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: _ R WNG MHL0411217 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5709 WATERPOINT DRIVE** ROYAL HOUSE OF CARE **BROWNS SUMMIT, NC 27214** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 5/8/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. Agency will no longer purge initial hire HCPR This Rule is not met as evidenced by: 5/8/25 check, QP will ensure Based on record review and interview, the facility initial check in file at all failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to times and will monitor employment affecting three of three staff audited. annually during purging The findings are: process Review on 5/6/25 of the personnel record for the Staff #1 revealed: -Date of hire was 6/1/22. -The HCPR that was available in file was Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE STATE FORM

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ R 05/08/2025 B. WING MHL0411217 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5709 WATERPOINT DRIVE ROYAL HOUSE OF CARE BROWNS SUMMIT, NC 27214** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 131 V 131 Continued From page 1 accessed on 5/24/24 after hire. Review on 5/6/25 of the personnel record for the Staff #2 revealed: -Date of hire was 11/2/20. -The HCPR that was available in file was accessed on 3/14/25 after hire. Review on 5/6/25 of the personnel record for the Qualified Professional (QP) revealed: -Date of hire was 2/1/17. -The HCPR that was available in file was accessed on 9/1/22 after hire. Interview on 5/7/25 with the QP revealed: -The responsibility of processing the initial HCPR check for prospective employees is completed by the management company. -The management company purged the older records of each employee. -Was not aware that initial records of employee had to be saved. -The management company will be moving towards electronic files, so the new employees records will not be purged. Interview on 5/8/25 with the Licensee revealed: -"That's up to the office," when asked about the HCPR check prior to hire of employees. V 133 V 133 G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term

Division of Health Service Regulation

"provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse

STATE FORM

Division of Health Service Regulation

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE				
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
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V 133	Continued From page	2	V 133					
	services that is license	able under Article 2 of this						
	Chapter.	able drider Article 2 of this						
		offer of employment by a						
	provider licensed under							
		on that does not require the						
	applicant to have an o							
		at to a State and national						
		check of the applicant. If	1					
		a resident of this State for						
	less than five years, th	en the offer of employment						
		ent to a State and national						
		check of the applicant. The						
	national criminal histor							
		applicant's fingerprints. If						
		a resident of this State for						
		n the offer is conditioned						
	on consent to a State of	(1) [[[[[[[[[[[[[[[[[[[1		
	check of the applicant.	gran i water water particular and the contract properties and the contract particular				1		
		ho refuses to consent to a				- 1		
	criminal history record					- 1		
section. Except as otherwise provided in this					1			
subsection, within five business days of making the conditional offer of employment, a provider					- 1			
	shall submit a request					1		
	Justice under G.S. 114					I		
	criminal history record					- 1		
	section or shall submit							
		e criminal history record				1		
		section. Notwithstanding				- 1		
		partment of Justice shall				j		
	return the results of national criminal history							
	record checks for emple	oyment positions not						
	covered by Public Law							
	Department of Health a							
100	Criminal Records Chec					İ		
		ot of the national criminal						
		e Department of Health						
		riminal Records Check				e		
	Unit, shall notify the pro	vider as to whether the						

Division of Health Service Regulation

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	f Health Service Regul	ation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIPI E	CONSTRUCTION	(X3) DATE SU	JRVEY	
	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE		
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NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE			
		5709 WAT	ERPOINT DRIVE	E			
ROYAL HO	USE OF CARE	BROWNS	SUMMIT, NC 2	7214			
(VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
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V 133	Continued From page	e 3	V 133				
	information received	may affect the employability					
		case shall the results of the					
		ory record check be shared					
		viders shall make available					
		tion that a criminal history					
		pleted on any staff covered					
	by this section A cou	inty that has adopted an					
	appropriate local ordi	nance and has access to					
		nal Information data bank					
		alf of a provider a State					
	criminal history recor	d check required by this					
	section without the p	rovider having to submit a					
	request to the Depar	tment of Justice. In such a					
		Il commence with the State					
		d check required by this					
	section within five bu						
		mployment by the provider.					
	All criminal history in	formation received by the					
	provider is confident	al and may not be disclosed,					
		int as provided in subsection					
	(c) of this section. For	"private entity" means a					
		ngaged in conducting					
	oriminal history recol	rd checks utilizing public					
	records obtained from						
		olicant's criminal history					
		s one or more convictions of					
		ne provider shall consider all					
	of the following factor	ors in determining whether to					
	hire the applicant:			the second second second			
	(1) The level and se	riousness of the crime.					
	(2) The date of the c	rime.					
	(3) The age of the pe	erson at the time of the					
1	conviction.						
1	(4) The circumstance						
	commission of the c						
		een the criminal conduct of					
	the person and the j	ob duties of the position to be					

Division of Health Service Regulation STATE FORM

filled.

