| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NEW FOUNDATION | 5419 TWIN LANE CHARLOTTE, NC 28269 |

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| V 000 | INITIAL COMMENTS<br><br>An annual, complaint and follow up survey was completed on 9/25/25. The complaint was unsubstantiated (intake #NC232875). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.<br><br>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former clients. | V 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid | V 108 | | |

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| V 108 | Continued From page 1 | V 108 | | |

techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.
(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide training to meet the MH/DD/SA needs of the clients affecting 4 of 4 audited staff (#1, #2, #3, and the Associate Professional (AP)). The findings are:

Review on 9/23/25 of Staff #1's personnel file revealed:
-Hire date of 5/11/25.
-Title of Residential Counselor.
-No documentation of diabetes training.

Review on 9/23/25 of Staff #2's personnel file revealed:
-Hire date of 8/22/25.
-Title of Residential Counselor.
-No documentation of diabetes training.

Review on 9/23/25 of Staff #3's personnel file revealed:
-Hire date of 12/20/24.
-Title of Residential Counselor.
-No documentation of diabetes training

Review on 9/23/25 of the AP's personnel file

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| V 108 | Continued From page 2 | V 108 | | |

revealed:
-Hire date of 2/4/25.
-Title of AP.
-No documentation of diabetes training.

Review on 9/18/25 of Client #1's record revealed:
-Admission date of 12/5/24.
-18 years old.
-Diagnoses of Other Specified Depressive Disorder, Hypothyroidism, and Diabetes.

Interview on 9/17/25 and 9/22/25 with Client #1 revealed:
-Blood sugar varied but lately had been on the "higher" side."
-Did not consistently take her diabetes medications.
-Wore Dexcom to monitor blood sugars.
-The Dexcom "fell off a couple of days ago."
-Blood sugars ranged from 180 to 300 and sometimes dropped to 70.
-Got headaches when blood sugar was too high.

Interview on 9/17/25 with Staff #1 revealed:
-Client #1 was a diabetic and took insulin.
-Client #1 checked her own blood sugar 3 times per day.
-Did not know what blood sugar reading would be considered too high or too low.
-Had not received training related to diabetes.

Interview on 9/17/25 with Staff #2 revealed:
-Was newly hired and had not received all of the training yet.
-Had not received training related to diabetes.

Interview on 9/25/25 with Staff #3 revealed:
-Did not know what blood sugar reading would be considered too high or too low.
-Had not received training related to diabetes.

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| V 108 | Continued From page 3<br><br>Interview on 9/17/25 with the AP revealed:<br>-Client #1 did not consistently take her diabetes medications.<br>-Client #1 did not consistently wear the Dexcom to monitor her blood sugar levels.<br>-Had not received training related to diabetes.<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-Diabetes training was not provided by a Registered Nurse.<br>-Did "go over" diabetes with staff.<br>-Did not have documentation of diabetes training. | V 108 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(6) written consent or agreement by the client or responsible party, or a written statement by the | V 112 | | |

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| V 112 | Continued From page 4<br>provider stating why such consent could not be obtained.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility staff failed to develop and implement goals and strategies to meet the individual needs of 1 of 3 audited clients (#1). The findings are:<br><br>Review on 9/18/25 of Client #1's record revealed:<br>-Admission date of 12/5/24.<br>-18 years old.<br>-Diagnoses of Other Specified Depressive Disorder, Hypothyroidism, and Diabetes.<br>-Treatment plan dated 12/30/24 and updated 7/24/25: No goals or strategies related to taking medications as ordered by the physician.<br><br>Review on 9/18/25 of Client #1's Medication Administration Record (MAR) from 7/1/25 to 9/18/25 revealed:<br>-There were no initials for the following dates:<br>-Metformin 7/1/25-7/23/25 and 7/26/25-7/31/25 at 7pm; 823/25, 8/26/25, 8/27/25 at 7am; 8/21/25, 8/23/25, 8/24/25, 8/26/25-8/31/25 at 7pm; 9/1/25-9/18/25 at 7am; 9/1/25, 9/7/25-9/10/25, 9/13/25-9/18/25 at 7pm.<br>-Ozempic 7/1/25-7/31/25; 8/5/25, 8/12/25, 8/26/25; 9/1/25-9/18/25.<br>-Tresiba Flextouch 9/1/25-9/18/25; 8/1/25-8/31/25. | V 112 | | |

