STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<del></del>	
		MHL080-165	B. WING		05/22/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CABARRI	JS COUNTY GROUP HO	ME 6	NLEY STREET		
			RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	An annual survey was completed on 5/22/25. Deficiencies were cited.		V 000		
		d for the following category: DC Supervised Living for nental Disability.			
	-	d for 5 and has a current rey sample consisted of ents.			
V 111	27G .0205 (A-B) Assessment/Treatme	nt/Habilitation Plan	V 111		
	10A NCAC 27G .0209 TREATMENT/HABILI PLAN	5 ASSESSMENT AND TATION OR SERVICE			
	(a) An assessment s client, according to go	hall be completed for a overning body policy, prior to es, and shall include, but not			
	<ul><li>(1) the client's prese</li><li>(2) the client's needs</li><li>(3) a provisional or a</li></ul>				
	of admission, except	determined within 30 days that a client admitted to a 24-hour medical program			
	shall have an establis admission;	hed diagnosis upon			
	and	l, family, and medical history;			
	(5) evaluations or as psychiatric, substance	e abuse, medical, and			
		riate to the client's needs.			
		e provided prior to the			
	establishment and im	plementation of the			
	treatment/habilitation	or service plan, hereafter			
	-	in," strategies to address the			
	client's presenting pro	blem shall be documented.			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1.		.52	A. BUILDING:		33 22.23
		MHL080-165	B. WING		05/22/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CADADDI	IC COUNTY OROUR HOL	1212 STAN	LEY STREET		
CABARRI	JS COUNTY GROUP HOI	SALISBUR	Y, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 111	Continued From page	e 1	V 111		
	facility failed to ensure completed prior to the	ews and interviews, the e an assessment was			
	- Admission on 3/3/18 - Diagnoses: Mild Inter- List of current medical Aspirin 81mg (heart); (cholesterol); Azathio disease); Balsalazide disease); Benztropine	ellectual Disability. ations: Atorvastatin 20mg prine 50 mg (Crohn's Disodium 750mg (Crohn's e 1mg (muscle spasm);			
	100mg (seizure); Lisii Metformin 500mg (dia (acid reflux); Risperid Aptiom (seizure); Ber Diclofenac Sodium 19	Furosemide 20mg mg (seizure); Lacosamide nopril 2/5mg (hypertension); abetes); Omeprazole 20mg one 1mg and 2mg (mood); nefiber (fiber supplement); % Gel (as needed for joint			
	OneTouch Ultra Test Polyethylene Glycol 3	3350 Powder (stool softener); ase); Lidocaine Pain Relief			

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STATE FORM 6899 OZX911 If continuation sheet 2 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-165	B. WING		05/22/	2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CABARRI	JS COUNTY GROUP HOI	ME 6	LEY STREET Y, NC 28144			
0/0.15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	N	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 111	Continued From page 2		V 111			
	-No assessment that addressed the need for medications or updated diagnoses related to the delivery of services to include a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, pertinent medical history, evaluations or assessments as appropriate to the client's needs.  Interview on 5/16/25 with the Facility Office Assistant revealed:  -Was responsible for ensuring assessments are completed and filed in client charts.  -Was not aware that there was not an assessment with complete list of client #2's diagnoses.  -"I'm not sure what happened that she does not have one (assessment), but she has an appointment scheduled for June 11th (6/11/25)."					
	Interview on 5/16/25 with the Qualified Professional revealed: -Was not aware there was no assessment in client #2's record; "usually when they go to doctor, [Facilty Office Assistant] is the one to put it (assessment) in the book (record) and a copy of it will go to the home (facility) and the home (staff) will file it." -"Not sure how that (assessment) got missed, not sure if it never made it to the book (client #2's record). [Facilty Office Assistant] was out about a month and usually they (client assessments) are in there (client records)." -"I know she (client #2) has other diagnoses, I just don't have her file right here in front of me."					
	Interview on 5/22/25 with the Facility Administrator revealed: -Was not aware that there was not an assessment available and completed for client #2 at admission.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		05/22/2025	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/22/2020	
CABARRI	JS COUNTY GROUP HO	ME 6	ILEY STREET RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 111	-The Facility Office Assistant had made her aware (during survey) and she was not sure why it (assessment) was not completed"We have her (client #2) scheduled for one		V 111			
V 131	(assessment) in June (6/11/25)."  G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	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.					
	failed to ensure the H Registry (HCPR) was employment affecting	ew and interview, the facility ealth Care Personnel				
	Review on 5/15/25 of revealed: -Date of hire was 10/2 -HCPR was accessed					
	Review on 5/14/25 of revealed: -Date of hire was 10/	the QP's personnel record				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 12 OZX911

