

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2025
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NAME OF PROVIDER OR SUPPLIER PALM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 12, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(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 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of 2 of 3 audited staff having completed the skills component of First Aid and Cardiopulmonary resuscitation (CPR) (Staff #1 and #2). The findings are:</p> <p>Review on 12/12/25 of Staff #1's personnel record revealed: -Date of hire was 5/12/22. -Position as Lead Paraprofessional Staff. -His 3/13/25 First Aid CPR and Automated External Defibrillator (AED) certificate stated, "This certificate constitutes completion of the exam (a) First Aid CPR AED course completion card will be issued after successful completion of the skills component ..."</p> <p>Review on 12/12/25 of Staff #2's personnel record revealed: -Date of hire was 4/24/24. -Position as a Paraprofessional. - His 3/13/25 First Aid CPR and Automated External Defibrillator (AED) certificate stated, "This certificate constitutes completion of the exam (a) First Aid CPR AED course completion card will be issued after successful completion of the skills component ..."</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Interview on 12/10/25 with Staff #1 revealed: -He completed his First Aid and CPR training and his training certificate was on file. -He worked his shift alone with no other staff.</p> <p>Interview on 12/11/25 with Staff #2 revealed: -He completed his First Aid and CPR training and his training certificate was on file. -He worked his shift alone with no other staff.</p> <p>Interview on 12/12/25 with the Qualified Professional/Program Manager (QP/PM #1) revealed: -The First Aid and CPR trainer had changed the staff training certificate. -The certificate should have included the skills component of First Aid and CPR. -Because of the higher cost for the First Aid and CPR completion card, the owner had requested the trainer to send certificates for staff who completed both the exam and skills training. -She and the Owner would follow up with the trainer to ensure the skills component was completed by staff and request another training certificate for each staff.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <ul style="list-style-type: none"> -1st quarter (January, February and March 2025), there was no documentation of a 2nd and 3rd shift disaster drill. -2nd quarter (April, May, June 2025), there was no documentation of a 2nd and 3rd shift disaster drill. -3rd quarter (July, August, September 2025), there was no documentation of a 1st and 3rd shift disaster drill. <p>Interview on 12/12/25 with the Qualified Professional/Program Manager (QP/PM #1) revealed:</p> <ul style="list-style-type: none"> -The facility operated 3 shifts: 7 am to 3 pm, 3 pm to 11 pm, and 11 pm to 7 am. -Staff assigned to the facility rotated for the 2 weekend shifts which ran from 7 am to 7 pm and 7 pm to 7 am. -The fire inspector had been to the facility and the drills were in the log. -She believed the former QP/PM removed some of the drills from the fire and disaster log. -She would ensure the disaster drills were completed each quarter for each shift. 	V 114		

