STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	A. BOILDING.			<u></u>	
MHL043-103	B. WING			R <b>02/2025</b>	
STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
	PREFIX TAG			COMPLÉTE DATE	
0 INITIAL COMMENTS					
AC 27G .5600C Supervised					
he survey sample consisted of					
ersonnel Requirements	V 107				
all have a written job director and each staff position ne minimum level of education, experience and other e position; ne duties and responsibilities of y the staff member and the in the staff member's file. all ensure that the director, or any other person who ervices to clients on behalf of 18 years of age; ead, write, understand and minimum level of education, experience, skills and other e position; and estantiated findings of abuse or					
	MHL043-103  STREET AL  1391 PEA  LILLINGT  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  TS  OW up survey was completed deficiencies were cited.  sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.  sed for four and has a current the survey sample consisted of s.  ersonnel Requirements  202 PERSONNEL  all have a written job director and each staff position the minimum level of education, experience and other the position; the duties and responsibilities of the staff member and the the staff member	MHL043-103  STREET ADDRESS, CITY, S 1391 PEACH FARM RC LILLINGTON, NC 2754  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  TS  OW up survey was completed deficiencies were cited.  sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.  sed for four and has a current he survey sample consisted of s.  ersonnel Requirements  V 107  202 PERSONNEL  all have a written job director and each staff position the minimum level of education, experience and other the position; the duties and responsibilities of the staff member's file. all ensure that the director, for any other person who dervices to clients on behalf of 18 years of age; the end of education, experience, skills and other the position; and the position; and the staff member of abuse or the position; and the position of abuse or the North Carolina Health Care	MHL043-103  STREET ADDRESS, CITY, STATE, ZIP CODE  1391 PEACH FARM ROAD  LILLINGTON, NC 27548  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)  TS  V 000  W up survey was completed efficiencies were cited.  sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.  sed for four and has a current he survey sample consisted of s.  ersonnel Requirements  V 107  202 PERSONNEL all have a written job director and each staff position he minimum level of education, experience and other e position; he duties and responsibilities of by the staff member's file, all ensure that the director, or any other person who ervices to clients on behalf of 18 years of age; ead, write, understand and minimum level of education, experience, skills and other e position; and bestantiated findings of abuse or e North Carolina Health Care	MHL043-103  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1391 PEACH FARM ROAD LILLINGTON, NC 27546  ARTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  TS  V 000  TS  V 000  TS  V 107  V 107	

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R		
		MHL043-103	B. WING			2/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PEACH	FARM ROAD		CH FARM ROON, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 107	applicants for emploon conviction. The implemental decision regarding upon the offense in which the applicant (d) Staff of a facility currently licensed, accordance with approvided.  (e) A file shall be memployed indicating	services shall require that all comment disclose any criminal pact of this information on a semployment shall be based relationship to the job for is applying.  If y or a service shall be registered or certified in applicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107				
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete personnel record affecting one of three paraprofessional staff (#2). The findings are:  Review on 4/30/25 of the personnel record for staff #2 revealed: -Hire date of 4/22/24He was hired as a Direct Support ProfessionalNo documentation of educational verification.  Interview on 4/30/25 with the Qualified Professional revealed: -She believed he had a high school diplomaShe thought staff #2 had provided her with a						