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| V 112 | Continued From page 5<br><br>Interview on 9/17/25 with Client #1 revealed:<br>-Was not consistently taking diabetes medications because "it was making me sick."<br><br>Interview on 9/22/25 with Staff #4 revealed:<br>-Client #1 "refuses (medications) a lot."<br>-Client #1 did not have goals or strategies to take medications as ordered.<br><br>Interview on 9/17/25 with the AP revealed:<br>-Client #1 did not consistently take her diabetes medications.<br>-"She (Client #1) refuses to take medical care seriously."<br>-Client #1 did not have goals or strategies to take medications as ordered.<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-Client #1 did not have goals or strategies to take medications as ordered.<br>-"If she (Client #1) doesn't give us the cooperation (with taking medications) we can't make her."<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available<br>to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. | V 114 | | |

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| V 114 | Continued From page 6<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.<br>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to complete disaster drills at least quarterly and repeated on each shift. The findings are:<br><br>Review on 9/18/25 of the facility's disaster drills logbook from October 2024 to September 2025 revealed:<br>-4th quarter (October, November, December) 2024. There were no disaster drills conducted on 1st, 2nd, or 3rd shift.<br>-1st quarter (January, February, March) 2025. There were no disaster drills conducted on 1st, 2nd, or 3rd shift.<br>-2nd quarter (April, May, June) 2025. There were no disaster drills conducted on 1st, 2nd, or 3rd shift.<br>-3rd quarter (July, August, September) 2025. There were no disaster drills conducted on 1st or 3rd shift.<br><br>Interview on 9/17/25 with Client #1 revealed:<br>-Drills were completed once a month usually on 1st or 2nd shift.<br><br>Interview on 9/17/25 with Client #2 revealed:<br>-Had not had a disaster drill since her admission | V 114 | | |

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| V 114 | Continued From page 7<br>(8/14/25).<br><br>Interview on 9/17/25 with Staff #1 revealed:<br>-Never completed a disaster drill.<br><br>Interview on 9/17/25 with Staff #2 revealed:<br>-Never completed a disaster drill.<br><br>Interview on 9/17/25 with the AP revealed:<br>-"Noticed" that drills were not being documented.<br>-"We don't do disaster drills often."<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-Disaster drills should have been completed "once a month along with fire drills."<br>-Staff did not understand the difference between disaster drills and fire drills. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.<br>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be | V 118 | | |

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| V 118 | Continued From page 8<br>recorded immediately after administration. The MAR is to include the following:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on records review and interview, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications were administered as ordered affecting 3 of 3 clients (#1, #2 and Former Client (FC) #3). The findings are:<br><br>Review on 9/18/25 and 9/18/25 of Client #1's record revealed:<br>-Admission date of 12/5/24.<br>-18 years old.<br>-Diagnoses of Other Specified Depressive Disorder, Hypothyroidism, and Diabetes.<br>-Physician's order for the following medications:<br>-4/30/25 Metformin (Diabetes) 500 milligrams (mg) Take 2 tablets by mouth every morning with breakfast and take one tablet at dinner.<br>-4/10/25 Ozempic (Diabetes) Inject .5mg subcutaneously every week. | V 118 | | |

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| V 118 | Continued From page 9<br>-4/1/25 Tresiba Flextouch (Diabetes) Inject 30 units every day as directed.<br><br>Review on 9/18/25 of Client #1's MAR from 7/1/25 to 9/18/25 revealed:<br>-There were no initials for the following dates:<br>-Metformin 7/1/25-7/23/25 and 7/26/25-7/31/25 at 7pm; 823/25, 8/26/25, 8/27/25 at 7am; 8/21/25, 8/23/25, 8/24/25, 8/26/25-8/31/25 at 7pm; 9/1/25-9/18/25 at 7am; 9/1/25, 9/7/25-9/10/25, 9/13/25-9/18/25 at 7pm.<br>-Ozempic 7/1/25-7/31/25; 8/5/25, 8/12/25, 8/26/25; 9/1/25-9/18/25.<br>-Tresiba Flextouch 9/1/25-9/18/25; 8/1/25-8/31/25.<br><br>Review on 9/17/25 and 9/18/25 of Client #2's record revealed:<br>-Admission date of 8/14/25.<br>-17 years old.<br>-Diagnoses of Cannabis Abuse, Uncomplicated; Oppositional Defiant Disorder; Adjustment Disorder with Mixed Anxiety and Depressed Mood.<br>-Physician's order dated 8/21/24 Aripiprazole 2mg Take one tablet by mouth daily.<br><br>Review on 9/18/25 of Client #2's MAR from 8/14/25 to 9/18/25 revealed:<br>-Aripiprazole 8/23-8/31 Awaiting refill.<br><br>Review on 9/23/25 and 9/18/25 of FC #3's record revealed:<br>-Admission date of 11/15/24.<br>-15 years old.<br>-Diagnoses of Unspecified Disruptive Impulse Control and Conduct Disorder; Major Depressive Disorder, Recurrent, Mild; Oppositional Defiant Disorder; Unspecified Trauma and Stressor Related Disorder | V 118 | | |

