STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		R	
MHL026-812		MHL026-812	B. WING		1	3/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W OF SUNSHINE 2		RWOOD ST			
			AKE, NC 28			
(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 SHOULD CROSS-REFERENCED TO THE APPROPERTY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	A complaint and follow up survey was completed on August 13, 2025. The complaints were unsubstantiated (intake #NC00232627 & intake #NC00233195). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.					
V 133	G.S. 122C-80 Crim	inal 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. (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						

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

TITLE (X6) DATE

PRINTED: 08/28/2025 FORM APPROVED

DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					.	
MIII 000 040		MHL026-812	B. WING		R 08/13/2025	
		WITILU26-612			08/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		307 CEDA	ARWOOD ST	REET		
RAINBO	W OF SUNSHINE 2	SPRING L	AKE, NC 28	3390		
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI		(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 133	Continued From pa	ne 1	V 133			
	-					
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord 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					
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
	•	Ith and Human Services,				
		Check Unit. Within five				
		ceipt 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				
		ninal 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				
		ousiness days of the				
	conditional offer of employment by the provider.					

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Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	eguiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R	
MHL026-812		B. WING		08/13/2025		
		WII1L020-012			00/1	3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DAINDO	W OF CUNCUINE 2	307 CEDA	ARWOOD ST	REET		
KAINDU	W OF SUNSHINE 2	SPRING L	AKE, NC 28	3390		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 2	V 133			
	All criminal history i	nformation received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained from					
		oplicant's criminal history				
	record check reveals one or more convictions of					
	a relevant offense, the provider shall consider all					
	of the following factors in determining whether to					
	hire the applicant:					
	(1) The level and seriousness of the crime.					
	(2) The date of the					
	conviction.	person at the time of the				
		ces surrounding the				
	commission of the					
	` ,	een the criminal conduct of				
	the person and the	job duties of the position to be				
	filled.					
	(6) The prison, jail,					
	-	employment records of the				
	•	ate the crime was committed.				
		t commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
	If the provider disqualifies an applicant after					
		e relevant factors, then the				
		se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.					
	(d) Limited Immunit	y A provider and an officer				
	or employee of a provider that, in good faith.					

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		MHL026-812	B. WING 08/13/20		3/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W OF SUNSHINE 2	307 CEDA	RWOOD ST	REET		
IVAIIVE	W OF SONOTHINE 2	SPRING L	AKE, NC 28	3390		
(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	(X5) COMPLETE DATE
	complies with this section shall be immune from 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 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					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				R		
		MHL026-812	B. WING 08/13/2029		3/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W OF SUNSHINE 2		RWOOD ST			
	011111111111111111111111111111111111111		AKE, NC 28			
(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	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	Office; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Article 39, Protection of the Fa Intoxication; and Article 39, Protection of the Fa Intoxication; and Article 39 of the General State of drugs in viol Controlled Substance 90 of the General State of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furnical applicant for employ supplies, or otherwican employment approximal history reconstance of G.S. 20-138.5. (g) Conditional Employment applicant for employ an applicant obtaining the results of C.S. 20-138.5. (g) Conditional Employment approximation of G.S. 20-138.5. (g) The provider shapping the following requirement of C.S. 20-138.5. (g) The provider shapping the prov	offenses Against the Public 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 of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pord check under this section class A1 misdemeanor. Oloyment A provider may to conditionally prior to so of a criminal history record exapplicant if both of the				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL026-812		B. WING		R 08/13/2025		
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/1	3/2023
			RWOOD ST			
RAINBO	W OF SUNSHINE 2	SPRING L	AKE, NC 28	3390		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	This Rule is not me Based on record refailed to ensure a common was requested with making the condition affecting one of four findings are: Review on 8/14/25 revealed: -Date of hire: 3/10/2-A criminal history re5/25/25. Interview on 8/14/25 (QP) stated: -He was responsible checks for new staff. There was some "of staff #1 was going to the understood that history record check days of making and employment. Interview on 8/14/25 -The QP was responsible common that the process of the common staff. The process of the common staff #1 was going to the understood that history record check days of making and employment.	et as evidenced by: view and interview, the facility riminal history record check in five business days of mal offer of employment r audited staff (#1). The staff #1's personnel record 25. ecord check was requested on 5 the Qualified Professional e for criminal history record f. confusion" about which facility o work at when she was hired. t all staff required a criminal k request within five business conditional offer of 5 the Licensee/Owner stated: nsible for the request of ord checks for new staff. e. It (criminal history check) cks." at all staff required a criminal k request within five business				

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