

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3/18/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility staff failed to implement goals and strategies in the treatment/habilitation plan to address client's needs affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 3/15/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 7/7/18</li> <li>- Diagnoses: Autistic Disorder (D/O); Disruptive Mood Dysregulation D/O; Severe Intellectual Disabilities; Obsessive Compulsive Disorder, unspecified; Albinism; Persistent, Continuous Bilateral Nystagmus and Controlled Type II Diabetes Mellitus</li> <li>- Review of client #1's Individualized Support Plan (ISP) dated 5/1/21 revealed: "He is on maintenance medications for his diabetes. He had one incident in previous years in which his blood sugar got dangerously low; since then, even closer attention is given to his blood sugar levels on a daily basis. He also had a few situations last year where he needed to be given insulin as his sugar was low. He is on a low-carbohydrate diet prescribed by a doctor."</li> <li>- Review of client #1's "Individual Behavior Support Plan" dated 3/4/21 revealed: "Due to [client #1] getting up during the night and eating large quantities of food, the refrigerator and freezer will be locked at night when [client #1] should be in bed and staff is not immediately there to redirect him. [Client #1] could choke or ingest large portions of unhealthy food which</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 112	<p>Continued From page 2</p> <p>could spike his blood sugar level if he eats during the night when he would be asleep ...Healthy food options are out and available if [client #1] gets hungry during the day."</p> <p>- Further review of client #1's ISP revealed: There were no goals or strategies to identify the need to lock the refrigerator and kitchen cabinets at all times. Nor were there goals or strategies to identify the need to deny access to exit the facility.</p> <p>Finding #1</p> <p>Observation on 3/15/22 at approximately 11:24 am of the facility's refrigerator revealed:</p> <ul style="list-style-type: none"> <li>- A chain around the refrigerator with a lock attached to the chain.</li> <li>- No food was out and available for client #1 to eat.</li> </ul> <p>Observation on 3/16/22 at approximately 10:51 am of the refrigerator revealed:</p> <ul style="list-style-type: none"> <li>- A chain was locked around the freezer and refrigerator door handles.</li> </ul> <p>Observation on 3/15/22 at approximately 11:30 am of the den closet revealed:</p> <ul style="list-style-type: none"> <li>- There were snacks stored in a locked den closet.</li> </ul> <p>Observation on 3/15/22 at approximately 11:27 am of the kitchen cabinets revealed:</p> <ul style="list-style-type: none"> <li>- All cabinets that contained food had child safety latches installed.</li> </ul> <p>Interviews on 3/15/22 and 3/16/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He tried to keep the refrigerator always locked.</li> <li>- He kept the refrigerator and freezer locked because client #1 was diabetic and he was</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 112	<p>Continued From page 3</p> <p>"sneaking food" in the middle of the night. This would cause client #1 to have "high" sugar levels.</p> <ul style="list-style-type: none"> <li>- He had child safety locks on the kitchen cabinets with food and locked up the snacks for the same reason.</li> <li>- It was on the behavior support plan that the refrigerator and other foods should be locked all the time.</li> </ul> <p>Finding #2</p> <p>Observation on 3/15/22 at approximately 2:30 pm of the front door to the facility revealed:</p> <ul style="list-style-type: none"> <li>- The doorknob to the front door had a plastic child safety doorknob cover.</li> <li>- The only other exit was through a sliding glass door that led to a small ground level balcony that was enclosed by a wall on one side and 2 sides were enclosed by a banister approximately 3 ½ feet tall.</li> </ul> <p>Observations on 3/17/22 at approximately 2:59 pm-3:03 pm of client #1 attempting to open the front door of the facility revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 unlocked the top deadbolt lock. Then client #1 attempted to open the front door by continuing to turn the plastic child safety doorknob cover and was unable to open the door. After several attempts to turn the doorknob, he walked away from the door.</li> <li>- After plastic child safety doorknob cover was removed, client #1 unlocked the top deadbolt lock and was able to open the door on his own.</li> </ul> <p>Interviews on 3/15/22 and 3/16/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- There was a plastic child safety doorknob cover on the only door that would provide an exit, "so that [client #1] can't get out of the door." The plastic child safety cover installed over the</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 112	<p>Continued From page 4</p> <p>doorknob was also documented in client #1's behavior plan.</p> <ul style="list-style-type: none"> <li>- "I have to open the door for him (client #1)."</li> <li>- If there was a fire and he was not available to open the door for client #1, client #1 "would have to go out the window."