Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R MHL073-075 B. WING 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 WEST MOREHEAD STREET** AJINNDA 13 GROUP LIVING FACILITY, LLC ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 Continued From page 1 V 112 This Rule is not met as evidenced by: A habilitation was Based on record review and interview the facility Completed on both clients 3.31.20 with in 30 days after failed to ensure Treatment Habilitation plans were current for two of two clients(#1, #2). The findings are: admission now that I Review on 3/6/25 of client #1's record revealed: am aware that a -Admission date of 7/22/22 habilitation plan must -Diagnoses of Hypertension, Hyperlipidemia, Vitamin D deficiency, Dementia-depressive brupdated cinnually. mood, Generalized Anxiety. I Will Place the update -Treatment Plan dated 7/26/22 time on my calender Review on 3/6/25 of client #2's record revealed: and into my electronic -Admission date of 9/27/23 -Diagnoses of Neurocognitive Disorder and devices to remind me History of Seizures. to update the habilitation -Treatment Plan date 12/23/23 Interview on 3/6/25 the Licensee stated: -Was not aware how often treatment plans in policy is needed, Just needed to be completed. a reminder to update -Will get them done today. -There has been no change in the clients needs the clocuments annually. or behaviors. The Qualified professinal V 133 G.S. 122C-80 Criminal History Record Check V 133 Will monitor and complete the yel ales G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN for the documents: The APPLICANTS FOR EMPLOYMENT. monitoring will take place Division of Health Service Regulation STATE FORM

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL073-075 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 WEST MOREHEAD STREET** AJINNDA 13 GROUP LIVING FACILITY, LLC ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 2 V 133 (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an 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 record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit 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, Criminal Records Check Unit. Within five

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conviction.

(4) The circumstances surrounding the

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL073-075 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 WEST MOREHEAD STREET** AJINNDA 13 GROUP LIVING FACILITY, LLC ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 4 V 133 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 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, 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

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G.S. 20-138.5.

90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

(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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	18 100 100 100 100 100	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
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V 133	(g) Conditional Emplemploy an applicant obtaining the results check regarding the following requirement (1) The provider shappior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as (2) The provider shapping criminal history reconsultational history reconsultational employment (2001-155, s. 1; 2004).	Class A1 misdemeanor. Iloyment A provider may conditionally prior to go f a criminal history record applicant if both of the	V 133		
	failed to ensure one criminal record chec employment. The fir Review on 3/6/25 of -Hire date of 3/4/24 -No criminal record of Interview on 3/6/25 the asked staff #2 the check. -Did not follow up to the criminal record of the cri	and record review the facility of three staff (#2) had a k completed prior to addings are: staff #2's record revealed: sheck completed. the Licensee stated: to get her criminal record ensure she had completed		A check list of all required to en that all required to en that all required in received prior to to Start clate of new hires. The administration to ensure all documents are readministration to ensure the Administration of the Administration	trator treeved.

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