

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTFELT HOMES OF THE CAROLINAS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 CHARLES STREET STATESVILLE, NC 28677</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 7/21/22. The complaints were substantiated (intake #NC00189776 and intake #NC00190435). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients, 1 former 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</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop treatment plans based on assessment within 30 days of admission, affecting 1 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 7/20/22 of client #2's record revealed: - Admission Date: 5/20/22 - Diagnoses: Oppositional Defiant Disorder; Attention-Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder - No treatment plan was found in his record.</p> <p>Interview on 7/21/22 with the Licensee revealed: - Client #2 did not have a treatment plan because client #2's parents and legal guardian had not been cooperative. - The treatment plan for client #2 was in place because the treatment team had recently met, and they were waiting on client #2's waiver/other paperwork to get approved to complete client #2's treatment plan. - "We are going to have a treatment plan (for client #2) by this Saturday."</p> <p>Attempted interview on 7/21/22 with the Qualified Professional (QP): - She did not respond to the telephone call. - The Licensee had indicated 7/18/22 that the QP</p>	V 112		

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V 112	Continued From page 2  had COVID.	V 112		
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; (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.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered by persons trained by a registered nurse, pharmacist, or other legally qualified person and privileged to prepare and administer medications for 1 of 2 audited staff (Associate Professional (AP)). The findings are:</p> <p>Review on 7/21/22 of the AP's record revealed: - A Medication Administration training certificate was completed but the trainer who signed the certificate did not indicate if she was a Registered Nurse or Pharmacist.</p> <p>Interview on 7/19/22 with the AP revealed: - Currently neither client took medication. - She did review the Medications Administration Review (MAR) sheets for the clients as part of her job.</p> <p>Interview on 7/20/22 with the Medication Administration trainer revealed: - She was not a RN or a pharmacist. - She had told the Licensee she would go over "the basics" with the MAR but that the Licensee would need a RN to "complete the training" with staff.</p>	V 118		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have two direct care staff present while the clients were awake or asleep affecting 2 of 3 current clients (#1 and #2).</p> <p>Observations on 7/18/22, at approximately 1:27 pm of staff to client ratios revealed: - Staff #1 was the only staff working. Client #1 and client #2 were present.</p> <p>Observations on 7/19/22, at approximately 2:00 pm of staff to client ratios revealed: - Staff #1 was the only staff working.</p> <p>Observations on 7/20/22, at approximately 2:30 pm of staff to client ratios revealed: - Staff #1 was the only staff working.</p> <p>Interview on 7/18/22 with client #1 revealed: - One staff typically worked each shift. - "[The licensee] pops up sometimes to see what we are doing."</p> <p>Interview on 7/18/22 with client #2 revealed: - Since school had been out one staff worked each shift.</p> <p>Attempted interview on 7/18/22 with client #3: - He was AWOL (absent without leave). - Two staff were present when he left the group home on 5/26/22.</p> <p>Attempted interview on 7/21/22 with the Qualified Professional (QP): - She did not respond to the telephone call.</p>	V 296		

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V 296	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- The Licensee had indicated 7/18/22 that the QP had COVID.</li> </ul> <p>Interview on 7/19/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Staff #1 was the only staff who worked today and yesterday.</li> <li>- "I am normally there but I had to start a new job."</li> </ul> <p>Interview on 7/19/22 with the Licensed Professional revealed:</p> <ul style="list-style-type: none"> <li>- One staff worked each shift.</li> </ul> <p>Interview on 7/19/22 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> <li>- Currently there was only one staff who worked each shift.</li> <li>- "Usually it is two (staff). I know there has been transition in the home."</li> <li>- She would "pop in sometimes."</li> </ul>	V 296		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level II incidents that occurred during the provision of billable services to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/19/22 of incident reports revealed:</p>	V 367		

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V 367	Continued From page 9  - On 5/26/22 client #3 had run away from the home and the police were called.  Review on 7/19/22 of the Incident Response Improvement System (IRIS) revealed: - There was not a level 2 incident report regarding the 5/26/22 incident of client #3 running away and the police were called.  Interview on 7/19/22 with the Licensee revealed: - She nor her Qualified Professional had completed an IRIS report when client #3 had run away on 5/26/22 and the police were called. - "That slipped by mind. I really did not know about IRIS. We did an incident report (level I) and we called the police."	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and orderly manner. The findings are:  Observations from approximately 1:29 pm- 2:41 pm on 7/18/21 of the facility revealed: - There was dark colored mold on the bottom of the window in the front bathroom.	V 736		

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V 736	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- A crack on the wall area above the window in the front bathroom.</li> <li>- The bathtub in the front bathroom had rust on the bottom and mold on the caulking around the bathtub</li> <li>- Cracked tile floor in the area between the den and back bedrooms.</li> <li>- Bathtub in the back of the house had chipping paint.</li> <li>- The dresser in client #2's bedroom was missing a drawer.</li> <li>- The wall above the laundry room door was cracked.</li> <li>- The wall below client #2's window was cracked.</li> <li>- The back of the desk in the front bedroom was separating.</li> <li>- The wall to the right of the window in the front bedroom was cracked.</li> <li>- The vacant bedroom in the back of the home had areas of the baseboard separating from the wall.</li> <li>- The baseboard to the right of the oven was separating from the wall.</li> <li>- The leg of 1 of 3 kitchen chairs was broken.</li> <li>- The area in front of the laundry closet smelled musty and the air felt more humid.</li> </ul> <p>Interview on 7/19/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- The ventilation in the home was "poor" and "we have had to bleach it down."</li> <li>- The landlord for the home does not pay for "better ventilation."</li> <li>- In 2019 the laundry room flooded, and the floors and walls were replaced.</li> <li>- Since she had rented the home in 2019, she had noticed a "mildew" smell in the home.</li> <li>- The back bathtub had chipping paint due to "wear and tear, we have to go in and fit it."</li> <li>- The broken desk and any other broken furniture will be going "out to the curb."</li> </ul>	V 736		

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V 736	Continued From page 11  - The tile cracked due to "wear and tear" and "we have to replace that. The landlord won't make repairs, I have to make the repairs." - She did not know the baseboard to the right of the oven was separating from the wall. - "The whole house is shifting because it is an old house. I can only go in and fill it in." - The area around the laundry room felt humid because "that is an odd area to the house, and it is not getting enough air flow." - The dresser in client #2's bedroom is missing a drawer because a former client damaged the furniture in that bedroom.	V 736		
V 744	27G .0304(b) Safety  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to equip the facility in a manner that ensured the physical safety of clients. The findings are:  Observations on 7/19/22, at approximately 2:29 pm of the floor in the back area of the home revealed: - Different areas of the flooring in the back area of the home was uneven.  Interview on 7/19/22 with the Licensee revealed: - The pipes bursts and flooded under the home in	V 744		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>07/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTFELT HOMES OF THE CAROLINAS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 CHARLES STREET STATESVILLE, NC 28677</b>
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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 744	Continued From page 12  June 2022. The landlord did repair the pipes. - "The whole house is shifting because it is an old house."	V 744		