

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 03/12/2025
NAME OF PROVIDER OR SUPPLIER OPEN HEARTS		STREET ADDRESS, CITY, STATE, ZIP CODE 3038 STALLINGS ROAD MACCLESFIELD, NC 27852		
(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, complaint and follow up survey was completed on 3/12/25. The complaint was substantiated (Intake #NC00228018). 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 has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to adhere to its elopement policy affecting 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 3/12/25 of the facility's elopement policy and procedure revealed:</p> <ul style="list-style-type: none"> - "Clients should be closely supervised at all times...This is not to say you have to be physically in their presence every second, but close enough that you can respond to any situation attention...Client(s) should not be away from the residence without permission, and should not be left unattended..." <p>Review on 3/11/25 of the local sheriff's department report revealed:</p> <ul style="list-style-type: none"> - 3/1/25 19:45:25 Suspicious Person - Male on back porch, W/M (white male) Blue Jacket Grey Sweat Pants and White Shoes - Told caller he needs a ride home and is refusing to leave - Male left and is at the neighbors house at this time <p>Interview on 3/6/25 staff #1 reported:</p> <ul style="list-style-type: none"> - client #5 was outside on the front porch smoking and ended up at the house diagonal to the facility across the road - she didn't know he was gone until the police came to the facility - she was in the kitchen getting them a snack before bed - the police knocked on the door 	V 105		

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V 105	Continued From page 3 - client #5 was saying that this wasn't his house (the facility), and he wanted them to take him to his house and was refusing to come in the house (the facility) - staff #1 told him that she would take him home tomorrow if he came in the house and took his medications, but client #5 said that she always said that Interview on 3/6/25 staff #2 reported: - when the clients went outside to smoke, he checked on them - the clients told him when they were going outside to smoke - no client had ever "wandered off" on his shift Interview on 3/12/25 the Qualified Professional reported: - she was told about client #5's elopement on 3/1/25 - she was told that client #5 was at the house across the street with the neighbors - the police brought him back to the house - this was the first time for client #5 eloping - staff was supposed to check on clients when they were outside smoking - staff should at least "lay eyes" on clients every 10 minutes to make sure they were smoking and coming back in the facility	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other	V 107		

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V 107	Continued From page 4 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. (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: (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. (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. (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. (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.	V 107		

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V 107	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a complete record for 1 of 1 Qualified Professional (QP). The findings are: Review on 3/6/25 of the QP's personnel record revealed: - no minimum level of education - no criminal record check Interview on 3/12/25 the QP reported: - she had a bachelor's degree - she gave the Director a copy and would give her another copy Interview on 3/12/25 the Director reported: - She knew that she had a background check for the QP, but she thought it was at her house "which won't help now" but it was done - She would get it from her house and make sure it was put in the QP's personnel record along with a copy of her degree This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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	V 112		

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V 112	<p>Continued From page 6</p> <p>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 obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans were developed and implemented affecting 3 of 3 audited clients (#3, #4, #5). The findings are:</p> <p>Review on 3/6/25 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 8/24/15 - diagnoses: Mild Intellectual Disability, Well Controlled Seizures, Anxiety, and Depression - no documentation of a treatment plan <p>Review on 3/6/25 client #4's record revealed:</p>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> - admitted: 10/26/23 - diagnosis: Intellectual Disability - no documentation of a treatment plan <p>Review on 3/6/25 client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/3/23 - diagnoses: Mild Intellectual Disability, Atrial Fibrillation, Schizophrenic, Hypertension, Chronic Heart Failure, and Parkinson Disease - no documentation of a treatment plan <p>Interview on 3/12/25 staff #1 reported:</p> <ul style="list-style-type: none"> - the day program did the treatment plans - she had been "working off" of the day programs treatment plans <p>Interview on 3/12/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - their residential goals were in the day programs treatment plans, but they didn't have one separate for the facility - she needed to do a residential treatment plan - "the comprehensive PCP (person centered plan) has not been done" - she would be doing the treatment plans "going forward" - "she will pull from the day programs PCP and incorporate residential goals and history and physical from hospital reports and live interviews" <p>Interview on 3/12/25 the Director reported:</p> <ul style="list-style-type: none"> - The QP would do the treatment plans moving forward <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	27G .0206 Client Records	V 113		

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V 113	Continued From page 8 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 (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	V 113		