Division of Health Service Regulation

STATE FORM 6899 HRCK11 If continuation sheet 2 of 18

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		   F	,
		MHL043-103	B. WING		05/02/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEACH I	FARM ROAD		CH FARM R ON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	copy of his high sch -She confirmed the complete personne	facility failed to have a				
V 111	27G .0205 (A-B) Assessment/Treatn	nent/Habilitation Plan	V 111			
	PLAN  (a) An assessment client, according to the delivery of servibe limited to:  (1) the client's preside (2) the client's need (3) a provisional or established diagnos of admission, except detoxification or othe shall have an established admission;  (4) a pertinent sociand  (5) evaluations or a psychiatric, substar vocational, as approfible (b) When services establishment and it treatment/habilitation referred to as the "procession" (2) the client's procession (3) and (4) appropriate (4) appropriate (5) evaluations or apsychiatric, substar vocational, as approfible (b) when services establishment and it treatment/habilitation referred to as the "procession" (4) appropriate (5) evaluations or apsychiatric (5) evaluations or apsychiatric (6) when services establishment and it treatment/habilitation referred to as the "procession" (5) evaluation or appropriate (6) when services establishment and it treatment/habilitation referred to as the "procession" (6) evaluation or appropriate (6) when services establishment and it treatment/habilitation referred to as the "procession" (6) evaluation or appropriate (7) evaluation or appropri	LITATION OR SERVICE shall be completed for a governing body policy, prior to ces, and shall include, but not senting problem;				

6899

Division of Health Service Regulation STATE FORM

HRCK11 If continuation sheet 3 of 18

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL043-103		B. WING		F 05/0	2/ <b>2025</b>
NAME OF	PROVIDER OR SUPPLIER				05/0	2/2025
			CH FARM R	OAD		
PEACH	FARM ROAD		ON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 111	Continued From pa	ge 3	V 111			
	failed to ensure an available and comp services for three or and #3). The findin Review on 4/30/25 -Admission date of -Diagnoses of Unsp Spectrum and Unsp Developmental Distarbere was no doct assessment.  Review on 4/30/25 -Admission date of -Diagnoses of Mild Disabilities, Schizoa Type, Adjustment Disturbance of Emoral Alcohol Syndrome -There was no doct assessment.  Review on 4/30/25 -Admission date of -Diagnoses of Autis Intellectual Develop Oppositional Defiar Dysregulation Disord	view and interview, the facility admission assessment was leted prior to delivery of f three audited clients (#1, #2 gs are:  of client #1's record revealed: 8/12/19. pecified Schizophrenia pecified Intellectual ability.  umentation of an admission  of client #2's record revealed: 10/11/23.  Intellectual Developmental affective Disorder- Bipolar bisorder with Mixed potions and Conduct and Fetal umentation of an admission  of client #3's record revealed: 7/8/24.  m Spectrum Disorder, perental Disability- Moderate, perental				

Division of Health Service Regulation STATE FORM

6899 HRCK11 If continuation sheet 4 of 18

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		MHL043-103	B. WING		05/0	2/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEACH F	FARM ROAD		CH FARM ROON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 111	Continued From pa	ge 4	V 111			
	facility prior to her be- She thought the act #3 was in his chartShe was responsite admission paperwork -Moving forward she admission assessment	ed: t #2 were admitted to the being hired. dmission assessment for client ble for completing the brk. e would make sure the hent was completed.				
V 114	10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerg request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condi simulate the facility emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be shift.	V 114			

6899

Division of Health Service Regulation STATE FORM

HRCK11 If continuation sheet 5 of 18

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						<b>?</b>
		MHL043-103	B. WING	<del></del>	05/02/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI I	NOVIDEN ON GOLT EIEN		CH FARM R			
PEACH F	ARM ROAD		ON, NC 275			
	OLIMANA DV OTA		-			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 5	V 114			
	facility failed to ensu completed quarterly are:	view and interviews, the ure fire and disaster drills were on each shift. The findings				
	Review on 4/30/25 of the facility fire drill from April 2024 to April 2025 revealed:  -There was no documentation that fire drills were conducted for the:  -1st quarter (January, February and March) of 2025 for 3rd shift.  -4th quarter (October November and December)					
	2024 for 3rd shift.	August and September) of May and June of 2024) for 3rd				
	Review on 4/30/25 of the facility disaster drill from April 2024 to April 2025 revealed: -There was no documentation that disaster drills were conducted for the: -1st quarter (January, February and March) of 2025 for 2nd and 3rd shift4th quarter (October November and December)					
	of 2024 for all 3 shift -3rd quarter (July, A 2024 for all 3 shifts.	its. Sugust and September) of				
	-Drills were completed: -Fire they would go by the house.	with client #3 revealed: ted monthly. outside and stand in the field d get in the closet in their				