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| V 118 | Continued From page 10<br><br>-Physician's orders for the following medications:<br>-6/19/25 Lamotrigine (depression) 100 mg Take one tablet by mouth every morning.<br>-5/21/25 Quetiapine Fumarate (sleep) 50mg Take ½ to 1 tab by mouth at bedtime.<br>-3/11/25 Fluoxetine (anxiety and depression) 20 mg Take 1 capsule by mouth every morning.<br>-12/19/24 Risperidone (depression) 1 mg Take one tablet by mouth twice daily.<br><br>Review on 9/23/25 of FC #3's MARs from 5/1/25 to 7/20/25 revealed:<br>-There were no initials for the following dates:<br>-Lamotrigine 5/29/25, 6/24/25, 6/25/25, 6/28/25 at 7am.<br>-Quetiapine Fumarate 6/21/25, 6/26/25 at 7pm.<br>-Fluoxetine 5/11/25 at 7am.<br>-Risperidone 7/1/25 and 7/2/25 at 7am, 7/1/25 at 7pm.<br><br>Interview on 9/17/25 and 9/22/25 with Client #1 revealed:<br>-Missed diabetes medications lately because "I have been getting sick."<br>-Was waiting for an appointment with the Endocrinologist to adjust medications.<br><br>Interview on 9/17/25 with Client #2 revealed:<br>-Denied missing any medications.<br><br>Attempted interview with FC #3 on 9/18/25 and 9/23/25 was unsuccessful since her legal guardian did not return phone calls prior to survey exit.<br><br>Interview on 9/17/25 with Staff #1 revealed:<br>-Was not aware of any medication errors.<br><br>Interview on 9/17/25 with Staff #2 revealed:<br>-Did not administer medications since she had | V 118 | | |

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| V 118 | Continued From page 11<br>not received Medication Administration training.<br><br>Interview on 9/25/25 with Staff #3 revealed:<br>-Staff were supposed to write a note on the back of the MAR if a medication was not administered.<br>-Client #1 "refuses a lot."<br><br>Interview on 9/17/25 with the AP revealed:<br>-Client #1 "refuses every day. She is refusing to take diabetic medicines. She says they make her sick."<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-Recently employed a Registered Nurse (RN) to review MARs, but she did not work in August and has not reviewed the September MARs yet.<br>-Client #1 had been refusing her diabetes medications due to the fact that she understood her primary care doctor to say she did not need to be on Metformin.<br>-"If she (Client #1) doesn't give us the cooperation (with taking medications) we can't make her."<br>-Client #2's Aripiprazole was missed because "we were waiting for a refill from the pharmacy."<br>-The RN was working with the staff to ensure they were accurately initialing for each medication administered.<br><br>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | |

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| V 123 | Continued From page 12 | V 123 | | |
| V 123 | 27G .0209 (H) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.<br>.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 3 of 3 audited clients (#1, #2 and Former Client (FC) #3). The findings are:<br><br>Review on 9/18/25 and 9/18/25 of Client #1's record revealed:<br>-Admission date of 12/5/24.<br>-18 years old.<br>-Diagnoses of Other Specified Depressive Disorder, Hypothyroidism, and Diabetes.<br>-Physician's order for the following medications:<br>-4/30/25 Metformin (Diabetes) 500 milligrams (mg) Take 2 tablets by mouth every morning with breakfast and take one tablet at dinner.<br>-4/10/25 Ozempic (Diabetes) Inject .5mg subcutaneously every week.<br>-4/1/25 Tresiba Flextouch (Diabetes) Inject 30 units every day as directed. | V 123 | | |