<u> </u>	n Hoalth Gol vice rtoge	100011			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
		MHL080-165	B. WING		05/22/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
CADADDI	JS COUNTY GROUP HO	ME 6 1212 STA	NLEY STREET		
CABARRO	JS COUNTY GROUP HO	SALISBU	JRY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 131	Continued From page	e 4	V 131		
	-HCPR was accessed	d 3/4/09.			
	(AS) #3 revealed: -Shared the responsi with AS#4There had been som retirement) in staff as -There was confusion verification should be -Was not aware the hard prior to employment.  Interview on 5/21/25 -Shared the responsi with AS#3There had been som retirement) in staff as -There was confusion verification should be	e assessed. HCPR should be accessed with the AS #4 revealed: bility of accessing the HCPR ne changes (resignation, ssigned to access the HCPR. n on when the HCPR			
	processHad assigned admin to access the HCPR weren't being done of -Had reassigned the other staff (AS#3, AS	ed: overseeing the hiring histrative staff (AS#3, AS#4) and "we found out they orrectly" task of accessing HCPR to #5), "so that shouldn't be a			
	problem going forwar	rd." CPR is requested prior to			
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133		
	G S 8122C-80 CRIM	MINAL HISTORY RECORD			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-165	B. WING		05/2	2/2025
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CABARRU	IS COUNTY GROUP HO	ME 6	LEY STREET Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	"provider" applies to a program and any providevelopmental disabil services that is licens. Chapter.  (b) Requirement An provider licensed und applicant to fill a positi applicant to have an acconditioned on consectiminal history record the applicant has bee less than five years, the conditioned on consectiminal history record national criminal history record section. Except as other subsection, within five the conditional offer of shall submit a request Justice under G.S. 11 criminal history record section or shall submit entity to conduct a Stace check required by this G.S. 114-19.10, the Direturn the results of new provider in the conditional offer of section or shall submit and the provided in the	FOR CERTAIN MPLOYMENT.  ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this  a offer of employment by a er this Chapter to an ion that does not require the occupational license is int to a State and national dicheck of the applicant. If in a resident of this State for then the offer of employment sent to a State and national dicheck of the applicant. The ary record check shall e applicant's fingerprints. If in a resident of this State for en the offer is conditioned criminal history record di. A provider shall not who refuses to consent to a dicheck required by this in employment, a provider to the Department of 4-19.10 to conduct a dicheck required by this int a request to a private and check required by this int	V 133	DEPICIENCE!)		

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COM	PLETED
			B. WING			
		MHL080-165	B. WING		05	5/22/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
0404001	IO COLINEY OROUR HO	1212 STA	NLEY STREET			
CABARRI	JS COUNTY GROUP HO	ME 6 SALISBU	RY, NC 28144			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S	SHOULD BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	e 6	V 133			
	Department of Health and Human Services,					
	Criminal Records Che					
	business days of rece	eipt of the national criminal				
		the Department of Health				
	and Human Services	, Criminal Records Check				
	Unit, shall notify the p	provider as to whether the				
	information received	may affect the employability				
	of the applicant. In no	case shall the results of the				
	national criminal histo	ory record check be shared				
	with the provider. Pro	viders shall make available				
	upon request verificat	tion that a criminal history				
	check has been comp	oleted on any staff covered				
	by this section. A cou	nty that has adopted an				
	appropriate local ordi	nance and has access to				
	the Division of Crimin	al Information data bank				
	may conduct on beha	ılf of a provider a State				
	criminal history record	d check required by this				
		ovider having to submit a				
		ment of Justice. In such a				
	_	I commence with the State				
		d check required by this				
	section within five bus	•				
		nployment by the provider.				
	•	ormation received by the				
	•	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
		"private entity" means a				
	business regularly en					
	_	d checks utilizing public				
	records obtained from					
	(c) Action If an appl	licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
	_	s in determining whether to				
	hire the applicant:					
		ousness of the crime.				
	(2) The date of the cr					
	(3) The age of the pe	rson at the time of the				

