

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2024
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NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6255 BURLINGTON ROAD GIBSONVILLE, NC 27249
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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 21, 2024. A deficiency was 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 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/21/24 of the facility's fire and disaster drill log from December 2023 to June 2024 revealed: -No documentation of a 1st shift disaster drill for 1st quarter (January, February, March). -No documentation of a 2nd shift disaster drill for 3rd quarter (July, August, September). -No documentation of a 3rd shift disaster drill for 4th quarter (October, November, December).</p> <p>Interview on 6/20/24 with Client #1 revealed: -Tornado drills were practiced at the facility; however, she did not know when the last tornado was practiced.</p> <p>Interview on 6/20/24 with Client #2 revealed: -"No" was her response to her having practiced a tornado drill or other disaster drill.</p> <p>Interview on 6/21/24 with Staff #2 revealed: -He usually worked as a direct care technician on 3rd shift. -He had not conducted a 3rd shift disaster drill.</p> <p>Interview on 6/21/24 with Staff #3 revealed: -Fire and disaster drills were conducted quarterly. -"With tornado drills, they (clients) go to the middle of the hallway and crouch down." -He did not recall the last disaster drill practiced. "I don't remember because we do them quarterly."</p> <p>Interview on 6/21/24 with the Owner revealed: -She did not find documentation of the missed disaster drills for 1st, 3rd and 4th quarters.</p>	V 114		

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V 114	Continued From page 2 -"I will meet with staff and ensure they are conducting and documenting all drills."	V 114		