

Division of Health Service Regulation

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| 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 05/13/2025 |
| 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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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 13, 2025. Complaint intake #NC00229533 was unsubstantiated. Complaint intake #NC00229434 was substantiated. 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>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Clients and staff will be identified using the letter of the facility.</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 and 1 former client.</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</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 authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility 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 | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility governing body failed to follow their written discharge policy. The findings are:</p> <p>Review on 5/8/25 of Former Client (FC #3)'s record revealed: -Admission date of 11/24/24. -Discharge date of 4/11/25. -Diagnoses of Schizophrenia, Traumatic Brain Injury and Mild Intellectual Developmental Disability. -Discharge notice dated 3/11/25 revealed a 30-day discharge notice with an effective date of 4/11/25.</p> <p>Review on 5/12/25 of the facility's written and undated discharge policy titled "Discharge Requirements for Residential Care" revealed: -A client and/or client's guardian will be given a 60-day discharge notice prior to the discharge of a client. -No documentation of a discharge notice of less than 60 days.</p> <p>Interview on 5/12/25 with FC #3 revealed: -Admitted to the facility on Thanksgiving. -Discharged from the group home after she hit Client #2.</p> | V 105 | | |

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| V 105 | Continued From page 3 Interview on 5/8/25 with FC#3's guardian revealed: -She was given a 30-day discharge notice for FC#3 by the facility licensee/owner. -30 days did not give her time to find another placement for FC#3. -The Local Management Entity/Managed Care Organization was working with her to locate another placement for FC#3. Interview on 5/7/25 with the Licensee/Owner revealed: -FC#3's 30-day discharge notice was provided to FC#3's guardian prior to the incident in which FC#3 hit Client #2. -FC#3's behaviors which presented safety risks to FC#3 and other clients included her attempts to cross a busy highway in front of the facility to go to the store, running down the road, verbal aggressions toward Clients #1, #2, #A4 and #A5 and followed by FC#3 having hit Client #2 when an event did not go the way she expected. -She had to protect all her clients. -She planned to update the facility's discharge policy to include criteria regarding circumstances when a less than 60-day discharge notice needed to be implemented. | V 105 | | |
| V 123 | 27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug | V 123 | | |

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| V 123 | <p>Continued From page 4</p> <p>shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all medication administration errors immediately reported to a pharmacist or physician. The findings are:</p> <p>Review on 5/8/25 of Client #1's record revealed: -Admission date of 12/1/23. -Diagnoses of Major Depressive Disorder, Mild Intellectual Developmental Disability (IDD), and Mood Disorder. -Physician-ordered medications included: -3/27/25, Viberzi 75 milligrams (mg) (irritable bowel syndrome), 1 tablet (tab) twice daily. -4/16/25, Melatonin 3 mg (sleep), 1 tab at bedtime.</p> <p>Review on 5/12/25 of Client #1's MAR for the months of March 2025, April 2025 and to May 12, 2025 revealed: -Viberzi on 4/6/25 at 8 am and 8 pm dose, 4/7/25 at 8 am dose, 4/27/25 at 8 pm dose, 4/28/25 at 8 am and 8 pm dose, 4/29/25 at 8 pm dose and 4/30/25 at 8 am dose were coded "D" for Drug not given" and the reasons given on the back of the April 2025 MAR were "out of meds (medicine)" and "no meds on hand" due to a pending refill. -Melatonin on 5/8/25 at 8pm dose time was coded "D" and the reason on the back of the May 2025 MAR was "no Rx (medicine) on hand due to a pending refill.</p> | V 123 | | |

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| V 123 | <p>Continued From page 5</p> <p>Review on 5/8/25 of Client #2's record revealed: -Admission date of 2/28/24. -Diagnoses of Schizoaffective Disorder, Conduct Disorder, Mild IDD, Major Depressive Disorder, Oppositional Defiant Disorder, and Impulse Control Disorder. -Physician-ordered medications included: -10/16/24, Esomeprazole Magnesium Delayed Release 40 mg (acid reflux), 1 tab twice daily. -1/9/25, Vitamin B-12 1000 mg (energy metabolism), 1 tab once daily. -2/20/25, Bupropion Extended Release (XL) (depression), 1 tab once daily. -3/16/25, Fexofenadine 180 mg (allergies), 1 tab once daily. -5/5/25, Escitalopram 5 mg (mood stabilizer), 1 tab once daily.</p> <p>Review on 5/12/25 of Client #2's MAR for the months of March 2025, April 2025 and to May 12, 2025 revealed: -Vitamin B-12 on 3/7/25, 3/8/25, 3/9/25, 3/10/25, 3/11/25, and 3/12/25 at 8 am dose time was coded "D" and the reason on the back of the March 2025 MAR was "no RX on hand" due to a pending refill. -Bupropion on 3/6/25, 3/25/25, 3/27/25, and 3/28/25 at 8 am dose time was coded "D" and the reason on the back of the March 2025 MAR was "no RX on hand" due to a pending refill and the medicine being out of stock. -Escitalopram on 3/12/25 at the 8 am dose time was coded "D" and the reason on the back of the March 2025 MAR was "no RX on hand" due to a pending refill. -Esomeprazole Magnesium on 4/8/25, 4/9/25, 4/10/25, 4/11/25, 4/12/25, 4/13/25 at 8 am and 8 pm dose times, on 4/14/25 at the 7 am and 7 pm dose times, on 4/15/25, 4/16/25 and 4/17/25 at 7</p> | V 123 | | |

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| V 123 | <p>Continued From page 6</p> <p>am dose time were coded "D" and the reason on the back of the April 2025 MAR was "no RX on hand" due to a pending refill.</p> <p>-Fexofenadine on 4/7/25 at 7 am dose time was coded "D" and the reason on the back of the April 2025 MAR was "no med on hand" due to "waiting on refill."</p> <p>Review on 5/7/25 of facility incident reports from 3/1/25 to 5/7/25 revealed:</p> <p>-No documentation of client medication error reports.</p> <p>-No documentation of staff having been immediately reported to a pharmacy or physician about a medication error for a determination to be made about the level of threat to a client's health due to a missed medication administration.</p> <p>Interview on 5/7/25 with Client #1 revealed:</p> <p>-Staff gave her medicines to her.</p> <p>-No problems taking her medicine.</p> <p>-Could not remember if any of her medicines had ran out.</p> <p>Interview on 5/7/25 with Client #2 revealed:</p> <p>-Her medicines had changed during her last hospitalization.</p> <p>-Staff gave her medicines to her.</p> <p>-She had her medicines at the facility to take.</p> <p>Interview on 5/13/25 with the Licensee/Owner revealed:</p> <p>-She and her staff usually called the pharmacy when refills of client medication were needed.</p> <p>-She continuously communicated by phone, email and text messages with the pharmacy and physician about the status of pending medication refills.</p> <p>-She would ensure documentation of medication error reports on any missed medication</p> | V 123 | | |

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| V 123 | Continued From page 7 administration moving forward. -She had an incident report form that would be used for documentation of medication errors. | V 123 | | | |