STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL049-164	A. BUILDING: _____ B. WING _____	C 01/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTFELT HOMES OF THE CAROLINAS	440 CHARLES STREET STATESVILLE, NC 28677

(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	INITIAL COMMENTS . A complaint survey was completed on January 7, 2022. The complaints were substantiated. (intake #NC00184087 and NC00183928). Deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 0 current clients, 3 former clients and 0 deceased clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.	V 110		

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V 110	Continued From page 1 (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, the facility Director (Dir) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review of personnel files on 1-5-22 revealed: - no staff file for an Associate Professional (AP) - no staff file for a Licensed Professional (LP) Interview on 1-4-22 and 1-5-22 with the Dir revealed: - clients were admitted to her facility, without completed intake packets from referral sources - the facility had no Licensed Professional (LP) - clients were admitted to her facility without Admission Assessments	V 110		

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V 110	Continued From page 2	V 110		

- former client #1 ' s treatment plan was incomplete
- there was no identified Associate Professional (AP)
- acknowledged as the Dir, she was responsible for all regulatory requirements including staffing, client files, personnel files and running the program

Interview on 1-5-22 with staff #1 revealed:
- his supervisor was the Dir
- the Dir was in charge of the facility
- unaware of LP employed by the facility
- unaware of AP employed by the facility

Interview on 1-6-22 with former client #2 ' s Legal Guardian revealed:
- no issues related to former client #2 ' s care
- he dealt with the Dir or staff #1 regarding client #2
- not sure if, or who the AP was
- never saw or talked to an LP

Interview on 1-7-22 with former client #3 ' s Legal Guardian revealed:
- the facility ' s LP was not in place before former client #3 was admitted 9-9-21
- there was a, "lack of attention to detail" by the Dir.
- "they seemed unprepared"
- "[Dir] is a nice enough person, but she seemed kind of incompetent in running a group home. I think it could have been more successful if she had the right people around her and the services in place, but she didn ' t."

Interview on 1-6-22 with the Qualified Professional (QP) revealed:
- The Dir would agree with her recommendations and suggestions, but not follow

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V 110	Continued From page 3 through and carry them out - "a lot of the kids didn ' t come with the paperwork they needed" - "I don ' t think she had the right staff in place to provide the services the children needed" - "She does have her heart in the right place, but she needs to get her organizational skills improved, and make better choices ... be more professional, more clinical."	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 4	V 111		

This Rule is not met as evidenced by:
Based on interview and record review, the facility staff failed to ensure an assessment was completed for each client, prior to the delivery of services that included but was not limited to; presenting problems, needs and strengths, diagnoses, relevant histories, substance abuse-psychiatric-vocational and other evaluations related to the client ' s needs; for 3 (former client #1, former client #2 and former client #3) of 3 clients surveyed.
The findings are:

Review on 1-5-22 of former client #1 ' s facility record revealed:
- admitted 11-18-21
- 16 years old
- discharged 11-29-21
- no Axis I or Axis II diagnoses found in the client ' s record
- no Admission Assessment found in the facility record

Review on 1-5-22 of former client #2 ' s facility record revealed:
- admitted 11-19-21
- 17 years old
- discharged 12-1-21
- diagnosed with:

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V 111	Continued From page 5 - Reactive-Attachment Disorder - Unspecified Depressive Disorder with Anxious Distress - Specific Learning Disorder - Academic or Educational Problem - Unspecified Problem Related to Social Environment - no Admission Assessment found in the facility record Review on 1-5-22 of former client #3 ' s facility record revealed: - admitted 9-9-21 - 17 years old - discharged 12-7-21 - no Axis I or Axis II diagnoses found in the client ' s record - no Admission Assessment found in the facility record Interview on 1-4-22 and 1-5-22 with the Director (Dir) revealed: - referral sources promised to send documentation, but did not - most referrals were emergencies and she was told clients had to be placed immediately - was aware client records were incomplete - found it difficult to reach referral sources after clients were admitted - still waiting for some clients ' information - acknowledged the need to screen clients better, including creating an admission assessment on each client, for the treatment team to use in determining the appropriateness of each referred client Interview on 1-5-22 with staff #1 revealed:	V 111		

