| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| HEARTLAND GROUP HOME | 1025 AVONDALE ROAD LOWELL, NC 28098 |

| (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 |
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| V 000 | INITIAL COMMENTS<br><br>An annual and complaint survey was completed on 02/17/2026. The complaint was substantiated (Intake #NC00234661). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.<br><br>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| 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<br>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<br>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 reviews and interviews, the facility failed to ensure fire and disaster drills were | V 114 | | |

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| V 114 | Continued From page 1<br>conducted quarterly and repeated on each shift. The findings are:<br><br>Review on 02/16/2026 of the facility's fire and disaster drills log from 01/01/2025 - 12/31/2025 revealed:<br>-There were no second shift (8 pm-8 am) fire drills for the first quarter from 01/01/2025-03/31/2025 and second quarter from 04/01/2025-06/30/2025.<br>-There were no first shift (2 pm-8 pm) and second shift (8 pm-8 am) disaster drills for the first, second, third, and fourth quarters from 01/01/2025-12/31/2025.<br><br>Interview on 02/17/2026 with Client #1 revealed:<br>-She participated in fire and disaster drills at the facility.<br><br>Interview on 02/17/2026 with Client #2 revealed:<br>-She participated in fire and disaster drills at the facility.<br><br>Attempted interview on 02/17/2026 with Client #3 was unsuccessful due to her refusal to converse with this Division of Health Service Regulation Surveyor.<br><br>Interview on 02/17/2026 with Staff #1 revealed:<br>-The facility completes fire and disaster drills monthly.<br><br>Interview on 02/17/2026 with the Associate Professional revealed:<br>-"Everyone (staff) will do a drill (fire and disaster). We have 2 shifts."<br>-"I was not aware of that (missing fire and disaster drills)."<br>-"I will have to take a look at that (fire and disaster drills) because I thought they were updated." | V 114 | | |

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| V 114 | Continued From page 2<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-"So, the missing drills (fire and disaster) came from not paying attention to when the last drill was done and not keeping up with days or order of it all."<br>-"I will pay attention and be more thorough by having a preassigned (fire and disaster) drill log. So, I will know ahead of time to ensure we are meeting the rule."<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-"I was thinking it (fire and disaster drills) was done."<br>-"I will set it (fire and disaster drill) up on a calendar reminder to get that completed." | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be | V 118 | | |

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| V 118 | Continued From page 3<br>recorded immediately after administration. The MAR is to include the following:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 3 of 3 Current Clients (#1, #2, and #3) and failed to keep the MAR current affecting 2 of 3 Current Clients (#1 and #3). The findings are:<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #1's record revealed:<br>-Admission date of 01/27/2024.<br>-Age 14.<br>-Diagnosed with Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Bipolar Disorder, Enuresis and Attention Deficit Hyperactivity Disorder.<br>Physician orders dated 01/16/2026:<br>-Melatonin 3 milligram (mg) (Sleep)- Take 1 tablet (tab) by mouth every day at bedtime.<br>There were no physician's orders or discontinue | V 118 | | |

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| V 118 | Continued From page 4<br>orders for:<br>-Docusate 100 mg (Constipation)- Take 1 capsule (cap) by mouth as needed for constipation.<br>-Nystatin 100000 unit (IU)/gram ointment (Skin)- Apply topically four times a day for 7 days.<br>-Saline .65% (Congestion)- Administer 2 sprays in each nostril every 15 minutes as needed for congestion.<br>-Antibacterial plus (Urinary pain relief)- 2 tabs 3 times a day,<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #1's MARs from 12/01/2025 - 02/15/2026 revealed:<br>-Staff documented Client #1 was administered the above medications between 12/01/2025 - 02/15/2026.<br>-There were no staff initials for administration of Melatonin on 12/08/2025 in the evening.<br>-There were no staff initials for administration of Antibacterial Plus on 01/05/2026-01/10/2026 in the morning, 01/06/2026-01/10/2026 in the afternoon, and 01/08/2026-01/09/2026 in the evening.<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #2's record revealed:<br>-Admission date of 09/25/2025.<br>-Age 17.<br>-Diagnosed with Major Depressive Disorder, Social Phobia, and PTSD.<br>There were no physician's orders or discontinue orders for:<br>-Biotin 10000 microgram (mcg) (Deficiency)- Take 1 soft gel daily with any meal.<br>-Vitamin D3 2000 IU (Deficiency)- Take 1 with any meal.<br>-Fluticasone (Allergies)- 2 sprays in each nostril for allergies as needed. | V 118 | | |

