STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	EIED
			D MINO	/ING		₹
		MHL0411217	B. WING		05/0	8/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ROYAL HO	OUSE OF CARE		ERPOINT DRIV SUMMIT, NC 2			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on 5/8/25. Deficiencie	up survey was completed es were cited.				
	This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability.					
		d for 3 and has a current vey sample consisted of ents.				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.				
	failed to ensure the H Registry (HCPR) was	ew and interview, the facility lealth Care Personnel				
	Review on 5/6/25 of t Staff #1 revealed: -Date of hire was 6/1/ -The HCPR that was	· -				

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		MHL0411217	B. WING			R 5/08/2025	
	ROVIDER OR SUPPLIER	5709 W	ADDRESS, CITY, STATE ATERPOINT DRIVE IS SUMMIT, NC 272				
(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 TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 131	Staff #2 revealed: -Date of hire was 11/2 -The HCPR that was accessed on 3/14/25 Review on 5/6/25 of the Qualified Professional -Date of hire was 2/1/2 -The HCPR that was accessed on 9/1/22 at a linterview on 5/7/25 where The responsibility of check for prospective the management content of the management of the	after hire. he personnel record for the 2/20. available in file was after hire. he personnel record for the il (QP) revealed: 17. available in file was fter hire. ith the QP revealed: processing the initial HCPR employees is completed by inpany. impany purged the older oyee. initial records of employee impany will be moving es, so the new employees rged. ith the Licensee revealed: be," when asked about the	V 131				
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any pro-		V 133				

Division of Health Service Regulation

STATE FORM 6899 083M11 If continuation sheet 2 of 8

PRINTED: 05/15/2025 FORM APPROVED

Division of	of Health Service Regu	ılation			TOTAL	MAT TO VED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.			_	
		MHL0411217	411217 B. WING 05/08/		२ 08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
ı		5709 WA	TERPOINT DRIV	/E		
ROYAL H	OUSE OF CARE		S SUMMIT, NC 2			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
V 133	Continued From page	e 2	V 133			
	services that is licens	sable under Article 2 of this				
	Chapter.					
	(b) Requirement Ar	n offer of employment by a				
	1 -	der this Chapter to an				
	1	tion that does not require the				
		occupational license is				
		ent to a State and national				
		d check of the applicant. If				
		en a resident of this State for				
		then the offer of employment				
		sent to a State and national				
	_	d check of the applicant. The				
		ory record check shall				
		e applicant's fingerprints. If				
	1	en a resident of this State for				
		nen the offer is conditioned ecriminal history record				
		nt. A provider shall not				
	1 ' '	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				
	1	14-19.10 to conduct a				
		d check required by this				
	_	nit a request to a private				
		tate criminal history record				
ı		s section. Notwithstanding				

Division of Health Service Regulation

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 business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the

STATE FORM 6899 083M11 If continuation sheet 3 of 8

Division of Health Service Regulation									
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
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			D WING		R				
		MHL0411217	B. WING		05/08/2025				
NAME OF D	ROVIDER OR SUPPLIER	STDEET AF	IDDESS CITY STA	TE ZID CODE					
NAME OF T									
ROYAL HO	ROYAL HOUSE OF CARE 5709 WATERPOINT DRIVE								
		BROWNS	SUMMIT, NC 2	27214					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)				
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD					
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE DATE				
				DEI IOIENOT)					
V 133	Continued From page	e 3	V 133						
	. •								
		may affect the employability							
	of the applicant. In no	case shall the results of the							
	national criminal histo	ory record check be shared							
		viders shall make available							
		tion that a criminal history							
		oleted on any staff covered							
		nty that has adopted an							
	-	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							
		d check required by this							
	section within five bus	_							
		nployment by the provider.							
		formation received by the							
		al and may not be disclosed,							
	except to the applicar	nt as provided in subsection							
	(c) of this section. For	r purposes of this							
	subsection, the term '	"private entity" means a							
	business regularly en	gaged in conducting							
	criminal history record	d checks utilizing public							
	records obtained from	n a State agency.							
	(c) Action If an appl	licant's criminal history							
		one or more convictions of							
		e provider shall consider all							
		s in determining whether to							
	hire the applicant:								
	(1) The level and seri	ousness of the crime							
	(2) The date of the cri								
	` '	rson at the time of the							
	conviction.	ison at the tille of the							
		s surrounding the							
	(4) The circumstance	_							
	commission of the cri								
	• •	en the criminal conduct of							
		b duties of the position to be							
	filled.		1						

