

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 30, 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel records for 1 or 3 audited staff (Staff #6). The findings are:</p> <p>Review on 4/30/26 of Staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> -No indication of a hiring date. -No written job description. -No documentation to identify competency, work experience, training and other qualifications for the position. -Results of findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry was conducted on 4/30/26. 	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 2</p> <p>-No documentation of facility required that all applicants for employment disclose any criminal conviction.</p> <p>Interview on 4/29/26 with Staff #6 revealed: -He started working at the facility a few weeks ago. -He worked mainly as an "on-call" staff. -He would work at the facility assisting staff and clients. -Helped in taking clients to their appointments.</p> <p>Interview on 4/30/26 with the Manager revealed: -Staff #6 had been working at the facility since March of this year. -He was hired as a Direct Care staff. -He worked mainly as an "on-call" staff. -Staff #6's information was mainly online as the facility was moving to electronic filings. -Staff #6 was still undergoing training. He would come to the facility and assist clients and staff. He also took clients to their scheduled appointments. -Current live-in staff was pregnant and was to go on maternity leave in the near future. Staff #6 was to take her place. -He would ensure a complete personnel file for Staff #6 would be completed.</p>	V 107		
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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 3</p> <p>delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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> <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 ensure that 3 of 3 staff (the Manager, Staff#5 and Staff #6) was trained in basic first aid; 2 of 3 staff (the Manager and Staff #6) was trained in cardiopulmonary resuscitation (CPR); and 1 of 3 staff (Staff #6) received an orientation, was trained on client rights and confidentiality and had training to meet the MH/DD/SA needs of the clients as specified in their treatment plans.</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 4</p> <p>Review on 4/30/26 of Staff #5's personnel record revealed: -Hire date of 1/114/22. -She was hired as a Direct-Care Staff, live-in. -There was no documentation of an updated First Aid Training.</p> <p>Review on 4/30/26 of Staff #6's record revealed: -No written indication of a hire date. -No signed job description. -There was no documentation of receiving agency's orientation, CPR/First Aid Training. Client Rights and Confidentiality and training to meet the MH/DD/SA needs of the clients as specified in their treatment plans.</p> <p>Review on 4/30/26 of the Manager's personnel record revealed: -Hire date of 2016. -He was hired as the Manager. -There was no documentation of an updated CPR/First Aid Training.</p> <p>Interview on 4/29/26 with Staff #5 revealed: -She was a Live-in staff. -She worked alone with the clients at the facility.</p> <p>Interview on 4/29/26 with Staff #6 revealed: -Had been working at the facility for a few weeks. -He was mostly an "on-call_ staff. -He worked with the clients as needed. Took them to their appointments. -Assisted house staff as needed.</p> <p>Interview on 4/30/26 with the Manager revealed: -He was not aware that Staff #5's First Aid Training was not in her record. He believed that she had completed her training when she completed the CPR training.</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 5 -He thought he had completed training on First Aid/CPR, but was not able to locate his certificate. -Personnel information was being moved to electronic files and some of the staff information was online. -Staff #6 was still being trained for the position as Staff #4 was pregnant and would be soon be going on maternity. -He acknowledged some of the required training for staff at the facility was not in their personnel record or was missing. He would ensure that moving forward, he would have required documentation on file.	V 108		