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| V 118 | Continued From page 5<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #2's MARs from 12/01/2025 - 02/15/2026 revealed:<br>-Staff documented Client #2 was administered the above medications between 12/01/2025 - 02/15/2026.<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #3's record revealed:<br>-Admission date of 12/02/2025.<br>-Age 15.<br>-Diagnosed with Major Depressive Disorder and PTSD.<br>There was no physician order or discontinue order for:<br>-Sprintec 28 (Birth Control)- Take 1 tab in the am.<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #3's MARs from 12/01/2025 - 02/15/2026 revealed:<br>-Staff documented Client #3 was administered Sprintec 28 on 12/06/2025-12/08/2025 and 12/10/2025-12/13/2025.<br>-There were no staff initials for administration of Sprintec 28 on 12/01/2025-12/05/2025 and 12/14/2025-12/31/2025.<br><br>Interview on 02/17/2026 with the Associate Professional revealed:<br>-She was responsible for ensuring physician orders were available at the facility.<br>-"If there are no changes (to medications), I make sure the doctor document no change."<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-She was not aware of missing physician orders for Clients #1, #2, and #3.<br>-She was not aware of no staff initials for administration for Clients #1 and #3. | V 118 | | |

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| V 118 | Continued From page 6<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-He was not aware of missing physician orders for Clients #1, #2, and #3.<br>-He was not aware of no staff initials for administration for Clients #1 and #3.<br>-"It (medication administration processes) was delegated to someone, but we (facility management) need to take control over it and be more consistent with making sure everything is done according to rule." | V 118 | | |
| V 120 | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. | V 120 | | |

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| V 120 | Continued From page 7<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interviews, the facility failed to ensure internal and external medications were stored separately affecting 1 of 3 Current Clients (#1). The findings are:<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #1's record revealed:<br>There was no physician order for:<br>-Nystatin 100000 unit/gram ointment (Skin)- Apply topically four times a day for 7 days.<br><br>Observation on 02/16/2026 at approximately 1:21 pm of Client #1's medication box revealed:<br>-Nystatin; a medication for external use was stored in the same medication box with internal medications.<br><br>Interview on 02/17/2026 with the Associate Professional revealed:<br>-"It (Nystatin) could have been put in there (Client #1's medication box) by accident. Because that is not typically how it is stored."<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-"I didn't know it was a rule (that external and internal medications were to be stored separately)."<br>-"It (external and internal medications stored together) was an oversight on my part."<br>-"We will have a designed box for external meds (medications)."<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-He was not aware that external and internal | V 120 | | |

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| V 120 | Continued From page 8<br>medications were to be stored separately.<br>-"We will get another storage box (for external medications)." | V 120 | | |
| V 121 | 27G .0209 (F) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(f) Medication review:<br>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.<br>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.<br><br>This Rule is not met as evidenced by:<br>Based on records reviews and interview, the facility failed to obtain drug regimen reviews every six months for 1 of 3 Current Clients (#1) who received psychotropic drugs. The findings are:<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #1's record revealed:<br>-Admission date of 01/27/2024.<br>-Age 14.<br>-Diagnosed with Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Bipolar Disorder, Enuresis and Attention Deficit Hyperactivity Disorder (ADHD). | V 121 | | |

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| V 121 | Continued From page 9 | V 121 | | |

