

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2026
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NAME OF PROVIDER OR SUPPLIER ROSHAUN'S HOUSE OF CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD DURHAM, NC 27705
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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 February 4, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a Qualified Professional (QP). The findings are:</p> <p>Review on 1/29/26 of the facility's personnel records revealed: -There was no personnel file for a QP.</p> <p>Interview on 1/29/26 with the Licensee revealed: -"I have no QP right now." -The Former QP retired on January 1, 2026. -She was in the process of hiring a QP for the facility. -She confirmed the facility failed to have a QP.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (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 2</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 interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 1/29/26 of the facility's fire and disaster drill log from April 2025-January 2026 revealed:</p> <ul style="list-style-type: none"> -There was no fire drill completed by staff for the 2nd quarter (April, May, June) of 2025. -There was no fire drill completed by staff for the 3rd quarter (July, August, September) of 2025. -There was no disaster drill completed by staff for the 2nd quarter (April, May, June) of 2025. -There was no disaster drill completed by staff for the 3rd quarter (July, August, September) of 2025. <p>Interview on 1/29/26 with client #1 revealed:</p> <ul style="list-style-type: none"> -They had not done any fire and disaster drills in "almost a year". -He was not sure about the procedure for fire drills. -They went into the hallway for disaster drills. <p>Interview on 1/29/26 with client #2 revealed:</p> <ul style="list-style-type: none"> -They did a fire and disaster drill about a month ago. -They went outside into the patio area for fire 	V 114		