Division of Health Service Regulation STATE FORM

Interview on 4/30/25 with the Qualified

HRCK11 If continuation sheet 6 of 18

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R		
	MHL043-103		B. WING			2/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PEACH I	FARM ROAD		CH FARM R				
		LILLINGT	ON, NC 275	46			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 6	V 114				
	shiftsAcknowledged the were completed mo	vere completing drills for all facility failed to ensure drills onthly for each shift.					
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	only be administered order of a person a drugs.  (2) Medications shat clients only when a client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered order in Medication recorded immediated MAR is to include the (A) client's name;  (B) name, strength,  (C) instructions for (D) date and time the (E) name or initials drug.  (5) Client requests	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be elely after administration. The					

Division of Health Service Regulation

STATE FORM 6899 HRCK11 If continuation sheet 7 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
74101 2741	OF CONTROLLED FOR	BENTI IOMION NOMBEN.	A. BUILDING:		F	
		MHL043-103	B. WING	B. WING		2/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACH I	FARM ROAD		CH FARM ROOM ON, NC 275			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 118	Continued From pa	ge 7	V 118			
	file followed up by a with a physician.	appointment or consultation				
	This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure medications were available for administration affecting three of three clients (#1, #2 and #3). The findings are:					
	Review on 4/30/25 of client #1's record revealed: -Admission date of 8/12/19Diagnoses of Unspecified Schizophrenia Spectrum and Unspecified Intellectual Developmental Disability.					
	orders revealed: -Orders dated 4/30/ -Abilify Inj 400 r intramuscularly eve -Aripiprazole 20 -Buspirone 15m dailyCetirizine 10m -Farxiga 10mg -Fenofibrate 16 -Januvia 100mg -Lisinopril 2.5m	milligram (mg)- Inject 400 mg ry month.  Omg- Take 1 tablet at night.  ng- Take 1 tablet three times  g- Take 1 tablet once daily.  Take 1 tablet once daily.  Omg- Take 1 tablet once daily.  g- Take 1 tablet once daily.  g- Take 1 tablet once daily.				
	daily. -Pioglitazone 1	10mg- Take 1 tablet once 5mg- Take 1 tablet once daily. PST 1.1%-Use to brush teeth				

Division of Health Service Regulation

STATE FORM 6899 HRCK11 If continuation sheet 8 of 18

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL043-103	B. WING		R <b>05/02/2025</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEACH F	ARM ROAD		CH FARM R			
			ON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			
	-True Metrix Kit glucose checks ond -True Metrix Techeck blood glucose -Truplus Lanc Miglucose level once of the control of th	st Glucose- Use as directed to e checks once daily.  Mis 33g- Use to check blood daily.  25 at 10:47 am of client #1's ed:  was not available.  g was not available.  yas not available.  was not available.  was not available.				
	Review on 4/30/25 of client #1's Medication Administration Record (MAR) for the months of February 1, 2025 through April 30, 2025 revealed: -There were recordings from staff indicating that all medications were administeredDue to not having some of the medications available it could not be determined if client #1 received his medications as ordered by the physician.					
	Review on 4/30/25 of client #2's record revealed: -Admission date of 10/11/23Diagnoses of Mild Intellectual Developmental Disabilities, Schizoaffective Disorder- Bipolar Type, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct and Fetal Alcohol Syndrome.					
	orders revealed: -Orders dated 4/30/ -Abilify Inj. 400r every 30 daysDivalproex 250	of client #2's physician's  24:  ng- Inject intramuscularly  mg- Take 1 tablet once daily.  mg- Take 1 tablet twice daily.				

