

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DYVINE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5305 CLEARWATER LAKE ROAD MOUNT HOLLY, NC 28120</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 5/6/25. The complaint was unsubstantiated (intake #NC00229320). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000			
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114			

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**MAY 30 2025**  
**DHSR-MH Licensure Sect**

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

TITLE

(X6) DATE

*DLG* 5/12/25

Division of Health Service Regulation

MHL036-398

B. WING

05/06/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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V 114

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-Had difficulty because she worked alone, client #2 was semi-ambulatory and needed assistance to walk.

-Had done some drills on 2nd shift, but had not done a drill on 3rd, "usually there by myself."

-"[Licensee/Qualified Professional (QP)] is five minutes down the road, if there's an emergency, and I can pivot her (client #2) if I need to and get her out of the facility."

Interview on 4/29/25 the Licensee/QP revealed:  
-The shifts for the facility were the same 7 days a week.

-Filled in to work 1st and 2nd shifts.

-Fire and disaster drills were completed monthly.

-Was not aware that there was not a drill done for each shift in each quarter.

V 114

V 131

G.S. 131E-256 (D2) HCPR - Prior Employment 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.

This Rule is not met as evidenced by:  
Based on interview and record review, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior

V 131

V131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification

QP and /or Hiring Agent will audit personnel files monthly to ensure required information is in the file and the files are updated regularly. Criminal records and NC Health Care personnel registry checks will be completed prior to date of hire for each employee. Personnel file for QP has been updated to include a signed job description with job duties, minimum education level, criminal record check, training, experience, and other qualifications for the position.

6/30/2025

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V 133

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V 133

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 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

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V 366	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement a policy governing their response to Level I incidents as required. The findings are:</p> <p>Review on 4/25/25 of client #2's record revealed: -Admitted on 3/4/24 -Diagnoses of Autism Spectrum Disorder; Profound Intellectual Disabilities; Seizure Disorder; Prader Willi-like Syndrome; Pervasive Developmental Disorder; Pituitary Adenoma.</p> <p>Review on 4/24/24 of the facility's incident reports from 2/1/25 to 4/24/25 revealed: -No documentation of Level I incident reports related to client #2 feeling sick, being taken to the emergency room (ER) by ambulance and being admitted for testing. -No documentation to indicate whether the facility developed and implemented corrective measures and measures to prevent similar incidents and whether person(s) were assigned to be responsible for implementation of the corrections and preventive measures.</p> <p>Attempted interview on 4/29/25 with client #2 was unsuccessful and was limited to gestures, inaudible mumbling, moaning, screeches and simple responses. -Client #2 did not respond to questions asked. She was distracted with "itching" and wanted to scratch.</p>	V 366	<p>V366 27G .0603 Incident Response Requirements</p> <p>Retraining was scheduled and completed (5/12/2025) on the Incident Response Improvement System training and reporting requirements. The QP was retrained to ensure that the health and safety needs of individuals involved will be addressed to ensure reporting incidents that have health and safety events requiring notification level of notification specific to the Levels of Incidents that would require a report that the DSS, MCO, Police and DA office. QP will follow up on additional supporting documentation needed for in reporting. The QP and/or Managerial Staff responsible will submit Level II and level III incidents electronically via web-based Incident Response Improvement System. The training use will is addressed through the steps identified in the IRIS reporting process via web based.</p>	5/31/2025	
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*Handwritten signature and date: 5/12/25*

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V 133	<p>Continued From page 6</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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;</p>	V 133		
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V 133	<p>Continued From page 8</p> <p>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.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to request a criminal history record check within 5 days of making a conditional offer of employment affecting 2 of 2 current staff (#1 and #2) and 1 of 1 Qualified Professional (Licensee/QP). The findings are:</p> <p>Review on 4/25/25 of the staff #1's personnel record revealed: -Hire date 1/9/24; -Criminal history record checked requested on 7/5/23.</p> <p>Review on 4/25/25 of staff #2's personnel record revealed: -Hire date 1/9/24. -Criminal history record checked requested on 7/5/24.</p> <p>Review on 4/25/25 of the Licensee/QP's</p>	V 133	<p>V133 · G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>Beginning today, May 9<sup>th</sup>, 2025, QP and/or Hiring Agent will obtain consent to perform criminal background checks from applicants. When consent is obtained, QP and/or Hiring Agent will submit a Criminal Background request through the Department of Health and Human Services for potential employees. Potential employee's documents will be reviewed and monitored by the QP and/or Hiring Agent who from this day forward, prior to the first day of employment to confirm all documents are completed and meet them NC DHHS standards prior to proceeding with active employment. This will occur each time that there is a new potential new employee.</p>	6/30/2025
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V 366	Continued From page 10  (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to	V 366		
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*D. J. [Signature]* 5/14/25