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| V 123 | Continued From page 13<br><br>Review on 9/18/25 of Client #1's MAR from 7/1/25 to 9/18/25 revealed:<br>-There were no initials for the following dates:<br>-Metformin 7/1/25-7/23/25 and 7/26/25-7/31/25 at 7pm; 823/25, 8/26/25, 8/27/25 at 7am; 8/21/25, 8/23/25, 8/24/25, 8/26/25-8/31/25 at 7pm; 9/1/25-9/18/25 at 7am; 9/1/25, 9/7/25-9/10/25, 9/13/25-9/18/25 at 7pm.<br>-Ozempic 7/1/25-7/31/25; 8/5/25, 8/12/25, 8/26/25; 9/1/25-9/18/25.<br>-Tresiba Flextouch 9/1/25-9/18/25; 8/1/25-8/31/25.<br><br>Review on 9/17/25 and 9/18/25 of Client #2's record revealed:<br>-Admission date of 8/14/25.<br>-17 years old.<br>-Diagnoses of Cannabis Abuse, Uncomplicated; Oppositional Defiant Disorder; Adjustment Disorder with Mixed Anxiety and Depressed Mood.<br>-Physician's order dated 8/21/24 Aripiprazole 2mg Take one tablet by mouth daily.<br><br>Review on 9/18/25 of Client #2's MAR from 8/14/25 to 9/18/25 revealed:<br>-Aripiprazole 8/23-8/31 Awaiting refill.<br><br>Review on 9/23/25 and 9/18/25 of FC #3's record revealed:<br>-Admission date of 11/15/24.<br>-15 years old.<br>-Diagnoses of Unspecified Disruptive Impulse Control and Conduct Disorder; Major Depressive Disorder, Recurrent, Mild; Oppositional Defiant Disorder; Unspecified Trauma and Stressor Related Disorder<br>-Physician's orders for the following medications:<br>-6/19/25 Lamotrigine (depression) 100 mg Take one tablet by mouth every morning. | V 123 | | |

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| V 123 | Continued From page 14<br>-5/21/25 Quetiapine Fumarate (sleep) 50mg Take ½ to 1 tab by mouth at bedtime.<br>-3/11/25 Fluoxetine (anxiety and depression) 20 mg Take 1 capsule by mouth every morning.<br>-12/19/24 Risperidone (depression) 1 mg Take one tablet by mouth twice daily.<br><br>Review on 9/23/25 of FC #3's MARs from 5/1/25 to 7/20/25 revealed:<br>-There were no initials for the following dates:<br>-Lamotrigine 5/29/25, 6/24/25, 6/25/25, 6/28/25 at 7am.<br>-Quetiapine Fumarate 6/21/25, 6/26/25 at 7pm.<br>-Fluoxetine 5/11/25 at 7am.<br>-Risperidone 7/1/25 and 7/2/25 at 7am, 7/1/25 at 7pm.<br><br>Interview on 9/17/25 and 9/22/25 with Client #1 revealed:<br>-Missed diabetes medications lately because "I have been getting sick."<br><br>Interview on 9/17/25 with Client #2 revealed:<br>-Denied any medication errors.<br><br>Attempted interview with FC #3 on 9/18/25 and 9/23/25 was unsuccessful since her legal guardian did not return phone calls prior to survey exit.<br><br>Interview on 9/17/25 with Staff #1 revealed:<br>-Was not aware of any medication errors.<br><br>Interview on 9/25/25 with Staff #3 revealed:<br>-Staff were supposed to write a note on the back of the MAR if a medication was not administered.<br>-Client #1 "refuses a lot."<br>-Contacted the Licensee/Qualified Professional (QP) regarding medication errors or refusals.<br>-Did not report medication errors or refusals to a | V 123 | | |

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| V 123 | Continued From page 15<br>physician or pharmacist.<br><br>Interview on 9/17/25 with the AP revealed:<br>-Client #1 "refuses every day. She is refusing to take diabetic medicines. She says they make her sick."<br>-Did not report medication errors or refusals to a physician or pharmacist.<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-Client #1 had been refusing her diabetes medications due to the fact that she understood her primary care doctor to say she did not need to be on Metformin.<br>-Client #2's Aripiprazole was missed because "we were waiting for a refill from the pharmacy."<br>-Did not report medication errors or refusals to a physician or pharmacist. | V 123 | | |
| V 133 | G.S. 122C-80 Criminal History Record Check<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br>(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.<br>(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 | V 133 | | |