</li> </ul> <p>Attempted interview on 3/15/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Unable to interview client as he had very limited communication and would not respond to questions.</li> </ul> <p>Review on 3/15/22 of client #1's "Individual Behavior Support Plan" dated 3/4/21 revealed:</p> <ul style="list-style-type: none"> <li>- "[Client #1] has not eloped from his residence since living in the AFL (Alternative Family Living). He waits for [staff #1] at the front door and often holds onto [staff #1], likely due to his visual impairment."</li> </ul> <p>Interview on 3/16/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- There was not a medical order that client #1 could not have access to food.</li> <li>- A plastic child safety cover was installed on the doorknob by staff #1 to prevent client #1 from eloping. "It should be in the treatment plan or behavior plan."</li> </ul> <p>This deficiency is crossed referenced into 10A NCAC 27E .0101 Least Restrictive Alternative (V513) for a Type A2 rule violation and must be corrected within 23 days.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 118	<p>Continued From page 5</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the MAR was kept current for 1 of 1 client (#1). The findings are:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 118	<p>Continued From page 6</p> <p>Attempted review on 3/15/22 of client #1's MAR for March 2022 revealed:</p> <ul style="list-style-type: none"> <li>- There was not a MAR available for March 2022.</li> </ul> <p>Observation on 3/15/22 at approximately 12:58 pm of client #1's labels on medication bottles revealed:</p> <ul style="list-style-type: none"> <li>- Lorazepam 1 mg: Take 1 ½ tabs (1.5 mg (milligram)) twice daily</li> <li>- benzotropine 1 mg: 1 tablet once daily</li> <li>- Metformin Extended Release (ER) 750 mg: 1 tab (tablet) once daily with breakfast</li> <li>- Linzess 145 mcg (microgram): 1 cap (capsule) once daily first thing in the morning.</li> <li>- vitamin D3 1000IU: 1 tab twice daily</li> <li>- loratadine 10 mg: 1 tab once daily</li> <li>- Amitiza 24 mcg: 1 cap twice daily</li> <li>- amlodipine Besylate 10 mg: 1 tab once daily</li> <li>- divalproex sodium ER 500 mg: 2 tabs twice daily</li> <li>- fluoxetine 60 mg: 2 tabs once daily</li> <li>- guanfacine HCL ER 3 mg: 1 tab every morning</li> <li>- divalproex sodium 500 mg: 1 tab daily at 3 pm</li> <li>- quetiapine fumarate 300 mg: 1 tab every night</li> <li>- trazadone 100 mg: 2 tabs at bedtime</li> <li>- ziprasidone 40 mg: 1 capsule at bedtime</li> <li>- Melatonin 3 mg: 1 at bedtime</li> <li>- Caplyta 42 mg: 1 capsule at bedtime</li> <li>- Ozempic 4 mg/3ml (1.34 mg/ml) prefilled: Inject 1 mg into skin once weekly</li> <li>- Accu-check Aviva Plus Test Strips- check blood sugar 3 times daily</li> <li>- Azelastine 0.1%: 2 sprays in each nostril twice daily</li> </ul> <p>Attempted Interview on 3/15/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Unable to interview client as he has very limited communication and would not respond to</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 118	Continued From page 7  questions.  Interview on 3/15/22 with staff #1 revealed: - The pharmacy provided him with his monthly MAR sheets which listed all the medications, dosage, and instructions. - He did not know where the March 2022 MAR sheet was as he hides the MAR sheet. He hides the MAR sheet because if client #1 saw the MAR sheet, client #1 would rip it up.  Due to the failure to accurately document medication administration, it could not be determined if client #1 received his medications as ordered by the physician.	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental	V 289		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 289	<p>Continued From page 8</p> <p>illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 289	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to operate under the scope for which it is licensed. This affected 1 of 1 client (#1). The findings are:</p> <p>Review on 3/15/22 of the facility's license revealed: - The program code and description: 5600F Supervised Living Alternative Family (AFL) Living in a Private Residence.</p> <p>Review on 3/15/22 of the lease for the home revealed: - The home was an apartment. Staff #1 and the Licensee were listed as residing in the apartment.</p> <p>Interview on 3/15/22 with the Licensee revealed: - He was the Licensee and the AFL provider for Loving Hearts Home. - He had not lived in the home since 2016. - Staff #1 started living in the home in 2017. - 1-2 times a month he helped with client #1 in the home, if staff #1 had personal appointments.</p> <p>Interview on 3/15/22 with staff #1 revealed: - The licensee asked him to live in the home in 2016 and the Licensee had paid him out of his check each month. - Since 2016, he has lived in the home full time and provided most of the care to client #1. - The Licensee has not lived in the home since 2016 but does "back-up" if he needs someone to help him.</p> <p>Review of client #1's Individualized Support Plan</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 289	Continued From page 10  (ISP) dated 5/1/21 revealed: - Staff #1 was listed on client #1's ISP (treatment plan) as "AFL caregiver." - The Licensee and AFL provider listed on the license was not listed in client #1's treatment plan as an "AFL caregiver".	