

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/13/2023
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NAME OF PROVIDER OR SUPPLIER OPEN HEARTS	STREET ADDRESS, CITY, STATE, ZIP CODE 3038 STALLINGS ROAD MACCLESFIELD, NC 27852
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 13, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 4. 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		

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

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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 a personnel record for 1 of 1 Qualified Professional (QP). The findings are:</p> <p>Review on 6/13/23 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - no documentation of the following: - signed job description with job duties and responsibilities - minimum level of education - criminal record check - training, experience and other qualifications for the position <p>A message for the QP was left on 6/13/23,</p>	V 107		

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V 107	Continued From page 2 however there was no return phone call by exit date During interview on 6/13/23 the Licensee reported: - she maintained staffs' personnel records - items went missing from QP's record last year - will update the QP's personnel record	V 107		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	<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 1 of 3 audited clients (#3) treatment plan was developed & implemented. The findings are:</p> <p>Review on 6/12/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - no admission assessment - diagnoses of: Schizophrenia & Diabetes - review of MARs, first initialed by staff on 11/2/21 - no documentation of a treatment plan <p>During interview on 6/12/23 client #3 reported:</p> <ul style="list-style-type: none"> - wanted to live on his own - no other goals <p>During interview on 6/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - she was unable to find the admission assessment - he has been here about 2 years - client #3 was taken into the community for activities - he did not want to attend a day program <p>During interview on 6/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> - the QP was responsible for completing treatment plans - she (Licensee) responsible for ensuring the QP completed the treatment plan <p>Attempted telephone call to Qualified</p>	V 112		

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V 112	Continued From page 4 Professional (QP) on 6/13/23...no return call by exit of survey	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and	V 113		

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V 113	<p>Continued From page 5</p> <p>(D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain client records for 3 of 3 audited clients (#1, #3 & #4). The findings are:</p> <p>A. Review on 6/12/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 8/24/15 - diagnoses: Intellectual Developmental Disorder & Major Depressive Disorder - no progress toward outcomes <p>B. Review on 6/12/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - no admission assessment - diagnoses: Schizophrenia & Diabetes - review of MARs, first initialed by staff on 11/2/21 - no documentation of the following: <ul style="list-style-type: none"> - admission assessment - permission to seek emergency care from a hospital or physician - progress toward outcomes <p>C. Review on 6/12/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - no admission assessment 	V 113		

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V 113	<p>Continued From page 6</p> <ul style="list-style-type: none"> - diagnoses: Hypertension, Schizophrenia, Chronic Heart failure & Parkinson - no documentation of the following: <ul style="list-style-type: none"> - admission assessment - permission to seek emergency care from a hospital or physician - progress toward outcomes <p>During interview on 6/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - the Qualified Professional (QP) was responsible for progress notes - she and Licensee maintain client records <p>During interview on 6/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> - all staff ensured clients' records were maintained - in the future the QP will maintain the clients' records <p>A message for the QP was left on 6/13/23, however there was no return phone call by exit date</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed quarterly and repeated on each shift. The findings are:</p> <p>Review on 6/12/23 of the facility's disaster drills revealed:</p> <ul style="list-style-type: none"> - no disaster drills completed within the last year <p>During interview on 6/12/23 client #1 & #3 was able to disclose appropriate destinations indoors in the event of a tornado</p> <p>During interview on 6/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - the disaster drills were overlooked by all staff <p>During interview on 6/23/23 the Licensee reported:</p> <ul style="list-style-type: none"> - responsible for ensuring disaster drills were completed - reminded staff when to complete the drills 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#4)'s MAR was kept current. The findings are:</p> <p>Review on 6/12/23 of client #4's record revealed: - no admission assessment</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> - June 2023 MAR initially signed by staff 6/4/23 - diagnoses: Hypertension, Schizophrenia, Chronic Heart failure & Parkinson - FL2 dated 5/18/23: Haldol milligrams (mg) twice a day (mental disorder) <p>Review on 6/12/23 of the June 2023 MAR revealed:</p> <ul style="list-style-type: none"> - the Haldol was not listed on the MAR <p>Observation on 6/12/23 at 1:17pm of client #4's medication box revealed:</p> <ul style="list-style-type: none"> - the Haldol was in the medication box <p>During interview on 6/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - client #4 came this month (June 2023) - she transcribed the June 2023 MAR - she left off the Haldol - he received the medication <p>During interview on 6/12/23 the Licensee reported:</p> <ul style="list-style-type: none"> - all staff checked behind one another for medication errors - the Qualified Professional (QP) checked behind staff <p>Attempted telephone call to Qualified Professional (QP) on 6/13/23...no return call by exit of survey</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 131		

