	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL090-216	B. WING		0.5/	22/2025
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		05/2	22/2025
			FORD STREET			
SANFOR	DHOME	MONRO	E, NC 28112			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey w Deficiencies were c	vas completed on 05/22/2025. sited.				
	category: 10A NCA	sed for the following service AC 27G .1700 Residential cure for Children or				
		sed for 4 and currently has a urvey sample consisted of clients.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any pi developmental disa services that is lice Chapter.					
	provider licensed un applicant to fill a po applicant to have an conditioned on cons	nder this Chapter to an sition that does not require the n occupational license is sent to a State and national ord check of the applicant. If	3			
	the applicant has be less than five years is conditioned on co criminal history reco	een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The				
	include a check of t the applicant has be five years or more,	story record check shall the applicant's fingerprints. If een a resident of this State for then the offer is conditioned tte criminal history record				
		ant. A provider shall not				

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		MHL090-216	B. WING		05/2	22/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	D HOME	500 SAN	FORD STREE	т		
		MONROI	E, NC 28112			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLET DATE
				DEFICIEN	CY)	
V 133	Continued From pa	ige 1	V 133			
		-				
		t who refuses to consent to a				
		ord check required by this otherwise provided in this				
		ive 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					
	5	mit 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					
		mployment positions not				
	covered by Public L					
	•	Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
	section within five b	ord check required by this ousiness days of the				
	section within five b conditional offer of	ord check required by this				

	NT OF DEFICIENCIES	2gulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL090-216	B. WING		05/	22/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
SANFOF	RD HOME		FORD STREET E, NC 28112	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 133	provider is confident except to the applic (c) of this section. F subsection, the term business regularly e criminal history recor- records obtained fro (c) Action If an ap- record check revea a relevant offense, f of the following fact hire the applicant: (1) The level and se (2) The date of the p conviction. (4) The circumstance commission of the p conviction. (4) The circumstance commission of the p conviction. (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall b If the provider disque consideration of the provider may disclo the criminal history to the disqualification of the criminal history	tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL090-216	B. WING		05/	22/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SANFOR	D HOME		FORD STREE	т		
(X4) ID	MONROE, NC 28112 D SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BIL					
PREFIX TAG	(EACH DEFICIENCY				TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 3	V 133			
	civil liability for:					
		e provider to employ an				
	individual on the ba	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 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		f			
		ental health, developmental				
		ance abuse services. These criminal offenses set forth in				
		Articles of Chapter 14 of the				
		rticle 5, Counterfeiting and				
		ubstitutes; Article 5A,				
	Endangering Execu	tive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
	,,,	y Use of Explosive or or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ids; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments; on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		ffenses Against the Public				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL090-216	B. WING		05/	22/2025
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ANFOF	RD HOME		FORD STREET E, NC 28112	ſ		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 4	V 133			
	Article 39, Protection Protection of the Fai Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emple employ an applicant obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200	Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. oloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL090-216	B. WING		05/	22/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SANFOF	RD HOME		FORD STREET E, NC 28112	r		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	facility failed to ensuce the check was requested making the condition affecting 1 of 1 staff Review on 05/22/20 record revealed: -Date of Hire: 03/03 -Job title: Residenti -The criminal historic completed on 06/19 Interview on 05/22/20 revealed: -"In the future, I will	views and interviews, the ure the criminal history record ed within five business days of nal offer of employment f (Staff #1). The findings are: 025 of Staff #1's personnel 6/2022. al Care 1. y background check was				
V 367	10A NCAC 27G .06 REPORTING REQU CATEGORY A AND (a) Category A and level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provide 90 days prior to the responsible for the services are provide becoming aware of be submitted on a f Secretary. The rep in person, facsimile	UIREMENTS FOR				

Division	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL090-216	B. WING		05/	22/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SANFOF			ORD STREE	т		
			, NC 28112		PREATION	(1.1-)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 6	V 367			
	identification inform (2) client ider (3) type of ind (4) descriptio (5) status of t cause of the incider (6) other indiv or responding. (b) Category A and missing or incomple shall submit an upd report recipients by day whenever: (1) the provid information provide erroneous, mislead (2) the provid required on the inci unavailable. (c) Category A and upon request by the obtained regarding (1) hospital re information; (2) reports by (3) the provid (d) Category A and of all level III incider Mental Health, Dev Substance Abuse S becoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within s	ntification information; cident; n of incident; he effort to determine the				

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If continuation sheet 7 of 9

SANFORD HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT V 367 Continued From page 7 immediately, as required by 10A NCAC 24 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send	A. BUILDING. B. WING STREET ADDRESS, CITY, S 500 SANFORD STREE MONROE, NC 28112 ID ULL ID PREFIX		05/22/2025
NAME OF PROVIDER OR SUPPLIER SANFORD HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT V 367 Continued From page 7 immediately, as required by 10A NCAC 24 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall sender	STREET ADDRESS, CITY, S 500 SANFORD STREE MONROE, NC 28112 ULL ID PREFIX TAG	T PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	(X5)
SANFORD HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT V 367 Continued From page 7 immediately, as required by 10A NCAC 24 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall sender	500 SANFORD STREEMONROE, NC28112ULLIDPREFIXTAG	T PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	
SANFORD HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT V 367 Continued From page 7 immediately, as required by 10A NCAC 24 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall sender	MONROE, NC 28112 ULL ID PREFIX ION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FIREGULATORY OR LSC IDENTIFYING INFORMAT V 367 Continued From page 7 immediately, as required by 10A NCAC 24 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall sender	ULL PREFIX ION) TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	
immediately, as required by 10A NCAC 20 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall sen	V 367		
 report quarterly to the LME responsible for catchment area where services are provid. The report shall be submitted on a form p by the Secretary via electronic means and include summary information as follows: (1) medication errors that do not medifinition of a level II or level III incident; (2) restrictive interventions that do not the definition of a level II or level III incident; (3) searches of a client or his living (4) seizures of client property or protective the possession of a client; (5) the total number of level II and I incidents that occurred; and (6) a statement indicating that there been no reportable incidents whenever no incidents have occurred during the quarter meet any of the criteria as set forth in Par (a) and (d) of this Rule and Subparagraph through (4) of this Paragraph. 	d a or the ded. orovided d shall eet the not meet ent; area; operty in level III e have o er that ragraphs hs (1) the		

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL090-216	B. WING		05/	22/2025
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
SANFOF	RD HOME		FORD STREET E, NC 28112	r		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 367	Reviews on 05/16/2 IRIS from 02/01/202 -There was no IRIS #2's physical restra 04/21/2025. -There was no IRIS #3's physical restra 04/21/2025. Interview on 05/21/2 -"I was physically re- -"He (Staff #3) did r just wrapped his arr swing on him or any Interview on 05/21/2 -"I was physically re- ago. It was just one Interview on 05/22/2 Professional reveal -"As far as my under when someone is ir involved. So, [Client room. I would not co restraint. [Client #3] upset and put staff down to the ground not have to call the -"Both incidents inv Interview on 05/22/2 revealed: -"In the future, I will	2025 and 05/21/2025 of the 25 - 05/15/2025 revealed: a report submitted for Client int by Staff #3 incident dated a report submitted for Client int by Staff #3 incident dated 2025 with Client #2 revealed: estrained by staff." not put me on the ground. He ms around me, so I could not yone." 2025 with Client #3 revealed: estrained a couple of weeks time." 2025 with the Qualified ed: erstanding level II's go in IRIS njured or if the police were t #2] was escorted to his onsider that a physical attacked staff due to being in a head lock and pulled him . No one was hurt and we did police."	V 367			