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V 114	<p>Continued From page 3</p> <p>drills. -They sat in the corner of the bedroom for disaster drills.</p> <p>Interview on 1/29/25 with client #3 revealed: -They went outside to the mailbox for fire drills. -They went into the bathroom for tornado drills.</p> <p>Interview on 2/5/26 with the Licensee revealed: -She thought staff were doing fire and disaster drills. -She knew staff #1 did drills recently. -The previous staff was possibly not doing drills and "that was why he was no longer employed." -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (4) A Medication Administration Record (MAR) of</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>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; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications were administered by an unlicensed person trained by a registered nurse (RN), pharmacist or other legally qualified person and privileged to prepare and administer medications affecting two of three audited staff (#1 and #2); failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3); failed to have a physician's order affecting one of three audited clients (#1) and failed to ensure a client had physician's orders to self-administer medication affecting one of three audited clients (#1). The findings are:</p> <p>1. Review on 1/29/26 of client #1's record revealed: -Admission date of 7/8/21.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-Diagnosis of Schizophrenia. -Physician's order dated 2/24/25 for Clozapine 200 milligrams (mg) (Schizophrenia), two tablets at bedtime.</p> <p>Review on 1/29/26 of client #2's record revealed: -Admission date of 10/20/22. -Diagnoses of Schizophrenia and Allergic Rhinitis. -Physician's order dated 2/17/24 and 9/24/25 for the following: Cetirizine 10 mg (Allergies), one tablet daily Benzotropine Mesylate 0.5 mg (Extrapyramidal Symptoms), one tablet twice daily Trazodone 100 mg (Insomnia), two tablets at bedtime Fluticasone 50 micrograms (mcg) (Allergic Rhinitis), one spray in each nostril daily</p> <p>Review on 1/29/26 of client #3's record revealed: -Admission date of 9/6/12. -Diagnoses of Schizophrenia and Tobacco Use Disorder. -Physician's order dated 10/24/25 for the following: Atorvastatin 20 mg (Cholesterol), one tablet daily Sertraline 50 mg (Depression), three tablets daily Daily fiber powder (Constipation), 3.4 grams in 8 oz liquid and drink daily Trazodone 150 mg (Depression), one tablet at bedtime Metformin 500 mg (Diabetes), one tablet daily Risperidone 2 mg (Mood Disorder), one tablet daily Risperidone 3 mg, one tablet daily Propranolol 10 mg (Anxiety), three tablets two times daily Clozapine 100 mg (Schizophrenia), three tablets at bedtime</p> <p>Reviews on 1/29/26 and 2/2/26 of the facility's</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>personnel records revealed the following:</p> <p>Staff #1- -Date of hire was 8/20/25. -Hired as a Supervisor In Charge. -Medication Administration training was completed on 8/20/25 by a Licensed Practical Nurse (LPN).</p> <p>Staff #2- -Date of hire was 1/23/26. -Hired as a Supervisor In Charge. -Medication Administration training was completed on 1/23/26 by a LPN.</p> <p>Interview on 2/4/26 with the Licensee revealed: -She didn't realize a LPN could not do medication training for staff. -"I thought it was ok for the LPN to do the training because she worked with the pharmacy." -She confirmed there was no documentation of medication administration training for staff #1 and staff #2 completed by a RN, pharmacist or other legally qualified person.</p> <p>2. Review on 1/29/26 of the January 2026 MAR for client #1 revealed:</p> <p>No staff initials to indicate the medication was administered by staff: -Clozapine 200 mg on 1/16 thru 1/22.</p> <p>Review on 1/29/26 of MARs for client #2 revealed:</p> <p>January 2026- Benzotropine Mesylate 0.5 mg on 1/1 thru 1/24.</p> <p>December 2025- Cetirizine 10 mg on 12/30 and 12/31.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Benztropine Mesylate 0.5 mg on 12/30 and 12/31. Trazodone 100 mg on 12/30 and 12/31. Fluticasone 50 mcg on 12/30 and 12/31.</p> <p>No staff initials to indicate the medication was administered by staff:</p> <p>November 2025- Cetirizine 10 mg on 11/12 thru 11/14 and 11/25 thru 11/27. Benztropine Mesylate 0.5 mg on 11/12 thru 11/14, 11/25 thru 11/27 am doses and 11/12 thru 11/14, 11/24 thru 11/26 pm doses. Trazodone 100 mg on 11/11 thru 11/14 and 11/24 thru 11/26. Fluticasone 50 mcg on 11/12 thru 11/14 and 11/25 thru 11/27.</p> <p>Review on 1/29/26 of November 2025 MAR for client #3 revealed:</p> <p>No staff initials to indicate the medication was administered by staff:</p> <p>Atorvastatin 20 mg on 11/1, 11/2 and 11/20 thru 11/30. Sertraline 50 mg on 11/1, 11/2 and 11/20 thru 11/30. Daily fiber powder on 11/1, 11/2 and 11/20 thru 11/30. Trazodone 150 mg on 11/1 and 11/20 thru 11/30. Metformin 500 mg on 11/1, 11/2 and 11/20 thru 11/30. Risperidone 2 mg on 11/1, 11/2 and 11/20 thru 11/30. Risperidone 3 mg on 11/1 and 11/20 thru 11/30. Propranolol 10 mg on 11/1 and 11/2, 11/20 thru 11/30 am doses and 11/1, 11/20 thru 11/30 pm doses. Clozapine 100 mg on 11/1 and 11/20 thru 11/30.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Interview on 1/29/26 with the Licensee revealed: -There were no issues with clients getting their medication. -She just recently talked to staff #2. -Staff #2 said "he would get busy and forget to sign the MARs for clients." -Staff #2 said the clients got their medication.</p> <p>3. Observation on 1/29/26 of clients #1 and #3's bedroom at approximately 1:05 pm revealed: -There was a bottle of Flonase nasal spray on client #1's nightstand.</p> <p>Review on 1/29/26 of client #1's record revealed: -No physician's order for the above the nasal spray. -No physician's order to self administer medication.</p> <p>Interview on 1/29/26 with client #1 revealed: -His mother gave him the bottle of Flonase about 2 weeks ago. -He had been using the Flonase because he was congested. -He didn't know if staff knew about the Flonase. -He had been using the Flonase "almost daily for the last 2 weeks."</p> <p>Interview on 1/29/26 with staff #1 revealed: -He didn't realize client #1 had the nasal spray in his bedroom.</p> <p>Interview on 2/4/26 with the Licensee revealed: -She didn't know client #1 had nasal spray in his bedroom. -She knew there was no order for the nasal spray because she was not aware that he had nasal spray. -She confirmed the facility failed to have a</p>	V 118		

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V 118	Continued From page 9 physician's order. -She confirmed the facility failed to ensure client #1 had a physician's order to self administer medication. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure	V 120		

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V 120	<p>Continued From page 10</p> <p>medications were in a securely locked cabinet affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Observation on 1/29/26 at approximately 12:20 PM of staff office/bedroom area revealed:</p> <ul style="list-style-type: none"> -Staff #2 unlocked the door to staff's office/bedroom door. -The medication bins for clients #1, #2 and #3 were stored in a dresser. -The dresser was not locked. -All of the medication below was available for administration. <p>Review on 1/29/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/8/21. -Diagnosis of Schizophrenia. -Physician's order dated 2/24/25 for Clozapine 200 milligrams (mg) (Schizophrenia), two tablets at bedtime. <p>Review on 1/29/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/20/22. -Diagnoses of Schizophrenia and Allergic Rhinitis. -Physician's order dated 2/17/24 and 9/24/25 for the following: Cetirizine 10 mg (Allergies), one tablet daily Benzotropine Mesylate 0.5 mg (Extrapyramidal Symptoms), one tablet twice daily Trazodone 100 mg (Insomnia), two tablets at bedtime Fluticasone 50 micrograms (mcg) (Allergic Rhinitis), one spray in each nostril daily Albuterol Hydrofluoroalkane 90 mcg inhaler, two puffs as needed every 6 hours <p>Review on 1/29/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/6/12. -Diagnoses of Schizophrenia and Tobacco Use Disorder. 	V 120		