PRINTED: 05/15/2025 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: _ R B. WING MHL0411217 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5709 WATERPOINT DRIVE** ROYAL HOUSE OF CARE **BROWNS SUMMIT, NC 27214** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 133 | Continued From page 4 V 133 (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,

Division of Health Service Regulation

complies with this section shall be immune from

(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

(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 any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;

civil liability for:

compliance with this section.

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		5709 WA	TERPOINT DRIV	E		
ROYAL HO	OUSE OF CARE	BROWNS	S SUMMIT, NC 2	7214		20
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V 133	Continued From page	e 5	V 133			
		Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	Injury or Damage by	Material; Article 14, Burglary				
	and Other Househres	akings; Article 15, Arson and				
	Other Rurnings: Artic	le 16, Larceny; Article 17,				
	Robbery Article 18	Embezzlement; Article 19,				
		Cheats; Article 19A,				
		r Services by False or				
	Fraudulent Use of Cr	redit Device or Other Means;				
		I Transaction Card Crime				
		ls; Article 21, Forgery; Article				
	26, Offenses Against					
		, Adult Establishments;				
		n; Article 28, Perjury; Article				
		1, Misconduct in Public				
	Office; Article 35, Off	fenses Against the Public				
		Riots and Civil Disorders;				
		of Minors; Article 40,				
		nily; Article 59, Public				
		cle 60, Computer-Related s also include possession or				
	sale of drugs in viola	tion of the North Carolina				
		es Act, Article 5 of Chapter				
		atutes, and alcohol-related				
		e to underage persons in				
		3-302 or driving while				
	impaired in violation	of G.S. 20-138.1 through				
	G.S. 20-138.5.					
		shing False Information Any				
	applicant for employ	ment who willfully furnishes,				
	supplies, or otherwis	se gives false information on				
		lication that is the basis for a				
		rd check under this section				
		class A1 misdemeanor.				
		loyment A provider may				
	employ an applicant	conditionally prior to				

obtaining the results of a criminal history record

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 MHL0411217 05/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5709 WATERPOINT DRIVE ROYAL HOUSE OF CARE** BROWNS SUMMIT, NC 27214 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 6 V 133 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 business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were requested and the results documented affecting 3 of 3 audited staff (Qualified Professional, Staff #1. and Staff #2). The findings are: Agency will no longer purge initial Review on 5/6/25 of Staff #1's personnel record background check. QP will 5/8/25 -Date of hire was 6/1/22 monitor on an - The criminal background check documented in record was dated 5/24/24. annual basis to ensure

Division of Health Service Regulation

revealed:

-Date of hire was 11/2/20.

record was dated 1/24/24.

Review on 5/6/25 of Staff #2's personnel record

- The criminal background check documented in

Review on 5/6/25 of the personnel record for the

Qualified Professional (QP) revealed:

STATE FORM

initial checks remain in file

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	(X3) DATE SURVEY			
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0/ 0/ 15	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V	(X5)
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14.400		-	V 133			
V 133	Continued From page	e /	V 133			
	-Date of hire was 2/1/					
		ound check documented in				
	record was dated 9/1	122.				
	Interview on 5/7/25 w	vith the QP revealed:				
	-The responsibility of	processing the initial	E 4			
	criminal background	check for prospective				
		oleted by the management				
	company.	ompany purged the older				
	records of each empl					
		initial records of employee				
	had to be saved.					
	-The management co	ompany will be moving				
	records will not be pu	es, so the new employees				
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		vith the Licensee revealed:				
	-"That's up to the offi	ce," when asked about the				
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	employees.					
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