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V 111	Continued From page 6 - was aware client ' s records were incomplete - was unable to locate admission assessments for clients - "we ' re all still learning here" Interview on 1-6-22 with the Qualified Professional (QP) revealed: - admission assessments, " ... were needed to update PCPs (person centered plans/treatment plans)." - "a lot of the kids didn ' t come with the paperwork they needed" - former client #1, former client #2 and former client #3 did not have admission assessments - "I can attest to their being no paperwork, and (the) MCO (Managed Care Organization) pushing to get clients in on an emergency, and not providing the paperwork needed" - "Documentation and paperwork was slow and sometimes not in place that was needed to provide services ... I never saw admission assessments"	V 111		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its	V 295		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 295	Continued From page 7 associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure at least one full-time direct care staff who met or exceeded the requirements of an Associate Professional, was employed with the minimum responsibilities of: management of the day-to-day operations, supervision of paraprofessionals and participated in service planning meetings. The findings are: Review of personnel files on 1-5-22 revealed: - no staff file for an Associate Professional (AP) Interview on 1-5-22 with the Director (Dir) revealed: - she was responsible for hiring staff - there was no identified Associate Professional (AP) - finding, hiring, training and keeping good staff had been difficult	V 295		

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V 295	Continued From page 8 Interview on 1-5-22 with staff #1 revealed: - the Dir handled the day-to-day operations of the facility - he was unaware of any staff designated as the Associate Professional Interview on 1-6-22 with Former Client #2 ' s Legal Guardian revealed: - when she had questions about Former Client #2 and the program, she dealt with the Dir, and sometimes staff #1 - she was not sure who or if there was an AP Interview on 1-6-22 with the Qualified Professional revealed: - the required staff were not in place - no staff appeared to be in charge of the day-to-day operations of the facility - The Dir seemed to handle most issues, but the facility seemed disorganized	V 295		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.	V 297		

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V 297	Continued From page 9 (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure face to face clinical consultation was provided in the facility at least 4 hours each week by a licensed professional. The findings are: Review of personnel files on 1-5-22 revealed: - no staff file for a Licensed Professional (LP) Interview on 1-5-22 with the Director (Dir) revealed: - she was responsible for hiring staff - she was supervised by the LP - had trouble finding/hiring/keeping good staff - she initially had an LP, but only briefly (dates not provided) - has not had an LP at the facility for a long time Interview on 1-5-22 with staff #1 revealed: - clients saw their LP once a month	V 297		

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V 297	Continued From page 10 - was unaware the requirement for an LP was 4 hours per week - Did not know the identity of the LP Interview on 1-6-22 with Former Client #2 ' s Legal Guardian revealed: - never saw an LP at the facility - never talked to an LP at the facility Interview on 1-7-22 with Former Client #3 ' s Legal Guardian revealed: - "I ' m not aware of a therapist ever being in the home ..." - " ...the group home ' s LP was not in place ... they seemed unprepared" - the facility would have operated more successfully if the Dir, "had the right people around her ..." Interview on 1-6-22 with the Qualified Professional revealed: - stated the Dir supervised her, not an LP - was unaware she was supposed to be supervised by the LP - never met the facility ' s LP - was unclear regarding the hours and requirements of an LP in this treatment facility - "I don ' t think she had the right staff in place to provide the services the children needed."	V 297		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the	V 300		

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V 300	Continued From page 11 transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure the discharge of a child or adolescent with the required service planning	V 300		

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V 300	Continued From page 12	V 300		

decisions made, prior to the transfer or discharge from the facility.
The findings are:

Review on 1-5-22 of former client #1 ' s facility record revealed:
- admitted 11-18-21
- 16 years old
- discharged 11-29-21
- no discharge service plan or discharge documentation

Review on 1-5-22 of former client #2 ' s facility record revealed:
- admitted 11-19-21
- 17 years old
- discharged 12-1-21
- diagnosed with:
  - Reactive-Attachment Disorder
  - Unspecified Depressive Disorder with Anxious Distress
  - Specific Learning Disorder
  - Academic or Educational Problem
  - Unspecified Problem Related to Social Environment
- no discharge service plan or discharge documentation

Review on 1-5-22 of former client #3 ' s facility record revealed:
- admitted 9-9-21
- 17 years old
- discharged 12-7-21
- no discharge service plan or discharge documentation

Interview on 1-6-22 with the Qualified Professional revealed:

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V 300	Continued From page 13 - she was aware of the lack of proper documentation - "I can attest to their being no paperwork, and the MCO (Managed Care Organization) pushing to get clients in on an emergency and not providing the paperwork needed" - the facility lacked organization, "documentation and paperwork was slow and sometimes not in place ..." Interview on 1-5-22 with the Director revealed: - no clients presently in the facility - since opening approximately 4 months ago, has admitted and discharged 6 clients - discharge summary was supposed to be started by the referral source, but the intake packets were returned incomplete - she accepted clients even though she did not have paperwork/documentation/etc. "It all comes down to me, I ' m responsible." - acknowledged the need to meet with each client ' s treatment team and complete discharge planning as required	V 300		