V 118	27G .0209 (C) Medication Requirements 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 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: (A) client's name; (B) name, strength, and quantity of the drug;	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>(C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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 record review, observation, and interview the facility failed to: A) Ensure the MAR was kept current affecting 3 of 3 audited clients (#1, #2 and #3) and B) Ensure medication was available according to the physician order for 1 of 3 audited clients (#1.) The findings are</p> <p>Review on 4/29/26 of Client #1's record revealed: -Admission date of 4/1/26. -Diagnoses of Bipolar I with Psychotic Features; Post Traumatic Stress Disorder, Unspecified; Conduct Disorder; Intermittent Explosive Disorder; Attention Deficit Hyperactivity Disorder (ADHD), Combined Type, -Physician's orders dated 4/1/26: -Fluoxetine 10 milligrams (mg) (antidepressant), take one capsule daily in the morning. -Olanzapine 10 mg (antipsychotic), take one tablet daily at bedtime. -Hydroxyzine 50 mg (anxiety/sleep), take one tablet at night as needed.</p> <p>Observation on 4/29/26 at approximately 3:00pm</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>of Client #1's medications revealed: -Fluoxetine 10 mg was available. -Olanzapine 10 mg was available. -Hydroxyzine 50 mg was not available.</p> <p>Review on 4/30/26 of Client #1's MAR for the month of April 2026 revealed: -Fluoxetine 10 mg was not marked as administered on 4/30/26 at 8:00 am. -Olanzapine 10 mg was not marked as administered on 4/29/26 at 8:00 pm.</p> <p>Review on 4/29/26 of Client #2's record revealed: -Admission date of 8/23/11. -Diagnoses of Schizophrenia; Chronic Obstructive Pulmonary Disorder; History of Seizures; Muscle Weakness. -Physician's orders dated 11/3/25 for Hydroxyzine 25 mg (anxiety), take one tablet three times a day</p> <p>Observation on 4/29/26 of Client #2's medications revealed: -Hydroxyzine 25 mg was available.</p> <p>Review on 4/29/26 of Client #2's MAR for the months of March 2026 through April 2026 revealed: -March: -Hydroxyzine 25 mg was not marked as administered from 3/1-3/30 at 8:00pm.</p> <p>Review on 4/29/26 of Client #3's record revealed: -Admission date of 4/7/26. -Diagnoses of Bipolar Disorder, Manic; Attention Deficit Hyperactivity Disorder; History of Oppositional Defiant Disorder; Mild Cognitive Impairment; Polysubstance Use Disorder; Adjustment Disorder with Anxiety and Depression. -Physician's orders dated 4/3/26:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Aripiprazole 10 mg (antipsychotic), take one tablet daily. -Ferrous Sulfate 325 mg (iron supplement), take one tablet twice daily. -Fluticasone 50 mcg (allergies), place one spray into each nostril daily. -Guanfacine 2 mg (ADHD), take 1/2 tablet twice daily. -Lamotrigine 100 mg (Bipolar), take 1/2 tablet daily. -Lamotrigine 25 mg, take one tablet daily. -Naltrexone 25 mg (Alcohol/Opioid Use), take one tablet daily. -Quetiapine Fumarate 100 mg (Antipsychotic), take one tablet at bedtime. -Vitamin D 400 mg (Supplement), take one tablet daily. <p>Observation on 4/29/26 of Client #3's medications revealed: -All medications mentioned were available.</p> <p>Review on 4/30/26 of Client #3's MAR for the month of April 2026 revealed: -Aripiprazole 10 mg, was not marked as administered on 4/30/26. -Ferrous Sulfate 325 mg, was not marked as administered on 4/29/26 at 8pm and 4/30/26 at 8am. -Fluticasone 50 mcg (allergies), was not marked as administered on 4/30/26. -Guanfacine 2 mg (ADHD), was not marked as administered on 4/29/26 at 8pm and 4/30/26 at 8am. -Lamotrigine 100 mg (Bipolar), was not marked as administered on 4/30/26. -Lamotrigine 25 mg, was not marked as administered on 4/30/26. -Naltrexone 25 mg (Alcohol/Opioid Use), was not marked as administered on 4/30/26.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Quetiapine Fumarate 100 mg (Antipsychotic), was not marked as administered on 4/29/26. -Vitamin D 400 mg (Supplement), was not marked as administered on 4/30/26. <p>Interview on 4/29/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He had been at the facility since the beginning of the month. -Staff always administered his medications. -had not had any issues in getting his medications. <p>Interview on 4/29/26 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Had been at the facility since the beginning of April. -Staff had always administered his medications. -Had never had any issues in getting his medications. <p>Interview on 4/30/26 with the Manager revealed:</p> <ul style="list-style-type: none"> -He had taken the clients MARs with him to his office on 4/29/26. Staff was unable to initial her name on the MAR on 4/29 and 4/30. -Facility was moving into doing the MARs online. Staff #5 may had gotten confused and log in Client #2's Hydroxyzine in the evening. -He was not aware that Client #1's Hydroxyzine was not available at the facility. -Clients are given a two weeks supply of medications prior to them moving into the facility. -Client #1's Hydroxyzine may had just finished. -He acknowledges the facility failed to keep the MARs current and have medications available. <p>Due to the failure to accurately document medication administration and not having a medication available it could not be determined if the clients received their medications as ordered by the physician.</p>	V 118		