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V 113	<p>Continued From page 9</p> <p>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 2 of 3 audited clients (#4 & #5). The findings are:</p> <p>Review on 3/6/25 client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted: 10/26/23 - diagnosis: Intellectual Disability - no consent to seek emergency care - no consent for services - no admission assessment <p>Review on 3/6/25 client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/3/23 - diagnoses: Mild Intellectual Disability, Atrial Fibrillation, Schizophrenic, Hypertension, Chronic Heart Failure, and Parkinson Disease - no admission assessment <p>Interview on 3/12/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - she didn't put the admission assessment on the form because she didn't know she had to - when a client was admitted, she would go to the facility and meet with that client to gather information - she would look at the clients history and physical information that comes with the client including their family background - she did collect the data for client #4 & client #5 at admission but just didn't put it on the admission assessment form 	V 113		

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STATE FORM

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V 114	<p>Continued From page 11</p> <p>The findings are:</p> <p>Review on 3/6/25 of the facility's fire and disaster drills revealed:</p> <ul style="list-style-type: none"> - no fire or disaster drills completed from September 2024 - December 2024 <p>Interview on 3/6/25 client #4 reported:</p> <ul style="list-style-type: none"> - he didn't do fire or disaster drills but he knew what to do <p>Interview on 3/6/25 client #5 reported:</p> <ul style="list-style-type: none"> - didn't do fire drills - he used to do fire drills when he was going to school - if there was a fire he would go out front or back of the facility - for a tornado he would go "in a basement but there is no basement here" - He didn't practice tornado drills <p>Interview on 3/6/25 staff #1 reported:</p> <ul style="list-style-type: none"> - fire drills were completed once a month - disaster drills were completed twice a month - she and staff #2 each did a drill - all the clients participated in fire and disaster drills even though they didn't want to <p>Interview on 3/6/25 staff #2 reported:</p> <ul style="list-style-type: none"> - they did fire and disaster drills every 3 months - all the clients participated in the drills and knew where to go <p>Interview on 3/12/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - staff #1 "normally carries the fire and disaster drills out" - the QP made sure the logs were updated and signed off on by staff 	V 114		

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V 114	Continued From page 12 - the last time she checked the fire and disaster drills were January or February 2025 - she didn't notice that there were no fire drills from Sept - Dec 2024 because they were there - "they're supposed to be there" This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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	V 118		

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V 118	<p>Continued From page 13</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure MARs were kept current and medications were administered on the written order of a physician affecting 3 of 3 audited clients (#3, #4, & #5) . The findings are:</p> <p>A. Review on 3/6/25 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 8/24/15 - diagnoses: Mild Intellectual Disability, Well Controlled Seizures, Anxiety, and Depression - March 2025 MAR revealed: <ul style="list-style-type: none"> - Hyzaar 50-12.5 milligram (mg) tablet (tab), 1 tab daily (blood pressure) - Nizoral 2% cream, apply to groin 2 times a day (rash/irritation) - Blood Pressure Check, weekly - Allegra 180mg tab, as needed (PRN) (allergies) - Imodium A-D 2 mg tab, PRN (diarrhea) - Naproxen 500mg tab, PRN (pain) - Tylenol 325mg tab, PRN (pain) - No physician orders for the following medications: <ul style="list-style-type: none"> - Nizoral Cream - Blood Pressure Check - Allegra - Imodium A-D - Naproxen - Tylenol - Physician order dated 2/24/25 revealed: 	V 118		

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V 118	<p>Continued From page 14</p> <ul style="list-style-type: none"> - Hyzaar 50-12.5 mg tab, 1 tab daily <p>Observation on 3/6/25 at approximately 5:00pm of client #3's medication box revealed:</p> <ul style="list-style-type: none"> - Hyzaar, Nizoral Cream, and Tylenol were not in the medication box or facility - The following PRN medications were expired: <ul style="list-style-type: none"> - Allegra, dispense date 1/14/22 - Imodium A-D, dispense date 11/18/19 - Naproxen, dispense date 6/15/23 <p>B. Review on 3/6/25 client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted: 10/26/23 - diagnosis: Intellectual Disability - March 2025 MAR revealed: <ul style="list-style-type: none"> - Flonase, Inhale 2 puffs in both nostrils twice a day (allergies) - Docusate Sodium 50 mg, PRN (stool softener) - No physician order for Docusate Sodium - Physician order dated 12/31/24 revealed: <ul style="list-style-type: none"> - Flonase, Inhale 2 puffs in both nostrils twice a day <p>Observation on 3/6/25 at approximately 4:45pm of client #4's medication box revealed:</p> <ul style="list-style-type: none"> - Flonase and Docusate Sodium were not in the medication box <p>C. Review on 3/6/25 client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/3/23 - diagnoses: Mild Intellectual Disability, Atrial Fibrillation, Schizophrenic, Hypertension, Chronic Heart Failure, and Parkinson Disease - March 2025 MAR revealed: <ul style="list-style-type: none"> - Acetaminophen 325mg tab, PRN (pain) - Albuterol Sulfate 90 micrograms (mcg), PRN (breathing) - Quetiapine Fumarate 50mg, 1 tab at bedtime (schizophrenia) 	V 118		