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were administered to each client on the written order of a person authorized to prescribe drugs, and failed to keep the MAR current for 2 of 3 clients (Clients #1 and #2). The findings are:</p> <p>Review on 12/11/25 of Client #1's record revealed: -Admission date of 9/18/20. -Diagnoses of Autism and Intellectual Developmental Disability (IDD). -1/13/25, physician's order for: -Famotidine 20 milligram (mg) Tablets (tab) (Digestion), 1 tab two times daily. -Risperidone 2 mg tab (mood stabilizer), 1 tab three times daily. -Benztropine Mesylate 1 mg (treat side effects from drugs), 1 tab two times daily. -Fluticasone Propionate 50 micrograms (mcg) (Allergies), 1 spray each nostril once daily. -8/14/25, physician's order for Senokot 8.6 mg (stool softener). -7/18/25, physician's order for Hydroxyzine Pamoate 50 mg (mood stabilizer), 1 capsule (cap) at bedtime. -7/25/25, physician's order for Aripiprazole 5 mg tab (mood stabilizer), 1 tab every day. -No physician order for Docusate stool softener.</p> <p>Review on 12/11/25 of Client #1's MARs for the months of October 2025, November 2025 and December 2025 revealed: -Famotidine had no documentation of administration or reason code on 10/12/25 at 7 am, 10/22/25 at 7 pm, 11/7/25 and 11/9/25 at 7 pm dosage times. -Aripiprazole had no documentation of administration or reason code on 11/27/25 and</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>11/28/25 at 7 am dosage times. -Risperidone had no documentation of administration or reason code on 10/5/25, 10/6/25, 10/15/25, 10/16/25 at 3 pm dosage time, 10/22/25 at 7 pm dosage time, 11/7/25 at 3 pm dosage time, and 12/3/25 at 7 pm dosage time. -Hydroxyzine Pamoate had no documentation of administration or reason code on 11/7/25, 11/18/25 and 11/27/25 at 7 pm dosage time. -Benzotropine had no documentation of administration or reason code on 10/11/25 and 10/22/25, 11/7/25, and 11/9/25 at 7 pm dosage time. -Staff failed to initial administration of Client #1's -Fluticasone had no documentation of administration or reason code on 10/12/25 at 7 am dosage time. -Senokot was not listed on the MAR for the period under review (October-December 2025). -Docusate stool softener was listed for each month for the period under review.</p> <p>Observation on 12/11/25 at 12:47 pm of Client #1's medications revealed: -Senokot Over the Counter (OTC) with no instruction label for administration.</p> <p>Review on 12/11/25 of Client #2's record revealed: -Admission date of 9/1/22. -Diagnoses of Autistic Disorder, Moderate IDD, Attention-Deficit Hyperactivity Disorder, Intermittent Explosive Disorder. -7/15/25, Quetiapine 200 mg (mood stabilizer), 1 tab one time daily.</p> <p>Observation on 12/11/25 at 2:02 pm of Client #2's medications revealed: -No Quetiapine 200 mg present in the facility.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 12/11/25 of Client #1's MARs for the months of October 2025, November 2025 and December 2025 revealed:</p> <ul style="list-style-type: none"> -Quetiapine 200 mg was initiated by staff as administered 12/1/25-12/11/25 at 7 am dosage time. <p>Interview on 12/10/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He did not respond to questions about his medications. <p>Interview on 12/10/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He stated he took medication. -He took 2 medications in the morning. <p>Interview on 12/11/25 with the Qualified Professional/Program Manager (QP/PM #1) revealed:</p> <ul style="list-style-type: none"> -The reason Client #1's Famotidine was not documented on 10/12/25, 10/22/25, 11/7/25, and 11/9/25 was due to a staff's mistake with documentation. She believed Client #1 was administered the medication. -Client #1 had a family visit on 11/27/25 and 11/28/25 the reason his Aripiprazole had no documentation. Staff should have used the reason code of "HV" for home visit. -Client #1's Risperidone at the 3 pm dosage times on 10/5/25, 10/6/25, 10/15/25, 10/16/25, and 11/7/25 were not initialed because he was with his 1:1 community worker who was not allowed to administer Client #1's medications. -Staff "just missed it (documentation) of Client #1's Risperidone on 12/3/25 at 7 pm dosage time. She believed Client #1 received this medication. -Staff did not document Client #1's Hydroxyzine Pamoate on 11/7/25, 11/9/25 and 11/18/25 at 7 pm because staff missed initialing the dosage times, and Client #1 went on a home visit on 11/27/25 and 11/28/25 the reason there was not 	V 118		

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V 118	<p>Continued From page 8</p> <p>documentation on the November MAR.</p> <p>-There was no documentation on Client #1's Benzotropine on 10/11/25 and 10/22/25, 11/7/25, and 11/9/25 at 7 pm dosage time due to a staff documentation issue.</p> <p>-She believed Client #1 received his Fluticasone nasal spray; staff did not document he received the medication on 10/12/25 at 7 am.</p> <p>-Client #1 no longer took Senokot and she did not know why this medication was still in his medication box.</p> <p>-"The last time he took Senokot was sometime in October (2025)."</p> <p>-Client #1 did not have a physician order for Docusate because Client #1's mother wanted him to take Docusate as a stool softener and she supplied this medication to the facility to administer to him.</p> <p>-Client #2 was receiving his 200 mg of Quetiapine by staff cutting the Quetiapine 400 mg in half. There was no physician order which allowed staff to cut the medication in half for the 200 mg.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p>	V 119		

