PRINTED: 05/08/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL057-035			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		B. WING		05/07/2025		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DIVED)/I	EW HOME	25 DRY P	OND ROAD			
RIVERVI	EW HOME	MARSHA	LL, NC 2875	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC 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 000	INITIAL COMMENT	-s	V 000			
	This facility is licens category: 10A NCA	sed for the following service C 27G .5600F Supervised				
		sed for 3 and currently has a urvey sample consisted of an				
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As to "provider" applies to program and any prodevelopmental disaservices that is licent Chapter. (b) Requirement As to		V 133			
	applicant to fill a po applicant to have ar conditioned on conscriminal history receive applicant has beliess than five years is conditioned on conditional criminal history recentional criminal his include a check of the applicant has befive years or more, on consent to a Stacheck of the applications.	sition that does not require the noccupational license is sent to a State and national ord check of the applicant. If 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 the criminal history record ant. A provider shall not the who refuses to consent to a				

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

(X6) DATE TITLE

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Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHL057-035		B. WING		05/07/2025		
NAME OF I	PROVIDER OR SUPPLIER	QTPEET AD	DDESS CITY S	STATE, ZIP CODE	•	
NAIVIL OI I	FROVIDER OR SUFFEIER		OND ROAD	STATE, ZIF CODE		
RIVERVI	EW HOME		LL, NC 2875	.2		
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG			TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 1	V 133			
	criminal history reco	ord check required by this				
		otherwise provided in this				
		ive business days of making				
	the conditional offer	r 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				
	entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services,					
		Check Unit. Within five				
	business days of re	ceipt 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 story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
	1	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.				
		nformation received by the				
		itial and may not be disclosed,				

Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 DRY POND ROAD MARSHALL, NC 28753 PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE CACH DEFICIENCY	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 DRY POND ROAD MARSHALL, NC 28753 CANID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECED BY FULL (EACH DEFICIENCY MUST BE PRECED BY FULL (EACH DEFICIENCY MUST BE PRECED BY FULL (EACH DEFICIENCY MUST BE PART BY FULL (EACH DEFICIENCY MUST BE PRECED BY FULL (EACH DEFICIENCE MUST BY FULL (EACH DEFICIENCE MUST BY FULL (EACH DEFICIENCY MUST BY FULL (EACH DEFICIENCE MUST BY FULL (EACH DEFICIENCE MUST BY FULL			A. BOILDING.				
RIVERVIEW HOME SUMMARY STATEMENT OF DEFICIENCIES MARSHALL, NC 28753	MHL057-035		B. WING		05/07/2025		
(X4) D SUMMARY STATEMENT OF DEFICIENCIES DEFICE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY OWNER DEFICIENCY DEFICIENCY V 133 Continued From page 2 except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of 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	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OERICINE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 2 except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent 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	RIVFRVI	FW HOME					
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(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent 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	V 133	Continued From page 2		V 133			
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,		(c) of this section. It is subsection, the term business regularly or criminal history records obtained from (c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and section (2) The date of the (3) The age of the proviction. (4) The circumstance commission of the proviction. (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions hall not be a bar to listed factors shall but the provider disquerous discounting to the disqualification of the criminal history to th	For purposes of this in "private entity" means a engaged in conducting production of the checks utilizing public on a State agency. Splicant's criminal history is one or more convictions of the provider shall consider all fors in determining whether to the crime. Special considers of the crime. The considers of the crime of the crime, if known. The crime is the position to be probation, parole, employment records of the crime was committed. The considered by the person of the considered by the provider. The considered by the provider. The considered by the provider of the considered by the provider. The considered by the provider of the considered by the provider of the considered by the provider. The considered by the provider of the considered by the provider of the considered by the provider. The considered by the provider of the considered				

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JMZM11 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL057-035		B. WING		05/07/2025		
NAME OF I	PROVIDER OR SUPPLIER			STATE ZID CODE	1 00/0	172020
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
	(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 federal criminal hist indictment of a criminal felony, that bears uphave responsibility the persons needing medisabilities, or substictimes include the cany of the following General Statutes: A Issuing Monetary Statutes: A Issuing Monet	e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	DECLIFATORY OR LOCURENTIES (INC. INFORMATION)		TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 4	V 133			
	Article 39, Protection	on of Minors; Article 40,				
		amily; Article 59, Public				
	Intoxication; and Ar	ticle 60, Computer-Related				
		es 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				
	impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a					
		ord check not later than five				
	business days after the individual begins					
		ment. (2000-154, s. 4;				
		4-124, ss. 10.19D(c), (h);				
	∠005-4, ss. 1, 2, 3,	4, 5(a); 2007-444, s. 3.)				

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This Rule is not met as evidenced by:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
MHL057-035		B. WING		05/07/2025		
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	
RIVERVI	EW HOME		OND ROAD LL, NC 2875	. 3		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	facility failed to requeriminal background making the condition of 3 audited staff (S Professional (QP)). Record review on 5-Date of hire: 10/15-Criminal background Record review on 5-Date of hire: 11/1/2-Criminal background Record review on 5-Date of hire: 10/15-Criminal background Record review on 5-Date of hire: 10/15-Criminal background Interview on 5/7/25 (HR) Director reveal-Was responsible for personnel reviews. -Were using a differecompany first starter	views and interview, the lest a state or national dicheck within 5 days of nal offer of employment for 3 taff #1, #2, Qualified The findings are: ///25 for Staff #1 revealed: //23. Ind check requested 10/27/23. ///25 for Staff #2 revealed: //3. Ind check completed 11/20/23. ///25 for the QP revealed: //3. Ind check completed 10/25/23.	V 133			

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