Physician orders dated 01/16/2026:
-Olanzapine 2.5 milligram (mg) (Mood Stabilizer)- Take 1 tablet (tab) by mouth at bedtime.
-Divalproex Extended Release (ER) 250 mg (Bipolar)- Take 1 tab by mouth twice daily.
Physician orders dated 01/23/2026:
-Methylphenidate ER 18 mg (ADHD)- Take 1 tab by mouth in the morning.
-Oxcarbazepine 150 mg (Mood Stabilizer)- Take 1 tab by mouth daily.
-Guanfacine 1 mg (ADHD)- Take ½ tab by mouth every morning and 1 and ½ tab at night (bedtime).
-Quetiapine 100 mg (Mood Stabilizer)- Take 1 tab by mouth in the morning and 1 tab at noon, and 1 tab before bedtime.
-Prazosin 1 mg (PTSD)- Take 1 cap by mouth at bedtime.
-There was no evidence of a current six-month drug regimen review for Client #1.

Reviews on 02/16/2026 and 02/17/2026 of Client #1's MARs from 12/01/2025 - 02/15/2026 revealed:
-Staff documented Client #1 was administered the above medications from 12/01/2025 - 02/15/2026.

Interview on 02/17/2026 with the Qualified Professional revealed:
-"I thought the rule was met with documentation provided."
-"Moving forward, I will receive the six-month psychotic review from the doctor or pharmacist."

Interview on 02/17/2026 with the Executive Director revealed:
-"I thought it (six-month psychotic review) was met."
-Would ensure the completion of the 6-month

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| V 121 | Continued From page 10<br>psychotic review moving forward. | V 121 | | |
| V 293 | 27G .1701 Residential Tx. Child/Adol - Scope<br><br>10A NCAC 27G .1701 SCOPE<br>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.<br>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.<br>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.<br>(d) The children or adolescents served shall require the following:<br>(1) removal from home to a community-based residential setting in order to facilitate treatment; and<br>(2) treatment in a staff secure setting.<br>(e) Services shall be designed to:<br>(1) include individualized supervision and structure of daily living;<br>(2) minimize the occurrence of behaviors related to functional deficits;<br>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;<br>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, | V 293 | | |

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| V 293 | Continued From page 11<br>communication, social and recreational skills; and<br>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.<br>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews the facility failed to coordinate with other individuals within the child or adolescent's system of care for 1 of 3 Current Clients (#1). The findings are:<br><br>Reviews on 02/16/2026 and 02/17/2026 of Client #1's record revealed:<br>-Admission date of 01/27/2024.<br>-Age 14.<br>-Diagnosed with Schizoaffective Disorder, Post Traumatic Stress Disorder, Bipolar Disorder, Enuresis and Attention Deficit Hyperactivity Disorder.<br><br>Attempted interviews on 02/16/2026 and 02/17/2026 with the Complainant were unsuccessful due to no response to this Division of Health Service Regulation Surveyor's phone calls. | V 293 | | |

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| V 293 | Continued From page 12<br><br>Interview on 02/17/2026 with Client #1 revealed:<br>-"The medics came and took me to the hospital."<br>-"I was on the 7th floor (at the hospital)."<br>-"I stayed there (at the hospital) for 2 weeks."<br>-"No (facility staff did not go with her to the hospital or visit once she was admitted), they came to get when it was time to go."<br><br>Interview on 02/17/2026 with Staff #2 revealed:<br>-"I did not (go with Client #1 when she was transported to the hospital)."<br>-"The EMS (Emergency Medical Services) called her parents."<br>-She did not coordinate with the hospital regarding Client #1's care.<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-She did not go with Client #1 when she was transported to the hospital and/or stay with Client #1 while she was in the Emergency Department awaiting inpatient admission.<br>-Client #1's mother had contact with the hospital.<br>-"It is unrealist to have someone at the hospital. We were waiting for the call so that we could come pick her up (from the hospital)."<br><br>Interview on 02/16/2026 with the Executive Director revealed:<br>-"We did not want to antagonize the client (Client #1) because sometimes seeing us makes it worse."<br>-"We were trying to de-escalate (by not going to the hospital with Client #1)."<br>-"We will make sure staff coordinate with all third-party entities (moving forward)." | V 293 | | |
| V 296 | 27G .1704 Residential Tx. Child/Adol - Min. Staffing | V 296 | | |