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V 119	<p>Continued From page 9</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to dispose all prescription medication in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Observation on 12/11/25 at 12:47 pm of Client #1's medication storage box revealed: - 1 round-shaped pink-colored medicine tablet and 1 whole and one half of a yellow oval-shaped medicine tablet lying in the bottom of Client #1's medication box. -At 1:09 pm, Qualified Professional/Program Manager (QP/PM #2) was observed picking the 3 tablets up from the medication box.</p>	V 119		

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V 119	<p>Continued From page 10</p> <p>Observation on 12/11/25 at 2:02 pm of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Haloperidol 2 milligrams (mg) (agitation), 1 tablet (tab) twice daily as needed. -There were 3 packs of the Haloperidol with 1 pack filled on 6/28/23 with an expiration date of 6/27/24, and 2 packs filled on 12/22/23 with an expiration date of 12/21/24. -Oxcarbazepine 300 mg (seizures), take 10 milliliters (ml) two times daily was filled on 6/24/24 with an expiration date of 8/26/25. <p>Review on 12/11/25 of Client #2's MAR December 2025 revealed:</p> <ul style="list-style-type: none"> -Client #2 received his Oxcarbazepine from 12/1/25-12/11/25 at the 7 am dosage time and from 12/1/25-12/10/25 at the 7 pm dosage time. <p>Interview on 12/11/25 with QP/PM #2 revealed:</p> <ul style="list-style-type: none"> -The pink colored medicine tablet was Client #1's Risperidone (mood stabilizer). -The yellow tablets were Client #1's Pantoprazole (stomach acid). - The medications must have "fallen" out of the medication packages. -At 1:09 pm, she "tossed" Client #1's loose medication into the trash. -Expired medications were placed in a bag and then taken to the pharmacy to be disposed and should have been returned to the pharmacy before now. -QP/PM #1 started at the facility after the previous QP/PM left in September 2025 and QP/PM #1 was working on correcting medication errors. <p>Interview on 12/12/25 with QP/PM #1 revealed:</p> <ul style="list-style-type: none"> -She would be reviewing back over Clients #1, #2 and #3's medications, MARs and checking their medications to correct the medication errors. 	V 119		

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V 119	Continued From page 11 -She planned to have the medication administration area back into compliance as soon as possible.	V 119		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to the date of re-hire for 1 of 2 Qualified Professionals/Program Managers (QP/PM #1). The findings are:</p> <p>Review on 12/12/25 of QP/PM #1's personnel record revealed: -Date of re-hire was 9/1/25. -HCPR was not accessed on or before the re-hire date.</p> <p>Interview on 12/12/25 with the Owner revealed: -QP/PM #1 was a re-hire on 9/1/25. -She did not access the HCPR for QP/PM #1 at re-hire.</p>	V 131		

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(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 12	V 133		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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 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</p>	V 133		

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V 133	<p>Continued From page 13</p> <p>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 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.</p> <p>(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:</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>(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.</p> <p>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 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.</p> <p>(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:</p> <p>(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.</p> <p>(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</p>	V 133		

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V 133	Continued From page 15 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 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.	V 133		

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V 133	<p>Continued From page 16</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins 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.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal background check within 5 business days of making the conditional offer of re-hire for 1 of 2 Qualified Professionals/Program Managers (QP/PM #1). The findings are:</p> <p>-Date of re-hire was 9/1/25. -No criminal background check documentation for QP/PM #1 within 5 business days of making the conditional offer of re-hire.</p>	V 133		

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V 133	Continued From page 17 Interview on 12/12/25 with the Owner revealed: -QP/PM #1 was a re-hire on 9/1/25. -She did not run a criminal background check for QP/PM #1 at re-hire.	V 133		