HCPR w Client #1 - 8/23/2 Client #2 - 12/19/. Client #3 - 11/11/2 Interview on 4/4/25 -She knew that that in October 2024." -She was not sure of hired. -HCPR was not according Interview on 4/4/25 -She started work a 8/1/24.	4. 24. 24. with the Director revealed: a QP started work "sometime of the date that the QP was				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pu developmental disa services that is lice Chapter. (b) Requirement , provider licensed un applicant to fill a po	E EMPLOYMENT. used in this section, the term o an area authority/county rovider of mental health, ibility, and substance abuse nsable under Article 2 of this An offer of employment by a nder this Chapter to an sition that does not require the				
	conditioned on cons	n occupational license is sent to a State and national ord check of the applicant. If				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL026-978	B. WING			R 04/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1903 BRI	DGER STREE	T		
EXCEL	CARE AGENCY INCOR	EAST FA	YETTEVILLE,	NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	the applicant has be less than five years is conditioned on co criminal history reco national criminal his include a check of t the applicant has be five years or more, on consent to a Sta check of the applican criminal history reco section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by tt G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Heal Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receiver of the applicant. In national criminal his with the provider. P upon request verific check has been cor by this section. A co	een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall f national criminal history mployment positions not				

Division	of Health Service Re	egulation				IAPPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _	CONSTRUCTION		E SURVEY PLETED
		MHL026-978	B. WING			R <b>04/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		1903 BRI	DGER STREE	т		
	CARE AGENCY INCOR	EAST FA	YETTEVILLE,	NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	qe 6	V 133			
	the Division of Crim may conduct on bell criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of of All criminal history is provider is confident except to the applic (c) of this section. F subsection, the term business regularly of criminal history reco records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstant commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to	inal 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 usiness days of the employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting prod checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

JIVISION	of Health Service Re	egulation	-			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			SURVEY PLETED
	MHL026-978		B. WING		R 04/04/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1903 BR	IDGER STREE	T		
	CARE AGENCY INCOR	EAST FA	YETTEVILLE,	NC 28301		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH		COMPLET DATE
				DEFICIENCY	)	
V 133	Continued From pa	ge 7	V 133			
	If the provider disa	ualifies an applicant after				
		e relevant factors, then the				
		se information contained in				
	5	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					
		rovider that, in good faith,				
		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					
		record check of the individual				
		an employee's history of				
		the employee's criminal				
		k is requested and received in				
	compliance with thi	s section. se As used in this section,				
		neans a county, state, or				
		tory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
	have responsibility	for the safety and well-being o	f			
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the Article 5, Counterfeiting and				
	Issuino Moneiary 5					
		ubstitutes; Article 5A,				
	Endangering Execu					
	Endangering Execu Article 6, Homicide;	ubstitutes; Article 5A, utive and Legislative Officers;				
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Ab	ubstitutes; Article 5A, utive and Legislative Officers; ; Article 7A, Rape and Other cle 8, Assaults; Article 10, duction; Article 13, Malicious				
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b	ubstitutes; Article 5A, ative and Legislative Officers; ; Article 7A, Rape and Other cle 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or				
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of	ubstitutes; Article 5A, ative and Legislative Officers; ; Article 7A, Rape and Other ele 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary				
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr	ubstitutes; Article 5A, utive and Legislative Officers; ; Article 7A, Rape and Other ele 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and				
	Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art	ubstitutes; Article 5A, ative and Legislative Officers; ; Article 7A, Rape and Other ele 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL026-978		B. WING			R 04/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	CARE AGENCY INCOF	RPORATED	DGER STREE YETTEVILLE,			
(X4) ID	SI IMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 8	V 133			
	Obtaining Property Fraudulent Use of C Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, C Peace; Article 35, C Peace; Article 36A, Article 39, Protectic Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S offenses such as sa violation of G.S. 18l impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applicant obtaining the result check regarding the following requirement (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as	ad Cheats; Article 19A, or Services by False or Credit Device or Other Means; ial Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and iA, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Pffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or lation of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through ashing False Information Any yment who willfully furnishes, ise gives false information on oblication that is the basis for a ord check under this section Class A1 misdemeanor. oloyment A provider may it conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a				

TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL026-978	B. WING		R 04/04/2025	
PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
CARE AGENCY INCO	RPORATED				
SUMMARY STATEMENT OF DEFICIENCIES		ID		CORRECTION	(X5)
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
Continued From pa	age 9	V 133			
business days afte conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not m Based on record re facility failed to ens check was request making the condition affecting one of fou are: Review on 4/4/25 of Qualified Profession -Hire date of 8/1/25 -She was hired as - A criminal history on 10/30/24. Interviews on 4/4/2 -A criminal history conducted and she -She could not loca history check. -A criminal history	er the individual begins rment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.) net as evidenced by: eviews and interviews, the sure the criminal history record ted within five business days of onal offer of employment ur audited staff. The findings of the personnel record for the onal (QP) revealed: 5. the QP. record check was conducted 25 with the Director revealed: check for the QP was a had looked for it. ate a copy of the QP's crimina record check was not	of			
	PROVIDER OR SUPPLIER CARE AGENCY INCO SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From pa criminal history red business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not m Based on record ref facility failed to ens check was request making the conditive affecting one of for are: Review on 4/4/25 of Qualified Profession -Hire date of 8/1/29 -She was hired as - A criminal history on 10/30/24. Interviews on 4/4/27 -A criminal history conducted and she -She could not local history check. -A criminal history	MHL026-978         PROVIDER OR SUPPLIER       STREET         CARE AGENCY INCORPORATED       1903 BI EAST F         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Image: Continued From page 9         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: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four audited staff. The findings are:         Review on 4/4/25 of the personnel record for the Qualified Professional (QP) revealed: -Hire date of 8/1/25. -She was hired as the QP. - A criminal history record check was conducted on 10/30/24.         Interviews on 4/4/25 with the Director revealed: -A criminal history check for the QP was conducted and she had looked for it. -She could not locate a copy of the QP's crimina	MHL026-978       B. WING	MHL026-978       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SARE AGENCY INCORPORATED       1903 BRIDGER STREET EAST FAYETTEVILLE, NC 28301         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 9       V 133         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: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four audited staff. The findings are: Review on 4/4/25 of the personnel record for the Qualified Professional (QP) revealed: -Hire date of 8/1/25. -She was hired as the QP. - A criminal history record check was conducted on 10/30/24.         Interviews on 4/4/25 with the Director revealed: -A criminal history check for the QP was conducted and she had looked for it. -She could not locate a copy of the QP's criminal history check. - A criminal history record check was not	MHL026-978     B. WING     Odd/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     1903 BRIDGER STREET     December 242301       SUMMARY STATEMENT OF DEFICENCIES (EACH DEFOCIENCY MISS BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREX PREX (EACH DEFOCIENCY MISS BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREX PREX (EACH DEFOCIENCY MISS BE PRECEDED OF THE APPROPRIATE DEFICIENCY)     PREX (EACH ORDERCTIVE ACTION SHOLD DE (EACH ORDERCTIVE ACTION SHOLD DE CONSERVERENCED TO THE APPROPRIATE DEFICIENCY)       Continued From page 9     V 133       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. 10.190(c), (h; 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)       This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four audited staff. The findings are: Review on 4/4/25 of the personnel record for the Qualified Professional (QP) revealed: -Hire date of 8/1/25. -She was hired as the QP. -A criminal history record check was conducted on 10/30/24.       Interviews on 4/4/25 with the Director revealed: -A criminal history check for the QP was conducted and she had looked for it. -She could not locate a copy of the QP's oriminal history check. -A criminal history cord check was not