Division of Health Service Regulation

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V 131	Continued From page 10	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 reviews and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 staff (Staff #6). The findings are:</p> <p>Review on 4/30/26 of Staff #6's personnel record revealed: -No indication of a hiring date. -No written job description. -There was no HCPR check in Staff #6's file. -The HCPR check was conducted on 4/30/26.</p> <p>Interview on 4/30/26 with the Manager revealed: -Staff #6 had been working at the facility since March of this year. -He was hired as a Direct Care staff. -He worked mainly as an "on-call" staff. -Staff #6's information was mainly online as the facility was moving to electronic filings. -Current live-in staff was pregnant and was to go on maternity leave in the near future. Staff #6 was</p>	V 131		

Division of Health Service Regulation

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V 131	Continued From page 11 to take her place. -He thought the HCPR had been conducted for Staff #6 and was later misplaced. -He conducted a new HCPR check on Staff #6 today. -Moving forward, he would ensure the HCPR check would be conducted prior of hiring the staff.	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	V 133		

Division of Health Service Regulation

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V 133	Continued From page 12 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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 133	<p>Continued From page 13</p> <p>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> <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. 	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 133	Continued From page 14 (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 133	<p>Continued From page 15</p> <p>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.</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 national criminal history record check was requested within five business days of</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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V 133	<p>Continued From page 16</p> <p>making the conditional offer of employment affecting 1 of 3 audited staff (Staff #6). The findings are:</p> <p>Review on 4/30/26 of Staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> -No indication of a hiring date. -No written job description. -No criminal history check. <p>Interview on 4/29/26 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -He had started working a few weeks ago. -He was mostly an "on-call" staff and came in as needed. -He worked at the facility assisting staff and clients. -Helped in taking clients to their appointments. <p>Interview on 4/30/26 with the Manager revealed:</p> <ul style="list-style-type: none"> -Staff #6 had been working at the facility since March of this year. -He was hired as a Direct Care staff. -He worked mainly as an "on-call" staff. -Staff #6's information was mainly online as the facility was moving to electronic filings. -Current live-in staff was pregnant and was to go on maternity leave in the near future. Staff #6 was to take her place. -He thought the criminal background check had been conducted for Staff #6 and was later misplaced. -Moving forward, he would ensure the criminal background check would be conducted prior of hiring the staff. 	V 133		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 513	<p>Continued From page 17</p> <p>ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide services using the least restrictive and most appropriate methods affecting 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Observation on 4/29/26 at approximately 3:30 pm and on 4/30/26 at approximately 8:00 am of the facility's kitchen revealed:</p> <ul style="list-style-type: none"> -The refrigerator and freezer had latches with locks on them. -The latches were not currently locked. 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 513	<p>Continued From page 18</p> <p>Review on 4/29/26 of Client #1's record revealed: -Admission date of 4/1/26. -Diagnoses of Bipolar I with Psychotic Features; Post Traumatic Stress Disorder, Unspecified; Conduct Disorder; Intermittent Explosive Disorder; Attention Deficit Hyperactivity Disorder, Combined Type, -Treatment plan had not yet been completed. -No documentation of detailed reason for the restriction and no evaluation of the restriction.</p> <p>Review on 4/29/26 of Client #2's record revealed: -Admission date of 8/23/11. -Diagnoses of Schizophrenia; Chronic Obstructive Pulmonary Disorder; History of Seizures; Muscle Weakness. -Treatment/habilitation plan dated 6/1/25 did not include documentation of food related behaviors. -No documentation of detailed reason for the restriction and no evaluation of the restriction.