Division of Health Service Regulation

STATE FORM 6899 HRCK11 If continuation sheet 9 of 18

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	5
		MHL043-103	B. WING		1	2/2025
					1 00,0	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEACH F	FARM ROAD		CH FARM R			
		LILLINGT	ON, NC 275	46		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
V 118	Continued From no	ago 0	V 118			
V 110	Continued From pa	ige 9	V 110			
		- Take 1 capsule three times				
	daily.	O T. 44.11.4.4				
	-GNP Melatonii bedtime.	n 3mg- Take 1 tablet at				
		azide 12.5mg- Take 1 tablet				
	once daily.	dazide 12.0mg Take I tablet				
		5mg- Take 1 tablet twice daily.				
	-Mirtazapine 30	mg- Take 1 tablet at bedtime.				
		mg- Take 1 tablet at bedtime.				
	-Olanzapine 10mg- Take 1 tablet twice daily.					
	-Propranolol 60mg- Take 1 tablet twice daily.					
	Observation on 5/1	/25 at 11:02am of client #2's				
	medications revealed					
	-Divalproex 250mg-					
		ng was not available.				
	-Lamotrigine 25mg					
	-Olanzapine 10mg	was not available.				
	D : 4/00/05	6 II 1 1/01 NA II 1/1				
		of client #2's Medication				
		ord (MAR) for the months of nrough April 30, 2025 revealed:				
		ings from staff indicating that				
	all medications wer					
		some of the medications				
		ot be determined if client #2				
	received his medica	ations as ordered by the				
	physician.					
		of client #3's record revealed:				
	-Admission date of					
		sm Spectrum Disorder,				
	Oppositional Defiar	omental Disability- Moderate,				
		rder and Attention Deficit				
		der (ADHD)- Combined Type.				
	, <u>, _</u>	, , , , , , , , , , , , , , , , , , , ,				
	Review on 4/30/25	of client #3's physician's				
	orders revealed:					
	-Orders dated 4/30/					
	-Aripiprazole 5r	ng- Take 1 tablet once daily.				

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL043-103	B. WING		R <b>05/02/2025</b>	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY. S	STATE, ZIP CODE		
			CH FARM R			
PEACH	FARM ROAD	LILLINGT	ON, NC 275	46		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 10	V 118			
V 110	-Bupropn HCL dailyDivalproex 500 -Doxycycline 10 dailyFluoxetine 20n -Glipizide 5mgHydroxyz HCL dailyHydroxyz HCL times dailyMetformin 100 -Rexulti 2mg- T neededSkin Cleanser directed for folliculit Observation on 5/1/ medications reveale -Doxycycline 100mg -Fluoxetine 20mg w Review on 4/30/25 Administration Reco	150mg- Take 1 tablet once 150mg- Take 7 tablet at bedtime. 150mg- Take 1 capsule twice 150mg- Take 1 tablet once daily. 15ke 1 tablet twice daily. 15ke 1 tablet twice 150mg- Take 1 tablet four 150mg- Take 1 tablet four 150mg- Take 1 tablet four 150mg- Take 1 tablet twice daily. 15ake 1 tablet once daily when 15cl 4%- Apply topically as is. 15cl at 11:15am of client #3's ed: 15cl at 11:15am of clien				
	-There were record all medications were -Due to not having available it could no	ings from staff indicating that				
	-She worked 7am-3 -She was responsible medications were of clientsShe had notified the	with staff #1 revealed: Ipm during the weekday. Ipm during sure Ipm during sur				

