STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			R 6/2025			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HEAVEN	SENT GROUP HOME		FIELD COUF , NC 27610	RT		
(X4) ID	SLIMMARY STA		ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG				(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
		w up survey was completed eficiencies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and has a current urvey sample consisted of clients.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	description for the owhich: (1) specifies the competency, work equalifications for the (2) specifies the	Il have a written job lirector and each staff position e minimum level of education, experience and other				
	supervisor; and	y the staff member and the in the staff member's file.				
	(b) All facilities shat each staff member provides care or se the facility: (1) is at least 1	Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age;				
	follow directions; (3) meets the r competency, work e qualifications for the (4) has no sub	ead, write, understand and minimum level of education, experience, skills and other e position; and stantiated findings of abuse or e North Carolina Health Care				
	Personnel Registry.					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED		
MHL092-756			B. WING			R 04/16/2025	
	PROVIDER OR SUPPLIER	3209 WINI	DRESS, CITY, S FIELD COUR NC 27610	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 107	(c) All facilities or sapplicants for employed conviction. The implementation of the imp	pervices shall require that all coyment disclose any criminal coact of this information on a semployment shall be based relationship to the job for is applying. Yor a service shall be registered or certified in plicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107				
	failed to have a con affecting one of two (#1). The findings a	view and interview, the facility inplete personnel record audited paraprofessional staff					
	-Hire date of 4/5/24 -She was hired as a -No documentation Interview on 4/16/29 -Staff #1 said she h	a Direct Care Staff. of educational verification. 5 with the Director revealed: ad a high school diploma. staff #1's education verification					

Division of Health Service Regulation

STATE FORM 6899 QQ9411 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL092-756		B. WING		R 04/16/2025		
	PROVIDER OR SUPPLIER SENT GROUP HOME	3209 WIN	DRESS, CITY, S FIELD COUF , NC 27610	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	Continued From pa -She confirmed the complete personne	facility failed to have a	V 107			
V 114	10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emergrequest. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaste shall be held at least repeated for each so Drills shall be condustimulate the facility' emergencies.	gency services agencies upon shall include evacuation tes. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift.	V 114			
	facility failed to ensi done quarterly on e	view and interviews, the ure fire and disaster drills were ach shift. The findings are:				
		and 4/16/25 of the facility's log from (March 2024-March				

6899

Division of Health Service Regulation STATE FORM

QQ9411 If continuation sheet 3 of 5

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					F	₹
MHL092-756		B. WING			6/2025	
					1 0	0.2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HEAVEN	SENT GROUP HOME		FIELD COUF	RT		
		RALEIGH	, NC 27610	,		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
17.0		,	17.0	DEFICIENCY)		
\/ 11 1	Cantinuad Francisco		V 114			
V 114	Continued From pa	ige 3	V 114			
	-There was no fire	drill conducted by staff #1				
		ter (July, August, September)				
	of 2024.					
		ster drill conducted by staff #2				
		ter (January, February, March)				
	of 2025.					
		aster drills conducted during				
	of 2024.	tober, November, December)				
		aster drills conducted during				
		y, August, September) of				
	2024.	y, ,				
	-There were no disa	aster drills conducted during				
	the 2nd quarter (Ap	oril, May, June) of 2024.				
		5 with client #1 revealed:				
		lisaster drills once or twice a				
	month.	do the november the of the met and aids				
	doors.	de through the front and side				
		near the road for the fire drills				
	-They then walked near the road for the fire drillsThey went into one of the three bathrooms for disaster drills.					
	Interview on 4/16/2	5 with client #2 revealed:				
		de and stood near the road for				
	fire drills.					
		bathroom and staff office for				
	disaster drills.					
	Interview on 4/15/0	5 with client #3 revealed:				
		o with client #3 revealed: and disaster drills with staff.				
	- They did no nie an	ia disaster urins with stall.				
	Interview on 4/15/2	5 with staff #1 revealed:				
	-She did fire and disaster drills with the clients.					
		re on the forms when I was				
	sometimes conduct					
	-She confirmed the facility failed to ensure fire					
		vere done quarterly on each				
	shift.					

Division of Health Service Regulation

STATE FORM 6899 QQ9411 If continuation sheet 4 of 5

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 329 WINFIELD COURT RALEIGH, NC 27610 PREFEIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 8Y FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 4 Interview on 4/16/25 with staff #2 revealed: -She did fire drills monthly with the clients"I have not done a disaster drill in a while." -She confirmed the facility failed to ensure fire and disaster drills were supposed to be done quarterly"I explained the procedure the wrong way to staff." -She was not sure why staff #1 did not complete the fire drillShe confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
CA DE SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY	MHL092-756							
CX4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY V 114 Continued From page 4 V 114 Interview on 4/16/25 with staff #2 revealed: -She did fire drills monthly with the clients"Il have not done a disaster drill in a while." -She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift. Interview on 4/16/25 with the Director revealed: -The facility had two separate staff shiftsShe thought the disaster drills were supposed to be done quarterly"I explained the procedure the wrong way to staff." -She was not sure why staff #1 did not complete the fire drillShe confirmed the facility failed to ensure fire and disaster drills were done quarterly on each	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	HEAVEN	SENT GROUP HOME	i		RT			
Interview on 4/16/25 with staff #2 revealed: -She did fire drills monthly with the clients"I have not done a disaster drill in a while." -She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift. Interview on 4/16/25 with the Director revealed: -The facility had two separate staff shiftsShe thought the disaster drills were supposed to be done quarterly"I explained the procedure the wrong way to staff." -She was not sure why staff #1 did not complete the fire drillShe confirmed the facility failed to ensure fire and disaster drills were done quarterly on each	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE	
-She did fire drills monthly with the clients"I have not done a disaster drill in a while." -She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift. Interview on 4/16/25 with the Director revealed: -The facility had two separate staff shiftsShe thought the disaster drills were supposed to be done quarterly"I explained the procedure the wrong way to staff." -She was not sure why staff #1 did not complete the fire drillShe confirmed the facility failed to ensure fire and disaster drills were done quarterly on each	V 114	Continued From pa	ge 4	V 114				
		-She did fire drills m -"I have not done a -She confirmed the and disaster drills w shift. Interview on 4/16/29 -The facility had two -She thought the dis be done quarterly"I explained the pro staff." -She was not sure w the fire drillShe confirmed the and disaster drills w	nonthly with the clients. disaster drill in a while." facility failed to ensure fire were done quarterly on each with the Director revealed: separate staff shifts. saster drills were supposed to be cedure the wrong way to why staff #1 did not complete facility failed to ensure fire					

6899

Division of Health Service Regulation STATE FORM

QQ9411 If continuation sheet 5 of 5