

Division of Health Service Regulation

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|--------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-756</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>04/16/2025</b> |
|--------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HEAVEN SENT GROUP HOME**

**3209 WINFIELD COURT  
RALEIGH, NC 27610**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| V 000                    | <b>INITIAL COMMENTS</b><br><br>An annual and follow up survey was completed on April 16, 2025. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V 000               |                                                                                                                          |                          |
| V 107                    | <b>27G .0202 (A-E) Personnel Requirements</b><br><br><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b><br>(a) All facilities shall have a written job description for the director and each staff position which:<br>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;<br>(2) specifies the duties and responsibilities of the position;<br>(3) is signed by the staff member and the supervisor; and<br>(4) is retained in the staff member's file.<br>(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:<br>(1) is at least 18 years of age;<br>(2) is able to read, write, understand and follow directions;<br>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and<br>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. | V 107               |                                                                                                                          |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Jermaine Moore, Director*

*5/2/2025*

STATE FORM

6899

QQ9411

If continuation sheet 1 of 5

Division of Health Service Regulation

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V 107

Continued From page 1

(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.

This Rule is not met as evidenced by:  
Based on record review and interview, the facility failed to have a complete personnel record affecting one of two audited paraprofessional staff (#1). The findings are:

Review on 4/16/25 of the personnel record for staff #1 revealed:

- Hire date of 4/5/24.
- She was hired as a Direct Care Staff.
- No documentation of educational verification.

Interview on 4/16/25 with the Director revealed:

- Staff #1 said she had a high school diploma.
- She didn't realize staff #1's education verification was not in her personnel record.

V 107

Director and or Q.P.  
Will ensure all paraprofessional  
staff, Direct Care Staff,  
or any staff have all  
required educational  
verification trainings,  
Verification of licensure,  
registration or certifications  
on file at all times, and before  
staff begin are employed.

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>HEAVEN SENT GROUP HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3209 WINFIELD COURT<br>RALEIGH, NC 27610 |                                                                                                                 |                                                   |
| (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 107                                                      | Continued From page 2<br>-She confirmed the facility failed to have a complete personnel record for staff #1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | V 107                                                                             | Staff #1 high school transcript was printed and filed in the personnel record. 4/17/25                          |                                                   |
| V 114                                                      | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.<br>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:<br><br>Reviews on 4/15/25 and 4/16/25 of the facility's fire and disaster drill log from (March 2024-March 2025) revealed: | V 114                                                                             |                                                                                                                 |                                                   |

Division of Health Service Regulation  
STATE FORM

6899

QQ9411

If continuation sheet 3 of 5

Division of Health Service Regulation

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| V 114                    | <p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-There was no fire drill conducted by staff #1 during the 3rd quarter (July, August, September) of 2024.</li> <li>-There was no disaster drill conducted by staff #2 during the 1st quarter (January, February, March) of 2025.</li> <li>-There were no disaster drills conducted during the 4th quarter (October, November, December) of 2024.</li> <li>-There were no disaster drills conducted during the 3rd quarter (July, August, September) of 2024.</li> <li>-There were no disaster drills conducted during the 2nd quarter (April, May, June) of 2024.</li> </ul> <p>Interview on 4/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-They did fire and disaster drills once or twice a month.</li> <li>-They walked outside through the front and side doors.</li> <li>-They then walked near the road for the fire drills.</li> <li>-They went into one of the three bathrooms for disaster drills.</li> </ul> <p>Interview on 4/16/25 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-They walked outside and stood near the road for fire drills.</li> <li>-They went into the bathroom and staff office for disaster drills.</li> </ul> <p>Interview on 4/15/25 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-They did no fire and disaster drills with staff.</li> </ul> <p>Interview on 4/15/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She did fire and disaster drills with the clients.</li> <li>- "I possibly wrote fire on the forms when I was sometimes conducting a disaster drill."</li> <li>-She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift.</li> </ul> | V 114               |                                                                                                                          |                          |

Division of Health Service Regulation

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| V 114                                                      | Continued From page 4<br><br>Interview on 4/16/25 with staff #2 revealed:<br>-She did fire drills monthly with the clients.<br>-"I have not done a disaster drill in a while."<br>-She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift.<br><br>Interview on 4/16/25 with the Director revealed:<br>-The facility had two separate staff shifts.<br>-She thought the disaster drills were supposed to be done quarterly.<br>-"I explained the procedure the wrong way to staff."<br>-She was not sure why staff #1 did not complete the fire drill.<br>-She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift. | V 114                                                                             | Director and or Q.P. will ensure all fire and disaster drills are completed quarterly on each shift. Director inserviced all staffs on rule # 276,0207 Emergency Plans and supplies to ensure that all staff understood the importance, and the correct way to complete fire drills, 4/18/25 Director and or Q.P. will check monthly/quarterly to ensure that staff on both shifts are timely and adequately completing all logs and drills, to ensure that this rule is met. | 5/1/25                                            |