Division of Health Service Regulation

-She was informed by the pharmacy the

STATE FORM 6899 HRCK11 If continuation sheet 11 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74101 1541	or contraction	BERTH TO WHOM TO WEEK.	A. BUILDING:			
		MHL043-103	B. WING		05/0	२ 12/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACH I	PEACH FARM ROAD 1391 PEA					
	T		ON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 11	V 118			
	medication would b	e arriving today.				
	with filling prescript -She called and spot they confirmed they sending all the med and client #3The agency was re pharmacy to addre- clientsShe acknowledged	ded: nacy has been inconsistent ions. oke with pharmacy staff and y had dropped the ball in dications for client #1, client #2 researching to switch to a local as the medication needs of the d the facility failed to ensure available for administration for				
V 133	G.S. §122C-80 CR CHECK REQUIRE APPLICANTS FOR (a) Definition As a provider applies to program and any produced by developmental disast services that is lice Chapter. (b) Requirement provider licensed unapplicant to fill a proposition of the applicant to have a conditioned on concriminal history reconstruction of the applicant of the appli		V 133			

PRINTED: 05/13/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	R
MHL043-103 B. WING	05/02/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
DEACH FARM ROAD 1391 PEACH FARM ROAD	
PEACH FARM ROAD  LILLINGTON, NC 27546	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD PREFIX (EACH CORRECTIVE ACTION SHOULD PROPIDE TO THE APPROPIDE DEFICIENCY)	D BE COMPLETE
V 133 Continued From page 12 V 133	
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 nistory 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 nistory 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 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 information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a	

DIVISION	of Health Service Re	guiation	1		1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	COMP	LETED
						,
	MHL043-103 B. WING			R <b>05/02/2025</b>		
		WITE 0-100			1 03/0	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACH FARM ROAD 1391 PEACH FARM ROAD						
ILAOIII	ANII NOAD	LILLINGT	ON, NC 275	46		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
				DEFICIENCY)		
V 133	Continued From pa	_	V 133			
	criminal history reco section within five be conditional offer of a All criminal history is provider is confident except to the application. For subsection, the term business regularly extrained history recovered obtained from (c) Action If an apprecord check reveat a relevant offense, of the following fact hire the applicant: (1) The level and set (2) The date of the following fact hire the applicant: (1) The level and set (2) The date of the following fact hire the applicant: (1) The level and set (3) The age of the proposition. (4) The circumstant commission of the following fact the person and the filled. (6) The prison, jail, rehabilitation, and experson since the dat (7) The subsequent a relevant offense. The fact of convictions hall not be a bar to	employment by the provider. Information received by the Itial and may not be disclosed, ant as provided in subsection For purposes of this In "private entity" means a lengaged in conducting ford checks utilizing public form a State agency. It is one or more convictions of the provider shall consider all fors in determining whether to foreiousness of the crime. It is crime. It is one or more convictions of the provider shall consider all fors in determining whether to foreiousness of the crime. It is crime. It is one or more convictions of the provider shall consider all fors in determining whether to foreiousness of the crime. It is one or more convictions of the provider shall consider all foreiousness of the crime. It is one or more convictions of the provider shall consider all foreiousness of the crime. The crime is the crime of the foreiousness of the crime. The crime is the crime of the foreiousness of the crime of the foreiousness of the crime. The crime is the crime of the crime of the foreiousness of the crime of the foreiousness of the crime. The crime is the crime of the crime of the crime of the foreiousness of the crime of the crime. The crime is the crime of the crime				
	If the provider disquestion of the provider may disclost the criminal history	palifies an applicant after energy relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy				

PRINTED: 05/13/2025 FORM APPROVED

Division of Health Service Regulation

	or riealth Service IN					
	NT OF DEFICIENCIES	DECTION IDENTIFICATION NUMBER:				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LETED
					F	2
		MHL043-103	B. WING			2/2025
		WITE043-103			1 03/0	2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DEACH	FARM ROAD	1391 PEA	CH FARM R	OAD		
PEACH	AKIVI KOAD	LILLINGT	ON, NC 275	46		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	<b>\</b>	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				BEI IOIEIOI)		
V 133	Continued From pa	ge 14	V 133			
	of the criminal histo	ry record check to the				
	applicant.	,				
		y 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					
		sis of information provided in				
		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,					
		neans a county, state, or				
		ory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These				
	crimes include the	criminal offenses set forth in				
		Articles of Chapter 14 of the				
		article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
	, ,	itive and Legislative Officers;				
		Article 7A, Rape and Other				
	Sex Offenses; Artic	le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
	Injury or Damage b	y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
	Other Burnings; Art	icle 16, Larceny; Article 17,				
	Robbery; Article 18	, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ıds; Article 21, Forgery; Article				

