PRINTED: 06/01/2025 FORM APPROVED

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	
		A. BUILDING	5	OOM EETED		
MHL090-216		B. WING		05/22/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SANFOR	D HOME	500 SANF	ORD STRE	ET		
UANI ON	DITOME	MONROE	, NC 28112			
(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 COMPLETE	
V 000	INITIAL COMMENT	S	V 000			
	An annual survey w Deficiencies were c	as completed on 05/22/2025. ited.				
	This facility is licens category: 10A NCA Treatment Staff Sec Adolescents.	ed for the following service C 27G .1700 Residential cure for Children or				
	This facility is licens census of 4. The su audits of 3 current c	ed for 4 and currently has a urvey sample consisted of lients.				
V 133	G.S. 122C-80 Crimin	nal History Record Check	V 133			
	G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.			When Staff member was hired, there delay in his criminal background check is the company policy that criminal background checks are done prior to of employment. The agency will ensu that all criminal checks are done prior start of employment.	k. It start re	
	provider licensed un applicant to fill a pos applicant to have an conditioned on consc criminal history recont the applicant has be	In offer of employment by a der this Chapter to an ition that does not require the occupational license is ent to a State and national rd check of the applicant. If en a resident of this State for				
	less than five years,	then the offer of employment		RECEIVED		
		nsent to a State and national		HIM 4.0 2025		
		d check of the applicant. The ory record check shall		JUN 19 2025		
		e applicant's fingerprints. If		DHCD MILL Income C		
	the applicant has been	en a resident of this State for		DHSR-MH Licensure S	BCI	
	five years or more, the	nen the offer is conditioned				
		e criminal history record				
		nt. A provider shall not				
ivision of He	alth Service Regulation					

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

President 6.16.25 (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL090-216		B. WING		05/22/2025	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
SANFOR	DHOME		ORD STREE , NC 28112	I*		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	employ an applicar criminal history rec section. Except as subsection, within fithe conditional offe shall submit a requiguitie under G.S. criminal history rec section or shall submit to conduct a check required by G.S. 114-19.10, the return the results or record checks for ecovered by Public I Department of Heat Criminal Records G business days of rehistory of the personand Human Servic Unit, shall notify the information received of the applicant. In national criminal history request verificate has been conducted by this section. A compropriate local of the Division of Criminal history received to the Department of the personal history received to the Department of the criminal history received to the Department of the personal history received the pe	age 1 In the who refuses to consent to a cord check required by this otherwise provided in this rive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a cord check required by this omit a request to a private State criminal history record this section. Notwithstanding a Department of Justice shall of national criminal history employment positions not Law 105-277 to the latth and Human Services, Check Unit. Within five exceipt of the national criminal on, the Department of Health est, Criminal Records Check as provider as to whether the end may affect the employability no case shall the results of the story record check be shared providers shall make available cation that a criminal history empleted on any staff covered county that has adopted an ordinance and has access to minal Information data bank the for a provider a State cord check required by this provider having to submit a artment of Justice. In such a nall commence with the State cord check required by this business days of the employment by the provider. Information received by the	V 133			

Division of Health Service Regulation

7NVU11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING	3:		
MHL090-216		B. WING		05/22/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	00/12/2020	
SANFOR	RD HOME		ORD STRE			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IVE ACTION SHOULD BE COMPLETE DATE	
V 133	provider is confiden except to the applic (c) of this section. F subsection, the term business regularly ecriminal history records obtained from (c) Action If an apprecord check reveal a relevant offense, the following factor hire the applicant: (1) The level and seed (2) The date of the conviction. (4) The circumstant commission of the commission of the conviction. (4) The circumstant commission of the provider and the jumple of the preson and the jumple of the preson since the data (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall be fully the provider disquared consideration of the provider may discloss the criminal history reto the disqualification of the criminal history remployee of a provider employee of a provider experience.	tial and may not be disclosed, ant as provided in subsection or purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. plicant's criminal history s one or more convictions of the provider shall consider all ors in determining whether to riousness of the crime. erson at the time of the es surrounding the rime, if known. een the criminal conduct of ob duties of the position to be	V 133			

Division of Health Service Regulation

7NVU11

PRINTED: 06/01/2025 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: __ B. WING MHL090-216 05/22/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **500 SANFORD STREET** SANFORD HOME MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 3 V 133 V 133 civil liability for: (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 compliance with this section. (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; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses: Article 8, Assaults: Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or