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		05/2	2/2025
	ROVIDER OR SUPPLIER  JS COUNTY GROUP HOI	1212 STAN	RESS, CITY, STA	TE, ZIP CODE		
OADAM		SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	the person and the joi filled.  (6) The prison, jail, price present since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to elisted factors shall be lifthe provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant.  (d) Limited Immunity, or employee of a provider with this sectivil liability for:  (1) The failure of the prindividual on the basis the criminal history record check a criminal offenses if the history record check i compliance with this section.	s surrounding the me, if known. In the criminal conduct of b duties of the position to be obation, parole, ployment records of the the crime was committed. In the crime was committed. In the crime was committed. In the commission by the person of the considered by the provider. In the considered by the provider and an officer of the considered and an officer of the considered and an officer of the considered by the individual. In the considered in the cord check of the individual. In the considered and received in section.  - As used in this section,	V 133	DEPICIENCY)		
	(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					

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	RVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ED
			- I			
			B. WING			
		MHL080-165	D. WING		05/22/2	2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
		1212 ST	ANLEY STREET			
CABARRI	JS COUNTY GROUP HO	ME 6	URY, NC 28144			
			UR1, NC 20144	T		
(X4) ID		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
17.0		,	IAG	DEFICIENCY)		
V 133	Continued From page	e 8	V 133			
	disabilities, or substan	nce abuse services. These				
	crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the					
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	Injury or Damage by	•				
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	•	r Services by False or				
		edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
		, Adult Establishments;				
		n; Article 28, Perjury; Article				
		I, Misconduct in Public				
		enses Against the Public				
	Peace; Article 36A, R	Riots and Civil Disorders;				
	Article 39, Protection	of Minors; Article 40,				
	Protection of the Fam	nily; Article 59, Public				
	Intoxication; and Artic	cle 60, Computer-Related				
	Crime. These crimes	also include possession or				
	sale of drugs in violat	tion of the North Carolina				
	Controlled Substance	es Act, Article 5 of Chapter				
	90 of the General Sta	atutes, and alcohol-related				
	offenses such as sale	e to underage persons in				
	violation of G.S. 18B-	-302 or driving while				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	3				
		ning False Information Any				
		nent who willfully furnishes,				
		e gives false information on				
	,		1	1		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL080-165		B. WING		05/22/2025
	ROVIDER OR SUPPLIER  JS COUNTY GROUP HO	STREET AD  1212 STA	DRESS, CITY, STA	TE, ZIP CODE	, 30.22.22.2
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 133	criminal history record shall be guilty of a Classian (g) Conditional Employemploy an applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as results (2) The provider shall criminal history record business days after the conditional employment 2001-155, s. 1; 2004-	cation that is the basis for a d check under this section ass A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the is are met:  not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. submit the request for a d check not later than five the individual begins	V 133		
	failed to request a cri within five days of ma employment affecting one of one Qualified I findings are: Review on 5/15/25 of record revealed: -Hire date was 10/29/	ew and interviews the facility minal history record check sking a conditional offer of one of two staff (#2) and Professional (QP). The			
	-	the QP's personnel record			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-165	B. WING		05/2	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CABARRI	JS COUNTY GROUP HO	ME 6	LEY STREET Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Interview on 5/21/25 (AS) #3 revealed: -Shared the responsithistory record check of There had been some retirement) in staff as criminal history record check should be required offer for employment.  Interview on 5/21/25 of Shared the responsithistory record check of There had been some retirement) in staff as criminal history record check of There had been some retirement) in staff as criminal history record check of Shared the responsithistory record check of There was confusion history record check of Shared the repulsion history record check of Shared the should be required for employment.  Interview on 5/22/25 of Administrator revealed the repulsion of the shared assigned administrator request criminal his " we found out they correctly" -Had reassigned the shared the responsible for the shared assigned the shared the shar	on the Administrative Staff solity of requesting criminal with AS#4.  The changes (resignation, signed to request the dicheck.  The on when the the criminal should be requested.  The criminal history record ested within five days of solity of requesting criminal with AS#3.  The changes (resignation, signed to request the dicheck.  The on when the the criminal with AS#3.  The changes (resignation, signed to request the dicheck.  The on when the the criminal should be requested.  The criminal history record ested within five days of strative days of with the Facility dichecks and weren't being done staff (AS#3, AS#4) story record checks and weren't being done staff (AS#3, AS#5), "so that istory record check)	V 133	DEL ROLLINO I )		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATI COM			SURVEY LETED	
		MHL080-165	B. WING		05/	22/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
CABARRU	JS COUNTY GROUP HO	MEG	NLEY STREET RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	-Would ensure crimina	al history record checks are e for all new staff moving	V 133			

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