AND PLAN OF CORRECTION    MHL043-103   STREET ADDRESS, CITY, STATE, ZIP CODE
MHL043-103    Simple   Name of Provider or Supplier   Street Address, City, State, Zip code
NAME OF PROVIDER OR SUPPLIER  PEACH FARM ROAD  1391 PEACH FARM ROAD  LILLINGTON, NC 27546   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 15  26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances 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. 20-138.5
NAME OF PROVIDER OR SUPPLIER  PEACH FARM ROAD  1391 PEACH FARM ROAD  LILLINGTON, NC 27546   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 15  26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances 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. 20-138.5
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1391 PEACH FARM ROAD  LILLINGTON, NC 27546   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE  DATE  V 133  Continued From page 15  V 133  V 133  V 133  V 133  V 133  Continued From page 15  V 134  Controlled 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 36, Offenses Against the Public Peace; Article 36, 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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
PEACH FARM ROAD  1391 PEACH FARM ROAD  LILLINGTON, NC 27546  (24) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 15  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 36, 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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE      V 133   Continued From page 15   V 133      26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; 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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE      V 133   Continued From page 15   V 133      26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; 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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 15  26, Offenses Against Public Morality and Decency; Article 26, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 36, Riots and Civil Disorders; Article 39, Protection of the Family; 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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 15  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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 133  Continued From page 15  V 133  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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.5.
V 133  Continued From page 15  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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
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 Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
Controlled Substances 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-302 or driving while impaired in violation of G.S. 20-138.1 through 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 G.S. 20-138.5.
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 G.S. 20-138.5.
violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
G.S. 20-138.5.
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
criminal history record check not later than five
posiness days affectine individual bedins
business days after the individual begins conditional employment (2000-154 s. 4:
conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MUI 042 402			F 05/0	
NAME OF		MHL043-103	1		05/0	2/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  1391 PEACH FARM ROAD						
PEACH FARM ROAD  LILLINGTON, NC 27546						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 16	V 133			
	facility failed to ensicheck was requested making the condition affecting three of formula. The findings at the condition affecting three of formula. The findings at the condition affecting three of 4/30/25 revealed:  -Hire date of 4/22/2 -He was hired as a and condition affects.	views and interviews, the ure the criminal history record ed five business days of anal offer of employment our audited staff (#1, #2 and re:  of staff #1's personnel record  4. a Direct Support Professional. umentation of the criminal  of staff #2's personnel record				
	revealed: -Hire date of 4/10/2 -He was hired as a	Direct Support Professional. umentation of the criminal				
	Interview on 4/30/29 Professional reveal -Background check corporate office"I am not aware of	ed: s are completed by the				

Division of Health Service Regulation

STATE FORM 6899 HRCK11 If continuation sheet 17 of 18

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	SURVEY FTFD	
74401044	OF CONTROL OF THE CON	BERTH IOMITER NEWBER.	A. BUILDING.				
		MHL043-103	B. WING		05/0	2/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DEACH	FARM ROAD	1391 PEA	CH FARM R	OAD			
FLACIII	ANWINOAD	LILLINGT	ON, NC 275	46			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	LATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE		
V 133	Continued From pa	ge 17	V 133				
	revealed: -The agency has manother systemThe new system was membersHe acknowledged	with the Vice President loved from one system to will be accessible by all staff the office "dropped the ball" in kground checks for some of					

6899