AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		MHL0411207	B. WING		01/1	2/2022
NAME OF I				OTATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HAPPY I	HEARTS GROUP HON	IF	LINGTON R			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	An annual survey was completed on 1/12/22. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.					
	failed to ensure disa	et as evidenced by: view and interview, the facility aster drills were held at least ted for each shift. The				
	from 2/16/21-11/19/ - During the first	quarter of 2021 (January - idence a disaster drill was				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED		
	MHL0411207		B. WING		01/1	2/2022
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	1 0 1.7 1	2,2022
NAIVIE OF	FROVIDER OR SUFFLIER		LINGTON R			
HAPPY I	HEARTS GROUP HON	l -	ILLE, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 114	Continued From pa	ge 1	V 114		ļ	
	June 2021), no evice on 1st shift - During the third September 2021), record of the state of the september 2021.	ond quarter of 2021 (April - lence a disaster drill was held quarter of 2021 (July - no disaster drill was held on th quarter of 2021 (October - o disaster drill was held on 3rd				
	- Her facility's shi 3 pm (1st shift); 3 p 11 pm until 7 am (3i - A previous Qua informed her that di once every two mor - The previous Q information in writte facility staff to docume held - She was not aw incorrect - Now that she w	lified Professional (QP) had saster drills were to be held hiths P had also placed this same in form in the book used by ment when a disaster drill was ware this information was as aware of how often to be held, she could ensure				
V 131	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring health care facility of health care facility sersonnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident oropriate business files.	V 131			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL0411207	B. WING		01/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HAPPY I	HEARTS GROUP HOM	ΛF	LINGTON R			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE
V 131	Continued From pa	ige 2	V 131			
V 133	Based on record refailed to ensure the Registry (HCPR) wo of hire affecting 1 or The findings are: Review on 1/11/22 - A hire date of 4 - The HCPR was Interview on 1/11/2 - She would ensprior to the date of G.S. \$122C-80 Crim G.S. \$122C-80 Crim G.S. \$122C-80 CR CHECK REQUIRE APPLICANTS FOR (a) Definition As or "provider" applies to program and any provider applies to program and any provider is lice Chapter. (b) Requirement provider licensed un applicant to fill a positional process applicant to have a conditioned on concriminal history recorded applicant has be	s accessed on 4/26/21 2 with the Director revealed: ure the HCPR was accessed hire for any future employees. Ininal History Record Check IMINAL HISTORY RECORD D FOR CERTAIN	V 133			

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	or realtribervice re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I LAIN	O. JOHNEOHON	DENTI TO A TOTAL MODIBLE.	A. BUILDING:		JOIVIE	
		MHL0411207	B. WING		01/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
10 10 1	TO VIDER OR GOLF EIER		LINGTON R			
HAPPY H	HEARTS GROUP HOM	NF	ILLE, NC 27			
			ILLE, NC 27			
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
V 133	Continued From pa	de 3	V 133			
V 100	•		V 100			
		onsent to a State and national				
		ord check of the applicant. The				
		story record check shall				
		he applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
	•	otherwise provided in this				
		ve business days of making				
		of employment, a provider				
		est to the Department of 114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				
		half of a provider a State				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL0411207		B. WING		01/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		6255 BUR	LINGTON R			
HAPPY	HAPPY HEARTS GROUP HOME GIBSON			7249		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole,					
	rehabilitation, and e person since the da (7) The subsequen a relevant offense.	employment records of the ate the crime was committed. t commission by the person of				
	a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the					

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.					OATE SURVEY COMPLETED	
	MHL0411207 B. WING		01/1	2/2022		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		6255 BUR	LINGTON R			
HAPPY I	HEARTS GROUP HON	NE .	ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
	the criminal history to the disqualification of the criminal history applicant. (d) Limited Immunition employee of a procomplies with this scivil liability for:	se information contained in record check that is relevant on, but may not provide a copy bry record check to the record check to the rovider that, in good faith, section shall be immune from				
	(1) The failure of the individual on the base the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense relevant offenser federal criminal his indictment of a criminal his indictme	se As used in this section, means a county, state, or tory of conviction or pending me, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and substitutes; Article 5A, utive and Legislative Officers; Article 7A, Rape and Other ale 8, Assaults; Article 10, duction; Article 13, Malicious by Use of Explosive or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17,				
	Sex Offenses; Artic Kidnapping and Ab- Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses ar	le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	MHL0411207		B. WING		01/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HAPPY HEARTS GROUP HOME			LINGTON R ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Fraudulent Use of Oarticle 19B, Financia Act; Article 20, Frau 26, Offenses Again Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, Office; Article 35, Oeace; Article 36A, Article 39, Protection of the Falntoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplosupplies, or otherwan employment approximal history recessful be guilty of a Oarticle (g) Conditional Employan applicant obtaining the result check regarding the following requirement (1) The provider shorior to obtaining the result criminal history recessibsection (b) of the fingerprint cards as (2) The provider shoriminal history recession in the provider shoriminal history recession i	Credit Device or Other Means; ial Transaction Card Crime ads; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or action of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, is e gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Class A1 misdemeanor. Soloyment A provider may it conditionally prior to so of a criminal history record applicant if both of the	V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUR COMPLETE				
		MHL0411207	B. WING		01/	12/2022
	PROVIDER OR SUPPLIER HEARTS GROUP HON	6255 BUF	DRESS, CITY, S RLINGTON R VILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 133	conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	failed to ensure a common was requested with conditional offer of audited staff (Staff). Review on 1/11/22 - A hire date of 4 - The criminal his requested on 5/20/2 - She would ensure the staff of the condition of the conditio	view aind interview, the facility rimininal history record check in five business days of a employment affecting 1 of 3 #1). The findings are: of staff #1's record revealed: /20/21 story record check was				

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