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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 03/12/2025
NAME OF PROVIDER OR SUPPLIER OPEN HEARTS		STREET ADDRESS, CITY, STATE, ZIP CODE 3038 STALLINGS ROAD MACCLESFIELD, NC 27852		
(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 118	<p>Continued From page 15</p> <ul style="list-style-type: none"> - No physician order for Albuterol Sulfate and Quetiapine Fumarate - Physician order dated 1/30/25 revealed: <ul style="list-style-type: none"> - Acetaminophen <p>Observation on 3/6/25 at 4:15pm of client #5's medication box revealed:</p> <ul style="list-style-type: none"> - Acetaminophen, dispensed 2/12/24 and discard after 2/11/25 - 11 pills were left in the acetaminophen bottle <p>Interview on 3/12/25 staff #1 reported:</p> <ul style="list-style-type: none"> - she was responsible for checking the medications and making sure physician orders matched the actual medications given, and that expired medications were discarded and refills were ordered - she didn't know that there were expired medications in the medication boxes - she checked and didn't see any expired medications <p>Interview on 3/12/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - medications were not one of her responsibilities - staff #1 checked over the medications, ordered refills and checked for expired medications - they had someone from the pharmacy that came to the facility every 3 months to check over the medications - she was going to get more involved in checking the medications - she was going to start an audit checklist so that they could have "checks and balances" for the medications <p>Interview on 3/6/25 the Director reported:</p> <ul style="list-style-type: none"> - She had a nurse from the pharmacy that 	V 118		

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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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V 118	Continued From page 16 came out every 3 months to check the medications - She and staff #1 also checked medications monthly to make sure they were not expired, and all refills were in - "so much has been going on, there is no explanation" - She didn't understand how there were expired medications in the medication boxes - She and staff #1 would have to go through the medications and get them "straight" - "There is no explanation, it was just missed" - "PRNs are not really used and the expiration can get away from you so we will need to check them more often" This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled	V 119		

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V 119	<p>Continued From page 17</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion affecting 2 of 3 audited clients (#3, #5). The findings are:</p> <p>A. Review on 3/6/25 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 8/24/15 - diagnoses: Mild Intellectual Disability, Well Controlled Seizures, Anxiety, and Depression <p>Observation on 3/6/25 at approximately 5:00pm of client #3's medication box revealed the following expired medications:</p> <ul style="list-style-type: none"> - Allegra, dispense date 1/14/22 - Imodium A-D, dispense date 11/18/19 - Naproxen, dispense date 6/15/23 <p>B. Review on 3/6/25 client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/3/23 - diagnoses: Mild Intellectual Disability, Atrial Fibrillation, Schizophrenic, Hypertension, Chronic Heart Failure, and Parkinson Disease 	V 119		

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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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V 119	Continued From page 18 Observation on 3/6/25 at 4:15pm of client #5's medication box revealed: - Acetaminophen, dispensed 2/12/24 and discard after 2/11/25 - 11 pills were left in the acetaminophen bottle Interview on 3/12/25 staff #1 reported: - she was responsible for checking for expired medications - expired medications get sent back to the pharmacy - she didn't know there were expired medications in the medication boxes Interview on 3/6/25 the Director reported: - Their process was to send the expired medications back to the pharmacy - She and staff #1 would be going through the medications and sending back all the expired medications	V 119		
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,	V 367		

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V 367	Continued From page 19 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 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	V 367		

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V 367	<p>Continued From page 20</p> <p>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).</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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a Level II incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>Review on 3/6/25 client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/3/23 - diagnoses: Mild Intellectual Disability, Atrial Fibrillation, Schizophrenic, Hypertension, Chronic Heart Failure, and Parkinson Disease <p>Review on 3/6/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - no incidents reported in 2025 <p>Review on 3/11/25 of the police call service log revealed:</p> <ul style="list-style-type: none"> - date of incident: 3/1/25 7:45pm - male on back porch, white male blue jacket grey sweat pants and white shoes stated that he needed a ride home and was refusing to leave neighbor's house - [client] wanted to leave the group home and caretaker got him back inside <p>Interview on 3/6/25 client #5 reported:</p> <ul style="list-style-type: none"> - he was his own guardian - he was a smoker - he walked away from the facility last week and went to the first white house - he did it because he wanted to "get away from here and I don't like this place and I am fed up with it" - "I was just about fed up with it when I came here" - he wanted to go to his "location" (address given) - "nobody lives there right now that's my place" - he knocked on the door of the neighbor's house for about 15 minutes and they never came to the door - he was not yelling or screaming - he wanted the neighbor to take him home to his house - the sheriff came and they didn't want to help 	V 367		