Division of Health Service Regulation

If continuation sheet 4 of 9

Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL090-216	B. WING		05/22/202	:5
NAME OF	PROVIDER OR SUPPLIER	(4) Same Display (2)		, STATE, ZIP CODE		
SANFOR	RD HOME		ORD STRE			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COM	X5) PLETE ATE
V 133	Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Art Crime. These crime sale of drugs in viola Controlled Substand 90 of the General Stroffenses such as saviolation of G.S. 18E impaired in violation G.S. 20-138.5. (f) Penalty for Furnis applicant for employ supplies, or otherwis an employment applicant history reconshall be guilty of a C (g) Conditional Emplement obtaining the results check regarding the following requirement (1) The provider shaprior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as as (2) The provider shaprior to obtain the criminal history reconsubsection (b) of this fingerprint cards as a criminal history reconsumers days after the conditional employm 2001-155, s. 1; 2004	Riots and Civil Disorders; n of Minors; Article 40, mily; Article 59, Public icle 60, Computer-Related s also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related le to underage persons in 3-302 or driving while of G.S. 20-138.1 through shing False Information Any ment who willfully furnishes, se gives false information on lication that is the basis for a rd check under this section lass A1 misdemeanor. loyment A provider may conditionally prior to of a criminal history record applicant if both of the ints are met: Il not employ an applicant applicant is consent for a check as required in applicant in G.S. 114-19.10. Il submit the request for a rd check not later than five the individual begins	V 133			

Division of Health Service Regulation

05/22/2025

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

MHL090-216

STREET ADDRESS, CITY, STATE, ZIP CODE

SANFORD HOME

NAME OF PROVIDER OR SUPPLIER

500 SANFORD STREET MONROE, NC 28112

B. WING ___

WOUNDE, NO 20112								
(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 133	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the	V 133						
	facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 1 of 1 staff (Staff #1). The findings are:							
	Review on 05/22/2025 of Staff #1's personnel record revealed: -Date of Hire: 03/03/2022Job title: Residential Care 1The criminal history background check was completed on 06/19/2023.							
	Interview on 05/22/2025 with the Licensee revealed: -"In the future, I will make sure that criminal background checks are completely prior to hire."							
V 367	10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367						
	becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following							

Division of Health Service Regulation

7NVU11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL090-216		B. WING		05/	05/22/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
SANFOR	RD HOME		ORD STRE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 367	information: (1) reporting pidentification information: (2) client iden (3) type of inc (4) description (5) status of the cause of the incident (6) other individent or responding. (b) Category A and missing or incomples shall submit an update report recipients by day whenever: (1) the provided erroneous, misleadin (2) the provided required on the incident of all level III incident of all level III incident of all level III incident of the incidents involving a Health Service Regulation of the incidents involving a Health Service Regulation of the incident of the incident of the incident of the incidents involving a Health Service Regulation of the incident of th	provider contact and ation; tification information; ident; in of incident; in effort to determine the at; and iduals or authorities notified. B providers shall explain any te information. The provider ated report to all required the end of the next business for has reason to believe that in the report may be any or otherwise unreliable; or er obtains information lent form that was previously B providers shall submit, LME, other information he incident, including: cords including confidential other authorities; and er's response to the incident. B providers shall send a copy the reports to the Division of lopmental Disabilities and ervices within 72 hours of the incident. Category A	V 367				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: ___ B. WING MHL090-216 05/22/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SANFORD STREET** SANFORD HOME MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 V 367 Continued From page 7 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: medication errors that do not meet the (1) definition of a level II or level III incident: restrictive interventions that do not meet (2)the definition of a level II or level III incident; searches of a client or his living area; (3)seizures of client property or property in (4)the possession of a client; the total number of level II and level III (5)incidents that occurred; and a statement indicating that there have (6)been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. We failed to report an incident report in 05/22/25 This Rule is not met as evidenced by: IRIS as a level II. We did not interpret Based on record reviews and interviews, the the rule right. We thought that a facility failed to report all level II incidents in the physical intervention that didn't result Incident Response Improvement System (IRIS) in injury or police involvement was a and notify the Local Management Entity standard incident and only required a (LME)/Managed Care Organization (MCO) Level I incident report. We have since responsible for the catchment area where informed all personnel that restraints services as required. The findings are:

Division of Health Service Regulation STATE FORM

7NVU11

are Level II incident reports.

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: _ MHL090-216 B. WING 05/22/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SANFORD STREET** SANFORD HOME MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 8 V 367 V 367 Reviews on 05/16/2025 and 05/21/2025 of the IRIS from 02/01/2025 - 05/15/2025 revealed: -There was no IRIS report submitted for Client #2's physical restraint by Staff #3 incident dated 04/21/2025. -There was no IRIS report submitted for Client #3's physical restraint by Staff #3 incident dated 04/21/2025. Interview on 05/21/2025 with Client #2 revealed: -"I was physically restrained by staff." -"He (Staff #3) did not put me on the ground. He just wrapped his arms around me, so I could not swing on him or anyone." Interview on 05/21/2025 with Client #3 revealed: -"I was physically restrained a couple of weeks ago. It was just one time." Interview on 05/22/2025 with the Qualified Professional revealed: -"As far as my understanding level II's go in IRIS when someone is injured or if the police were involved. So, [Client #2] was escorted to his room. I would not consider that a physical restraint. [Client #3] attacked staff due to being upset and put staff in a head lock and pulled him down to the ground. No one was hurt and we did not have to call the police." -"Both incidents involved [Staff #3]." Interview on 05/22/2025 with the Licensee

Division of Health Service Regulation

revealed:

-"In the future, I will ensure that IRIS reports are

completed for all physical interventions."