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| V 296 | Continued From page 13<br><br>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS<br>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.<br>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:<br>(1) two direct care staff shall be present for one, two, three or four children or adolescents;<br>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and<br>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.<br>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:<br>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;<br>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and<br>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.<br>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.<br>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they | V 296 | | |

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| V 296 | Continued From page 14<br>are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, facility staff failed to reach the facility within 30 minutes as required. The findings are:<br><br>Observation on 02/16/2026 of the facility between 10:30 am-11:50 am revealed:<br>-At ~10:30 am; There was no answer at the door.<br>-At ~11:50 am; Access to the facility was granted.<br><br>Interview on 02/16/2026 with the Qualified Professional (QP) revealed:<br>-She would arrive at the facility in the next 30 minutes.<br>-"I know, I will not be there (at the facility) in time."<br>-"My Executive Director (ED) will be there (at the facility)."<br><br>Interview on 02/17/2026 with the QP revealed:<br>-"I could not make it (to the facility) in time. I will have a designed staff that can reach the facility within 30 minutes if I can't (moving forward)."<br><br>Interview on 02/17/2026 with the ED revealed:<br>-"It was the message you were here (at the facility); I tried my best, but I could not get there within 30 minutes." | V 296 | | |

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| V 366 | Continued From page 15 | V 366 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond | V 366 | | |

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| V 366 | Continued From page 16 | V 366 | | |

by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not

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| V 366 | Continued From page 17<br>available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on records review and interviews, the facility failed to implement written policies governing their response to Level II incidents. The findings are:<br><br>Reviews on 02/16/2026 and 02/17/2026 of the facility's incident reports from 11/01/2025 - 02/15/2026 revealed:<br>-There was no incident report for Client #1's behavioral outburst, elopement, police involvement, and hospitalization incident dated 11/17/2025.<br><br>Reviews on 02/16/2026 and 02/17/2026 of the facility's records revealed: | V 366 | | |

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| V 366 | Continued From page 18<br><br>There was no documentation to support Client #1's incident dated 11/17/2025 was evaluated for the Risk Cause Analysis subparagraphs below:<br>-Developed and implemented measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days.<br>-Developed and implemented corrective measures according to provider specified timeframes not to exceed 45 days.<br>-Assigned persons to be responsible for implementation of the corrections and preventive measures.<br>-Maintained documentation regarding the subparagraphs of this Rule.<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-"It (failure complete the Risk Cause Analysis for Client #1's incident dated 11/17/2025) was an oversight."<br>-"I will ensure that all incidents are accurately documented timely and accurately."<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-"It (failure complete the Risk Cause Analysis for Client #1's incident dated 11/17/2025) definitely was oversight."<br>-"I will just follow up with staff to ensure it (Risk Cause Analysis for incidents) is completed and ensure completion in real time." | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during | V 367 | | |

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| V 367 | Continued From page 19 | V 367 | | |

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, 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

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| V 367 | Continued From page 20<br>(3) the provider's response to the incident.<br>(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 .0300 and 10A NCAC 27E .0104(e)(18).<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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. | V 367 | | |

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This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided as required. The findings are:

Reviews on 02/16/2026 and 02/17/2026 of the facility's incident reports from 11/01/2025 - 02/15/2026 revealed:
-There was no IRIS report for Client #1's behavioral outburst, elopement, police involvement, and hospitalization incident dated 11/17/2025.

Reviews on 02/16/2026 and 02/17/2026 of IRIS from 11/01/2025 - 02/15/2026 revealed:
-There was no IRIS report for Client #1's behavioral outburst, elopement, police involvement, and hospitalization incident dated 11/17/2025.