V 289		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.  This Rule is not met as evidenced by: Based on record reviews, observations, and	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 513	<p>Continued From page 11</p> <p>interviews, the facility failed to provide services using the least restrictive and most appropriate methods affecting 1 of 1 client (#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record reviews, observations, and interviews the facility staff failed to implement goals and strategies in the treatment/habilitation plan to address client's needs affecting 1 of 1 client (#1).</p> <p>Review on 3/16/22 of the Plan of Protection dated 3/16/22 written by the Qualified Professional (QP) and Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Immediate removal of the doorknob protector 3/16/22 Immediate removal of the cabinet locks that have food in them. 3/16/22 Place frozen vegetables in the refrigerator freezer. 3/16/22 Place frozen meats in the deep freezer and lock the deep freezer at night only. 3/16/22 Coffee creamer, coffee and spices will be locked due to individual dumping them out onto the floor. 3/16/22 Can goods have been placed in one cabinet and unlocked. 3/16/22 Provider leaves oranges and apples and healthy snacks out and accessible to the individual at all times. Home visits effective immediately. 3/16/22 Describe your plans to make sure the above happens. Met with staff 3/16/22 in regard to the concerns and alerted him of changes that need to be made today and he has agreed to go forth with implementing the changes."</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 513	<p>Continued From page 12</p> <p>The facility served one client with diagnoses of: Autistic Disorder (D/O); Disruptive Mood Dysregulation D/O; Severe Intellectual Disabilities; Obsessive Compulsive Disorder, unspecified; Albinism; Persistent, Continuous Bilateral Nystagmus and Controlled Type II Diabetes Mellitus. The client had very limited communication and was visually impaired. He had a history of getting up in the night and eating food which resulted in increasing his blood sugar levels. Staff did not implement the strategies identified in client #1's behavior support plan/treatment plan and resorted to more restrictive interventions than identified in this plan. According to the plan, the refrigerator and freezer were to be locked at night but instead were locked at all times. In addition to locks on the refrigerator and freezer, the cabinets and the snack closet were locked as well and the client did not have access to any food/snacks. Client #1 had no history of leaving the home, but the staff had installed a plastic child safety cover on the doorknob of the one exit from the home, the front door. The client was unable to open the door on his own with the plastic child safety cover on the knob. He would not have been able to exit on his own in the event there was an emergency situation (fire, etc.).</p> <p>This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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 V 736	<p>Continued From page 13</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner, and free of offensive odors. The findings are:</p> <p>Observations on 3/15/22 from approximately 11:24 am - 12:05 pm of the group home revealed:</p> <ul style="list-style-type: none"> <li>- The kitchen counters were covered in dishes, cleaning supplies and plastic containers.</li> <li>- The blinds in the kitchen area were broken.</li> <li>- The brown couch had a rip and food on the couch.</li> <li>- The enclosed balcony had linens and blankets on the floor and draped over the banister.</li> <li>- The den area had 5 brown boxes on the floor. The carpet in the den was dirty.</li> <li>- The main hallway had a mop bucket full of water and a trash can full of adult diapers.</li> <li>- The kitchen tabletop was covered in various items.</li> <li>- The hallway leading to client #1's bedroom had large plastic containers, linens, and pillow on the floor.</li> <li>- There was a broken wooden rocker in client #1's bedroom.</li> <li>- Client #1's television was on the floor.</li> </ul>	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LOVING HEARTS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5221-B FOX HUNT DRIVE GREENSBORO, NC 27407</b>
---	--

(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	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- Client #1's bathroom counter tops and back area of toilet was covered in plastic containers, cleaning supplies, hygiene items, paper towels, and toilet paper.</li> <li>- The second client bedroom did not have: a bed, dresser or bedside table set up.</li> <li>- The following items were on the floor of the second client bedroom: dresser drawers, boxes, plastic containers, lamps, folders/paper, cleaners, and bed railing/slats.</li> </ul> <p>Interview on 3/16/22 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- She was the Director of the management company for the AFL (Alternative Family Living) home.</li> <li>- Feels during COVID staff #1 was "taking it easy" and not keeping the home clean.</li> <li>- "...we have not been making the onsite visits (due to COVID) it (the AFL home) is not clean and we need to start back (doing home visits)."</li> </ul>	V 736		