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V 120	<p>Continued From page 11</p> <p>-Physician's order dated 10/24/25 for the following: Atorvastatin 20 mg (Cholesterol), one tablet daily Sertraline 50 mg (Depression), three tablets daily Daily fiber powder (Constipation), 3.4 grams in 8 oz liquid and drink daily Trazodone 150 mg (Depression), one tablet at bedtime Metformin 500 mg (Diabetes), one tablet daily Risperidone 2 mg (Mood Disorder), one tablet daily Risperidone 3 mg, one tablet daily Propranolol 10 mg (Anxiety), three tablets two times daily Clozapine 100 mg (Schizophrenia), three tablets at bedtime</p> <p>Interview on 1/29/26 with staff #2 revealed: -The client's medication was stored in the dresser in staff's office/bedroom area since he started a week ago. -He "always" kept the door locked to staff's office/bedroom. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.</p> <p>Interview on 1/29/26 with the Licensee revealed: -She was aware that the clients medication was kept in an unlocked dresser in staff's office/bedroom area. -She had the medication in the unlocked dresser until she was able to purchase a locked file cabinet. -The medication was were kept in the unlocked dresser for about a month. -"I thought it was ok to store the medication there because staff's office is always locked." -She confirmed the facility failed to ensure medications were in a securely locked cabinet.</p>	V 120		

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V 131	Continued From page 12	V 131		
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 ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting one of three audited staff (#2). The findings are:</p> <p>Reviews on 1/29/26 and 1/30/26 of the personnel record for staff #2 revealed:</p> <p>Staff #2- -Date of hire was 1/23/26. -Hired as a Supervisor In Charge. -No documentation the HCPR was accessed prior to hire.</p> <p>Interview on 1/29/26 with the Licensee revealed: -She did the HCPR check for staff #2 prior to employment. -She spilled coffee on the document and threw it away. -"I did not get around to getting those documents</p>	V 131		

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NAME OF PROVIDER OR SUPPLIER ROSHAUN'S HOUSE OF CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD DURHAM, NC 27705
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V 131	Continued From page 13 again." -She confirmed the facility failed to ensure the HCPR was accessed for staff #2 prior to employment.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check 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 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	V 133		

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V 133	Continued From page 14 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 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.	V 133		

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V 133	<p>Continued From page 15</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> <ol style="list-style-type: none"> (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>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> <ol style="list-style-type: none"> (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 	V 133		

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V 133	Continued From page 16 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 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	V 133		

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V 133	<p>Continued From page 17</p> <p>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.</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 ensure a criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three audited staff (#2). The findings are:</p>	V 133		

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V 133	Continued From page 18 Staff #2- -Date of hire was 1/23/26. -Hired as a Supervisor In Charge. -No documentation a criminal history record check was requested. Interview on 1/29/26 with the Licensee revealed: -She did the criminal background check for staff #2. -She spilled coffee on the document and threw it away. -"I did not get around to getting those documents again." -She confirmed the facility failed to ensure the criminal history record check was not requested within five business days of making the conditional offer of employment for staff #2.	V 133		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 1/29/26 at approximately 10:30 AM of the facility revealed: -The patio area-There was an inoperable flat screen television. -Client #2's bedroom-The blinds had about 4	V 736		

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V 736	<p>Continued From page 19</p> <p>missing slats. The ends of approximately 6 of the slats were broken.</p> <p>-Bathroom #1 (in hallway)-Strong urine smell. The shower curtain was crumbled and hanging off of the shower curtain rod. Eight of shower curtain rings were missing. The tub had approximately 10 black spots that ranged from dot size to the size of a dime. The light panel was rusted. There was peeling paint on the inside of the door.</p> <p>-Clients #1 and #3's bedroom-A strong musty odor. Clothes in pile on the floor near client #1's side of bedroom.</p> <p>-Bathroom #2 in client #1 and #3's bedroom-Nine of the shower curtain rings were missing. There was no shower curtain. Shower curtain liner was sagging and had mildew stains. There were approximately 60 white and browns stains on wall that ranged from dot to dime sized.</p> <p>Interview on 1/29/26 with staff #2 revealed: -"I have been at the facility for about a week." -"The facility looked this way when I started." -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>Interview on 2/4/26 with the Licensee revealed: -She was aware of some of the maintenance issues with the facility -A Division of Health Service Regulation Construction Engineer came out a couple of months ago and some of those issues were addressed. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		