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V 367	<p>Continued From page 22</p> <p>him</p> <ul style="list-style-type: none"> - he walked back to the facility - he never walked off here "that was the first time" <p>Interview on 3/6/25 staff #1 reported:</p> <ul style="list-style-type: none"> - client #5 was outside on the front porch smoking and "ended up at the trailer diagonal to the house" - she didn't know that client #5 was gone until the police knocked on the door - she was in the kitchen getting the clients a snack before bed - no client ever walked off before - client #5 was saying that this wasn't his house (facility) and he wanted the police to take him to his house - client #5 was refusing to come in the facility - client #5 told the police that they weren't trying to help him - he came in the facility - he goes back to the doctor's on 3/24/25 because the medication had not been helping him and it needed to be adjusted again <p>Interview on 3/6/25 staff #2 reported:</p> <ul style="list-style-type: none"> - he was not at the facility when client #5 walked away - he was not aware of client #5 walking away before this incident - the client's told him when they were going out to smoke - when the client's went outside to smoke, he checked on them - client #5 goes back to the doctor's on 3/24/25 "because they are trying to get his meds (medication) right" - no client had ever "wandered off" on his shift <p>Interview on 3/6/25 the Director reported:</p>	V 367		

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V 367	Continued From page 23 - she called the Qualified Professional (QP) and told her about the incident with client #5 and "that was it" - "I'm just being honest with you; we really just didn't think on it" - they normally got together on Mondays to discuss the facility and the client's, but her niece was killed in a car accident on Monday and they didn't meet Interview on 3/12/25 the QP reported: - she was responsible for completing IRIS - she was told about client #5's elopement the day of the incident, 3/1/25 - she was told that client #5 was at the neighbors house across the street - the police brought him back to the facility - this was the first time client #5 eloped - client #5 was very "inquisitive" and if there was something that "piqued his interest", he would explore - she did an internal investigation on the elopement, and it was in his record - staff was supposed to check on clients when they were out smoking - they should at least "lay eyes" on clients every 10 minutes to make sure they were smoking and coming back in - there was no IRIS completed - they had a planned meeting for that Monday, 3/3/25 but that was when her cousin (the Director's niece) got in the car accident and was killed	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	V 736			

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V 736	<p>Continued From page 24</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain its grounds in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/6/25 at 1:20pm of the facility revealed:</p> <p>Client #1 & #2's shared bathroom</p> <ul style="list-style-type: none"> - 5 out of 8 light bulbs not working - brown stains and soap scum in the bottom of the inside of the bathtub - soap scum splattered on the mirror <p>Client #3 & #5's shared bedroom:</p> <ul style="list-style-type: none"> - carpet was pulled up exposing the raw wood underneath - thick black wire running across the top of the door around to the closet laying on the frame of the door and looped around a small metal piece on top of the closet's door frame <p>Client #4's bedroom:</p> <ul style="list-style-type: none"> - clothes in a pile on the floor in front of the bed - no clothes were hung in the closet - big black trash bag full of clothes in front of the closet - 2nd television sitting on the floor behind the bedroom door - no boxspring under the mattress - comforter balled up at the top of the bed - ceiling fan missing from the ceiling exposing the wires <p>Vacant bedroom:</p> <ul style="list-style-type: none"> - carpet had multiple brown stains 	V 736		

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V 736	<p>Continued From page 25</p> <p>Hallway bathroom:</p> <ul style="list-style-type: none"> - 5 out of 6 light bulbs either not working or missing - multiple small circular stains on the wall above the shower - peeling paint on the wall by each end of the shower bar <p>Interview on 3/6/25 staff #2 reported:</p> <ul style="list-style-type: none"> - the black wiring in client #3 & #5's shared bedroom was previous cable wiring that was used before they switched their cable services to streaming - they no longer used the cable wire <p>Interview on 3/12/25 the Director reported:</p> <ul style="list-style-type: none"> - they would call someone to take down the cable wire in client #3 & 5's shared bedroom - client #4 kept his belongings packed because he didn't want to stay at the facility - she had a handyman that would be taking care of the repairs around the facility - her brother was there to put down carpet and install the new ceiling fan that was purchased this past weekend <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		