Division of Health Service Regulation

STATE FORM 6899 083M11 If continuation sheet 4 of 8

DIVISION	of Health Service Regu	lation	_		_				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
				R					
		MHL0411217	B. WING						
WITEU411217					05/08/2025				
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE					
	5709 WATERPOINT DRIVE								
ROYAL H	OUSE OF CARE		SUMMIT, NC 2						
(X4) ID		ATEMENT OF DEFICIENCIES VINUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR					
				DEFICIENCY)					
1/ 400	- · · -		1/ 400						
V 133	Continued From page	2 4	V 133						
	(6) The prison, jail, pr	obation parole							
		ployment records of the							
		the crime was committed.							
	•	ommission by the person of							
	a relevant offense.	ommission by the person of							
		of a relevant offense alone							
		employment; however, the							
		considered by the provider.							
		lifies an applicant after							
		elevant factors, then the							
		e information contained in							
		cord check that is relevant							
	_	, but may not provide a copy							
	-								
	of the criminal history	record check to the							
	applicant.	A provider and an officer							
		- A provider and an officer							
		vider that, in good faith,							
		ction shall be immune from							
	civil liability for:	provider to employ on							
		provider to employ an							
		s of information provided in cord check of the individual.							
	•								
		n employee's history of							
		e employee's criminal s requested and received in							
	•	•							
	compliance with this s								
	` ,	- As used in this section,							
		ans a county, state, or							
		y of conviction or pending							
		whether a misdemeanor or							
	•	on an individual's fitness to							
		r the safety and well-being of							
		ntal health, developmental							
	· ·	nce abuse services. These							
		minal offenses set forth in							
	,	rticles of Chapter 14 of the							
		icle 5, Counterfeiting and							
	Issuing Monetary Sub								
	⊢	ve and Legislative Officers;							

Division of Health Service Regulation

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Division of Health Service Regulation									
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED			
			B. WING		R				
		MHL0411217	B. WING		05/0	8/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE					
	5709 WATERPOINT DRIVE								
ROYAL HO	DUSE OF CARE		S SUMMIT, NC 2						
		BROWN	5 SUMMIT, NC 2	Z/Z/4					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE			
IAG	REGOLATORY OF	Lee Belvin Thie his eraum there,	IAG	DEFICIENCY)	TAVALE				
V 133	Continued From page	e 5	V 133						
	Antiala C. Hanaiaida. A	utials 7A Dans and Other							
		article 7A, Rape and Other							
		8, Assaults; Article 10,							
	11 0	iction; Article 13, Malicious							
	Injury or Damage by								
	-	Material; Article 14, Burglary							
		akings; Article 15, Arson and							
	•	le 16, Larceny; Article 17,							
	Robbery; Article 18, E	Embezzlement; Article 19,							
	False Pretenses and	Cheats; Article 19A,							
	Obtaining Property or	Services by False or							
	Fraudulent Use of Cre	edit Device or Other Means;							
	Article 19B, Financial	Transaction Card Crime							
	Act; Article 20, Fraud	s; Article 21, Forgery; Article							
	26, Offenses Against	Public Morality and							
	_	, Adult Establishments;							
		n; Article 28, Perjury; Article							
		, Misconduct in Public							
	• •	enses Against the Public							
		tiots and Civil Disorders;							
	Article 39, Protection								
	Protection of the Fam								
		cle 60, Computer-Related							
	•	also include possession or							
		ion of the North Carolina							
	· ·	es Act. Article 5 of Chapter							
	-	, 1							
		tutes, and alcohol-related							
		to underage persons in							
	violation of G.S. 18B-								
		of G.S. 20-138.1 through							
	G.S. 20-138.5.	Talaa lafamaatian A							
		ning False Information Any							
		nent who willfully furnishes,							
		e gives false information on							
		cation that is the basis for a							
	-	d check under this section							
	shall be guilty of a Cla								
		yment A provider may							
	employ an applicant of	conditionally prior to							
	obtaining the results	of a criminal history record							

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R		
MHL0411217		B. WING		05/08/2025			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ROYAL HO	OUSE OF CARE	5709 WAT	ERPOINT DRIV	E			
		BROWNS	SUMMIT, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 133	Continued From page	e 6	V 133				
	check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employmen 2001-155, s. 1; 2004-	applicant if both of the its are met: not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. submit the request for a d check not later than five the individual begins					
	failed to ensure crimin requested and the resoft 3 audited staff (Qu and Staff #2). The firm Review on 5/6/25 of Strevealed: -Date of hire was 6/1/2- The criminal backgriecord was dated 5/2- Review on 5/6/25 of Strevealed:	nd record review, the facility hal background checks were sults documented affecting 3 alified Professional, Staff #1, ndings are: Staff #1's personnel record 22. ound check documented in 4/24. Staff #2's personnel record					
	-Date of hire was 11/2/20. - The criminal background check documented in record was dated 1/24/24. Review on 5/6/25 of the personnel record for the						

Division of Health Service Regulation

Qualified Professional (QP) revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411217	B. WING			R / 08/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROYAL H	OUSE OF CARE		TERPOINT DRIV S SUMMIT, NC 2			
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	-Date of hire was 2/1/ - The criminal backgrorecord was dated 9/1/ Interview on 5/7/25 w -The responsibility of criminal background of employees was companyThe management correcords of each employement and to be savedThe management cortowards electronic file records will not be pure linterview on 5/8/25 w -"That's up to the office."	ound check documented in /22. ith the QP revealed: processing the initial check for prospective pleted by the management empany purged the older oyee. Initial records of employee empany will be moving es, so the new employees	V 133			

Division of Health Service Regulation

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