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| V 133 | Continued From page 16<br>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 information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State | V 133 | | |

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criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.
(c) Action. - If an applicant'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 crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
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

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| V 133 | Continued From page 18 | V 133 | | |

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.
(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:
(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

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| V 133 | Continued From page 19<br>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 Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.<br>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.<br>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:<br>(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.<br>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins | V 133 | | |

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| V 133 | Continued From page 20<br>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.)<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure a criminal history record check was completed within five business days of a conditional offer of employment for 1 of 4 audited staff (Associate Professional (AP))The findings are:<br><br>Review on 9/23/25 of the Associate Professional's (AP) personnel record revealed:<br>-Hire date of 2/4/25.<br>-Criminal Background Check completed on 8/7/25.<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-The AP's criminal check that was completed prior to her hire date was "misplaced." | V 133 | | |
| V 295 | 27G .1703 Residential Tx. Child/Adol - Req. for A P<br><br>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS<br>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). | V 295 | | |

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| V 295 | Continued From page 21<br>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:<br>(1) management of the day to day day-to-day operations of the facility;<br>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and<br>(3) participation in service planning meetings.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:<br><br>Review on 9/23/25 of the AP's personnel record revealed:<br>-Hire date of 2/4/25.<br>-AP job description signed 7/1/25.<br>-High School Equivalency Certificate dated 3/3/22.<br><br>Furter review on 9/25/25 of the AP's personnel file revealed:<br>-Bachelor's Degree dated May 2001.<br><br>Interview on 9/17/25 with the AP revealed:<br>-Recently (date unknown) "picked up" the position of AP.<br>-Was not doing any "professional or clinical" duties. Relayed messages to the | V 295 | | |

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| V 295 | Continued From page 22<br>Licensee/Qualified Professional (QP).<br>-Did not have a Bachelor's Degree.<br><br>Interview on 9/23/25 with the Licensee/QP revealed:<br>-Did not know why the AP's Bachelor's Degree was not in her personnel file.<br>-"I know she has one (Bachelor's Degree). I will make sure she gets it over to me."<br><br>Further Interview on 9/25/25 with the Licensee/QP revealed:<br>-The AP provided a copy of her Bachelor's Degree on 9/24/25.<br>-The AP could not have received a Bachelor's Degree before receiving her High School Equivalency.<br>-The AP does not meet the AP qualification requirements. | V 295 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility and its grounds were not maintained in a clean, safe and orderly manner. The findings are:<br><br>Observation on 9/22/25 at approximately 2:51pm revealed:<br>-The kitchen cabinet door was off its hinges and leaning against the cabinet.<br>-The overhead light fixture in the hallway was | V 736 | | |

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| V 736 | Continued From page 23<br>missing the globe and a light bulb.<br>-There was a doorknob sized hole in Client #4's room behind the door that had previously been patched with plastic. Broken plastic was on the floor behind the door.<br>-There was a fist sized hole on the outside of the office/medication room door.<br>-The closet door in the office/medication room was off the track and had an L shaped hole with a basketball sized indention in the top of the door.<br><br>Interview on 9/17/25 with Client #1 revealed:<br>-Former Client (FC) #3 "did a lot of property damage."<br><br>Interview on 9/17/25 with Client #2 revealed:<br>-Nothing was broken in the facility.<br><br>Interview on 9/18/25 with Client #4 revealed:<br>-There was a hole behind her bedroom door.<br><br>Interview on 9/17/25 with Staff #1 revealed:<br>-Former Client #2 damaged property when she was angry.<br><br>Interview on 9/17/25 with Staff #2 revealed:<br>-"The doors have had holes since I came (8/22/25).<br><br>Interview on 9/17/25 with the AP revealed:<br>-The holes in the doors were caused by FC #3.<br>-"She (FC #3) broke every door. Some have been fixed."<br>-FC #3 used the fire extinguisher to break the doors.<br><br>Interview on 9/23/25 with the Licensee/Qualified Professional revealed:<br>-"I'm not sure" how long the kitchen cabinet door has been off the hinges. | V 736 | | |

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| V 736 | Continued From page 24<br>-Staff fixed the cabinet door this morning (9/23/25).<br>-Was not aware of the hole behind Client #4's door.<br>-Will get the light fixture in the hallway and the office/medication room doors fixed.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 736 | | |