Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED				
			A. BUILDING:		P.C		
		MHL0411207	B. WING		R-C 02/13/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	IDRESS CITY STA	TE ZIP CODE			
TVAINE OF T	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6255 BURLINGTON ROAD						
HAPPY HI	EARTS GROUP HOME		ILLE, NC 2724				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			
V 000	INITIAL COMMENTS		V 000				
	A complaint and follow on 2/13/25. A deficien	wup survey was completed ncy was cited.					
	category:10A NCAC 2	d for the following service 27G .5600C Supervised Developmental Disabilities.					
	Living for Addits with	Developmental Disabilities.					
	•	d for 3 and has a current					
	audits of 1 current clie	ey sample consisted of ent.					
V 367	27G .0604 Incident R	eporting Requirements	V 367				
	10A NCAC 27G .0604 REPORTING REQUIL CATEGORY A AND B	REMENTS FOR					
		providers shall report all					
		ept 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						
		rendered any service within					
	90 days prior to the in responsible for the ca						
	services are provided						
	<u>'</u>	e incident. The report shall					
	be submitted on a for						
		t may be submitted via mail,					
	in person, facsimile or	r encrypted electronic nall include the following					
	information:	ian include the following					
	(1) reporting pro	ovider contact and					
	identification informat						
	` <i>'</i>	ication information;					
	(3) type of incid (4) description						
	· · ·	e effort to determine the					
	cause of the incident;	and					
	(6) other individ	luals or authorities notified					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 02/14/2025 FORM APPROVED

Division of Health Service Regulation

MHL0411207 STREETADRESS, CITY, STATE, ZIP CODE \$255 BURLINGTON ROAD GIBSONVILLE, NC 27249 CALID (A4) ID (BECALD DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR I.SC IDENTIFYING INFORMATION) TAG V 367 Continued From page 1 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 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including; (1) nospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (4) 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. Including 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 10.4 NCAC 26C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ### STREET ADDRESS, CITY, STATE, ZIP CODE #### STREET ADDRESS, CITY, STATE, ZIP CODE ### STATE ### STREET ADDRESS, CITY, STATE, ZIP CODE ### STATE ### STATE ### STREET ADDRESS, CITY, STATE, ZIP CODE ### STATE ### STATE ### STATE ### STREET ADDRESS, CITY, STATE, ZIP CODE ### STATE #	AND LAN OF CONNECTION		32	A. BUILDING:			
MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE \$255 BURLINGTON ROAD GIBSONVILLE, NO. 27249 (A4) ID PREPIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS FREGULATORY OR LS.D IDENTIFYING INFORMATION) V 367 Continued From page 1 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 shall submit an updated report recipients by the LME, other information required on the incident form that was previously 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 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 bindient. (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. Lategory A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Requiation 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 10 ACAC 26C			BALLI 0.444.007	B WING		_	
AAPPY HEARTS GROUP HOME GIBSONVILLE, NC 27249			MHLU411207	1		02/13/2025	\dashv
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 1 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 shall submit, upon request by the LME, other information required on 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 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's shall report for the death immediately, as required by 10A NCAC 26C	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CALID SUMMARY STATEMENT OF DEFICIENCES DEFECT PROVIDER'S PLAN OF CORRECTION CALID PREFEX RESULATORY OR LSC IDENTIFYING INFORMATION) PREFEX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DATE	НАРРУ НЕ	ARTS GROUP HOME	6255 BUR	LINGTON ROA	D		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 1 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 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 end 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. 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	IIAI I I II	-ARTO OROOF HOME	GIBSONVI	LLE, NC 27249	9		
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 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	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE	Ē
(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 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	V 367	Continued From page	e 1	V 367			
.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:	V 367	or responding. (b) Category A and B missing or incomplete shall submit an updat report recipients by the day whenever: (1) the provider information provided iterroneous, misleading (2) the provider required on the incide unavailable. (c) Category A and B upon request by the L obtained regarding the (1) hospital recipinformation; (2) reports by of (3) the provider (d) Category A and B of all level III incident Mental Health, Develor Substance Abuse Serbecoming aware of the providers shall send a incidents involving a chealth Service Regulated becoming aware of the client death within service immediately, as requipled to the cates of the cates o	information. The provider ed report to all required the end of the next business. Thas reason to believe that in the report may be gor otherwise unreliable; or obtains information ent form that was previously providers shall submit, and, other information e incident, including: ords including confidential other authorities; and its response to the incident. Its providers shall send a copy reports to the Division of popmental Disabilities and revices within 72 hours of the incident. Category A a copy of all level III client death to the Division of the incident. In cases of the incident. In cases of the incident. In cases of the incident of the company of the end of the end of the end of the estimate of the es	V 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAIN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _				
		MHL0411207	B. WING		R-C 02/13	3/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HAPPY H	EARTS GROUP HOME		INGTON ROA			
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTIO	N	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	Continued From page	2	V 367			
	definition of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a c (5) the total nur incidents that occurre (6) a statement been no reportable in incidents have occurr meet any of the criter	or level III incident; Interventions that do not meet all II or level III incident; a client or his living area; client property or property in lient; mber of level II and level III d; and indicating that there have cidents whenever no ed during the quarter that ia as set forth in Paragraphs e and Subparagraphs (1)				
	failed to submit Level Local Management E Organizations (MCO) The findings are: Review on 2/11/25 of report for 2/4/25 incid - Date of internal reportant for Edward From Staff at [sister fairmediately contact [was working at Happy called staff (FS #5) wher lungs at someone	ew and interviews the facility Il incident report to the ntity (LME)/ Managed Care within 72 hours as required. the facility's internal incident ent revealed: ort was not provided. 25 @ approximately 8:31pm e Licensee) received a call				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		MHL0411207	B. WING		02/13/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
LIADDV LI	EARTS CROUD HOME	6255 BURI	INGTON ROA	D		
партп	EARTS GROUP HOME	GIBSONVI	LLE, NC 2724	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 367	Continued From page	3	V 367			
	Mexicans. I hung the 911 requesting author Review on 2/13/25 of from the Licensee rev. The local law enforce on 2/4/25 due to a "m facility property threat Review on 2/13/25 of Improvement System - There was not a rep 2/4/25 incident involving Interview on 2/12/25 of Professional (QP) rev. She started working - She did not know whot put into IRIS, "but	phone up and contacted rities to immediately" "911 Communications" call realed: rement came to the facility reale subject" coming on the rening to shoot FS #5. the Incident Response (IRIS) revealed: ort submitted to IRIS for the ring law enforcement.				
	- She did not put the 2 "because it didn't hav clients (clients were a there today."	with the Licensee revealed: 2/4/25 incident into IRIS e anything to do with the isleep). I am putting it in tutes a re-cited deficiency d within 30 days.				

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