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V 131	<p>Continued From page 10</p> <p>(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 review and interview the facility failed to ensure 2 of 4 audited staff (#4, Qualified Professional (QP)) had Health Care Personnel Registry (HCPR) checks prior to hire. The findings are:</p> <p>Review on 6/12/23 of staff #4's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire (DOH): no date - no HCPR <p>Review on 6/12/23 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - DOH: 5/1/22 - no HCPR <p>During interview on 6/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> - was not able to locate the HCPR checks for staff - she was responsible for ensuring the HCPR was completed & in their personnel records 	V 131		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which</p>	V 289		

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V 289	<p>Continued From page 11</p> <p>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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental 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</p>	V 289		

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V 289	<p>Continued From page 12</p> <p>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)&(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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited clients (#1, #3, & #4) diagnoses met the scope of the program. The findings are</p> <p>A. Review on 6/12/23 of client #1's record revealed: - admitted 8/24/15 - diagnosis on FL2: Intellectual Developmental Disorder (IDD) - 2017 psychological: - Major Depressive Disorder</p> <p>B. Review on 6/12/23 of client #3's record revealed: - no admission assessment</p>	V 289		

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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 289	<p>Continued From page 13</p> <ul style="list-style-type: none"> - review of MARs, first initialed by staff on 11/2/21 - diagnoses: Schizophrenia & Diabetes <p>C. Review on 6/12/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - no admission assessment - June 2023 MAR initially signed by staff 6/4/23 - diagnoses: Hypertension, Schizophrenia, Chronic Heart failure & Parkinson <p>During interview on 6/12/23 staff #1 reported:</p> <ul style="list-style-type: none"> - she wrote client #1's diagnosis on the FL2 & the primary physician signed - he was admitted with the diagnosis on the FL2 & she continued transcribe it on the FL2's - no other psychological had been done since the 2017 - will follow up with the clients' psychiatrist <p>During interview on 6/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> - she thought all clients had the IDD diagnosis - will follow up with their psychiatrist <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/13/2023
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V 736	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain its grounds in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/12/23 at 12:36pm of the facility revealed: Client #1's bedroom: - clothes piled up in a corner near the bedroom door - closet rack broken</p> <p>Client #3's bedroom: - twin beds in the bedroom - one bed had only the boxsprings without the mattress</p> <p>Client #2 & #4's bedroom: - bathroom tub had red stains throughout the tub</p> <p>During interview on 6/12/23 staff #1 reported: - staff #4 (Licensee's husband) plan to repair the closet this week - client was discharged a year ago & the mattress was given to a current client - will replace the mattress if they receive a new admit - had attempted to remove the stain from the tub but was unable to</p> <p>During interview on 6/13/23 the Licensee reported: - will ensure all repairs were completed</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/13/2023
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V 752 V 752	<p>Continued From page 15</p> <p>27G .0304(b)(4) Hot Water Temperatures</p> <p>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. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100-116. The findings are:</p> <p>Observation on 6/12/23 at 12:36pm of the facility revealed:</p> <ul style="list-style-type: none"> - Client #2 & #4's bathroom sink & tub water temperature (temp) was 120 - bathroom in the facility's hallway water temp was 120 <p>During interview on 6/13/23 staff #1 reported:</p> <ul style="list-style-type: none"> - she last checked the water temp February 2023 - she does not document the water temps - used the thermometer that checked body temperatures <p>During interview on 6/12/23 staff #2 reported:</p> <ul style="list-style-type: none"> - he does not check the facility's water temps <p>During interview on 6/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> - will purchase a new water thermometer - staff will check water temps monthly 	V 752 V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/13/2023
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