STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411207	A. BUILDING: _____ B. WING _____	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY HEARTS GROUP HOME	6255 BURLINGTON ROAD GIBSONVILLE, NC 27249

(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 June 20, 2023. The complaint was unsubstantiated (Intake NC00203611). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is	V 132		

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V 132	Continued From page 1 providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Department (HCPR) was notified of allegations against facility staff, provide evidence that the allegation was investigated, and report the finding of the investigation to the Department within five working days of making the initial report affecting 1 of 1 Former Client (FC #1) and 1 of 2 current clients (client #2). The findings are: Review on 6/20/23 of FC #1's record revealed: -An admission date of 4/5/23 -Diagnoses of Borderline Personality Disorder, Mild Intellectual Disabilities, Bipolar I Disorder, Depressed Severe, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Asthma, Sleep Apnea, Post-Traumatic Stress	V 132		

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V 132	Continued From page 2 Disorder, Oppositional Defiant Disorder and Type 2 Diabetes Review on 6/20/23 of client #2's record revealed: -An admission date of 9/29/21 -Diagnoses of Intermittent Explosive Disorder, Autism Spectrum Disorder, Intellectual Disability Disorder, Mild, Asthma and Insomnia Interview on 6/20/23 with FC #1 revealed: -Staff #1 had put his hands on her -"He slapped me on the side of my face." -Was unable to recall dates or times -Was not able to state how she was allegedly slapped -Had previously been at the facility -Went to the hospital and was re-admitted to the facility Observation and interview on 6/19/23 at 1:31pm with client #2 revealed: -Had a scar on his forehead from "when I used to bang my head on the wall." -Had a nick on his neck that was red from "shaving this morning." -No other marks or bruises were observed -Had poor eye contact during the interview -Denied anyone put their hands on him or any other clients Further interview on 6/19/23 with client #2 revealed: -Was hurt "a long time ago" by staff #1 -"That is in the past. It happened a year or two ago. It has been taken care of. -"I think it was an accident." Observation and interview on 6/20/23 at 9:45am with client #2 revealed: -Wanted to live with his friend	V 132		

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V 132	Continued From page 3 -Stated "I lied about being hit. I made things up so I could get my cards back. I am going to look for more cards that are 'appropriate.'" Interview on 6/19/23 with staff #1 revealed: -Denied putting his hands on any client -"We don't do that here." -"If anything happens here, we document it. [Client #2] is very violent. We have been working really hard with him. He assaulted [the Director/Licensee (D/L)] last year with a vase and broke her hand. The police charged [FC #1] and he went to jail. We did not discharge him. We brought him back and we are working on his aggressive behaviors and de-escalation techniques. We haven't had any property destruction by him since last year." -FC #1 was discharged on 5/31/23 -"This was her second time living at the facility. Previously she had pulled [the D/L]'s hair. No one has ever put their hands on her." Interview on 6/19/23 with the Qualified Professional revealed: -Was aware the police responded to the facility last week -Was aware the police were at the facility to investigate a report of physical abuse of one former client and one current client -Had not notified any agency of the allegations against staff #1 -Had not conducted an investigation into the allegations -Had not reported the findings of the investigation to the Department within 5 working days. -Would immediately suspend staff #1 and begin her investigation Interview on 6/20/23 with the D/L revealed: -The police and a social worker came to the	V 132		

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V 132	Continued From page 4 facility last week -Had not contacted any agency, as required by law, "because it wasn't true."	V 132		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing	V 366		

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V 366	Continued From page 5 their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall	V 366		

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V 366	Continued From page 6 include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct an internal review within 24 hours of the incident. The findings are: Review on 6/20/23 of staff #1's record revealed: -A hire date of 4/20/21 -A job description of Paraprofessional Review on 6/20/23 of FC #1's record revealed: -An admission date of 4/5/23 -Diagnoses of Borderline Personality Disorder,	V 366		

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V 366	Continued From page 7 Mild Intellectual Disabilities, Bipolar I Disorder, Depressed Severe, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Asthma, Sleep Apnea, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and Type 2 Diabetes Review on 6/20/23 of client #2's record revealed: -An admission date of 9/29/21 -Diagnoses of Intermittent Explosive Disorder, Autism Spectrum Disorder, Intellectual Disability Disorder, Mild, Asthma and Insomnia Attempted review on 6/19/23 of the facility's internal review into the allegations staff #1 had assaulted FC #1 and client #2 was not successful and there was no documentation Interview on 6/19/23 with the Qualified Professional revealed: -Was aware the police responded to the facility last week -Was aware the police were at the facility to investigate a report of physical abuse of one former client and one current client -Had not notified any agency of the allegations against staff #1 -Had not conducted an investigation into the allegations -Had not reported the findings of the investigation to the Department within 5 working days. -Would immediately suspend staff #1 and begin her investigation Interview on 6/20/23 with the D/L revealed: -The police and a social worker came to the facility last week -Had not contacted any agency, as required by law, "because it wasn't true."	V 366		

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V 367	Continued From page 8	V 367		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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 information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously	V 367		

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V 367	Continued From page 9 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that	V 367		

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V 367	Continued From page 10 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to a level III incident reports to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 6/19/23 of the facility's level III incident reports revealed: -No documentation of staff #1 physically assaulting Former Client #1 and client #2 Interview on 6/19/23 with the Qualified Professional revealed: -Was aware the police responded to the facility last week -Was aware the police were at the facility to investigate a report of physical abuse of one former client and one current client -Had not notified any agency of the allegations against staff #1 -Had not conducted an investigation into the allegations -Had not reported the findings of the investigation to the Department within 5 working days. -Would immediately suspend staff #1 and begin her investigation Interview on 6/20/23 with the D/L revealed: -The police and a social worker came to the	V 367		

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V 367	Continued From page 11 facility last week -Had not contacted any agency, as required by law, "because it wasn't true."	V 367		