Interview on 02/17/2026 with the Qualified Professional revealed:
-"I thought it (Client #1's incident dated 11/17/2025) was a level 1, so that's why I did not report it in IRIS."
-"I will review the incident response manual."

Interview on 02/17/2026 with the Executive Director revealed:
-"I need to make sure that when situations (Client #1's incident dated 11/17/2025) like this arise, I

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| V 367 | Continued From page 22<br>go over the manuals (Incident Reporting) and make sure I am documenting correctly." | V 367 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:<br><br>Observation on 02/16/2026 at approximately 11:57 am of the facility revealed:<br>Bathroom:<br>-There were innumerable grey to dark black circular spots on the ceiling throughout the bathroom.<br>-The wooden wall trim had grey to dark black circular spots that spanned the entire length of the wall.<br>-There was dark black stained tile caulking that spanned the interiror perimeter of the bathtub.<br>-There were multilpe tiles with dark black stained caulking above the perimeter of the bathtub.<br>Client #3's bedroom:<br>-There was an unmade bed with two books, clothes, and toy bears on top.<br>-There were dirty clothes on the floor at the foot of the bed.<br>-There was a white laundry bag with dirty clothes in it on the floor beside plastic bins.<br>-There were two socks scattered on the floor in front of the closet and one sock on the floor near | V 736 | | |

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| V 736 | Continued From page 23<br>the bed.<br>-There was debris scattered on the floor throughout the bedroom.<br><br>Interview on 02/17/2026 with the Qualified Professional revealed:<br>-"We (facility management) submitted work orders (for repairs to the bathroom) a few times and we have not followed up with him (the landlord) on it."<br>-"I told staff at the last minute that they (clients) had school, and I think they left out without cleaning (the bedroom)."<br>-"I am going to ensure timely follow up with the landlord and I am going to create a cleaning checklist for staff for every shift as a reminder."<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-"I reached out to the landlord about getting that (repairs to the bathroom) taken care of." | V 736 | | |
| V 752 | 27G .0304(b)(4) Hot Water Temperatures<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT<br>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.<br>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, the facility failed to maintain the facility hot water | V 752 | | |

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| V 752 | Continued From page 24 | V 752 | | |

temperature between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:

Observation of the facility on 02/16/2026 at approximately 12:10 pm - 12:15 pm revealed:
-The bathroom sink's hot water temperature was 120 degrees Fahrenheit.
-The bathroom tub's hot water temperature was 121 degrees Fahrenheit.

Interview on 02/17/2026 with Client #1 revealed:
-"The water is just right."
-She had not been burnt by the water and knew how to operate the water to prevent getting burned.

Interview on 02/17/2026 with Client #2 revealed:
-"The water is not too hot."
-She had not been burnt by the water and knew how to operate the water to prevent getting burned.

Attempted interview on 02/17/2026 with Client #3 was unsuccessful due to her refusal to converse with this Division of Health Service Regulation Surveyor.

Interview on 02/17/2026 with Staff #1 revealed:
-She had not noticed water being too hot.
-"No one (clients) has been burnt by the water."

Interview on 02/17/2026 with the Associate Professional revealed:
-"No one has been burnt (by the hot water). Clients have not complained about the water being hot."

Interview on 02/17/2026 with the Qualified Professional revealed:

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|---|---|---|---|
| | MHL036-360 | A. BUILDING: _____ B. WING _____ | 02/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HEARTLAND GROUP HOME | 1025 AVONDALE ROAD LOWELL, NC 28098 |

| (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 752 | Continued From page 25<br>-Did not realize the water temperature was over 116 degrees Fahrenheit.<br>-"I need to check the log (Waterlog) to make sure staff were checking it (the hot water) and if it was high why they did not tell management."<br>-"We are going to turn it (hot water) down."<br><br>Interview on 02/17/2026 with the Executive Director revealed:<br>-"I am going to have the landlord fix it (hot water) because it needs to be down." | V 752 | | |