</p> <p>Review on 4/29/26 of Client #3's record revealed: -Admission date of 4/7/26. -Diagnoses of Bipolar Disorder, Manic; Attention Deficit Hyperactivity Disorder; History of Oppositional Defiant Disorder; Mild Cognitive Impairment; Polysubstance Use Disorder; Adjustment Disorder with Anxiety and Depression. -Treatment plan had not yet been completed. -No documentation of detailed reason for the restriction and no evaluation of the restriction.</p> <p>Interview on 4/29/26 with Client #1 revealed: -He had been at the faciity for a few weeks. -Facility staff locked up the refrigerator and freezer at night. -Staff would reopen the refrigerator/freezer in the morning.</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 513	<p>Continued From page 19</p> <p>-Refrigerator/freezer would remain unlocked during the day.</p> <p>Interview on 4/29/26 with Client #3 revealed: -He had been at the facility for a few weeks. -Reported that the refrigerator/freezer would be locked at night by staff. -Freezer/refrigerator only stayed locked during the night.</p> <p>Interview on 4/29/26 with the Manager revealed: -He was aware that the facility had been facility due to locks on the refrigerator/freezer. -He had instructed facility staff not to lock the refrigerator/freezer. -He was not aware that staff continued to lock the refrigerator/freezer during the night. -Facility had placed the locks in the refrigerator/freezer due to a former client that "liked to eat a lot and would take all the food." -He planned on removing the locks from the refrigerator/freezer. -He acknowledged the facility's refrigerator/freezer had locks on them and staff continued to lock them during the night.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 513		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 536	<p>Continued From page 20</p> <p>disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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V 536	<p>Continued From page 21</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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V 536	<p>Continued From page 22</p> <p>approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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V 536	<p>Continued From page 23</p> <p>(I) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to ensure 1 of 3 audited staff (#6) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 4/30/26 of Staff #6's personnel record revealed: -No indication of a hiring date. -No written job description. -No documentation of training on the use of alternatives to restrictive interventions.</p> <p>Interview on 4/30/26 with the Manager revealed: -Facility used the National Crisis Interventions Plus (NCI +) curriculum as their training on alternatives to restrictive interventions. -Staff #6 was still undergoing trainings. -He would schedule Staff #6 for next upcoming NCI+ training. -Moving forward, he would ensure all staff have their trainings completed prior to starting working at the facility.</p>	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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V 736	<p>Continued From page 24</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive, orderly manner. The findings are:</p> <p>Observation on 4/29/26 at approximately 3:30 pm of the facility revealed:</p> <ul style="list-style-type: none"> -Kitchen: <ul style="list-style-type: none"> -Light bulb from range hood light was missing. -Television Room: <ul style="list-style-type: none"> -Light bulb from ceiling light was not working. -Hallway: <ul style="list-style-type: none"> -Air conditioning return vent was covered and clogged with lint. -Downstairs Bathroom: <ul style="list-style-type: none"> -No metal plate on door latch. Unable to lock the door. -Dark stains all around the tub where it met with the wall. -Outside: <ul style="list-style-type: none"> -Grass was tall. Measuring about a foot tall. <p>Interview on 4/30/26 with the Manager revealed:</p> <ul style="list-style-type: none"> -They had had some rain in the last few days and grass may had grown then. He would have the grass mowed this week. -He was aware of the issue with the door latch at the downstairs bathroom. He was planning to have it fixed. -He was not aware that the light from the television room had burned. He would have it replaced. -He was aware that the light from the range hood 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/30/2026
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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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 736	Continued From page 25 was missing, but had not had the time to have it replaced. -He would instruct staff to have the air conditioning return vent cleaned. -He acknowledged the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner.	V 736		