PRINTED: 09/15/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl092252	A. BUILDING: _____ B. WING _____	C 09/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

(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
C 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on September 8, 2021.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 2 sampled staff (Staff B) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) prior to hire. The findings are: Review of Staff B's personnel record revealed: -There was no date of hire documented. -Her title at the facility was a personal care aide (PCA). -There was documentation a HCPR check was completed for Staff B on 09/06/21. -There were no documented findings on the HCPR check performed 09/06/21. Interview with Staff B on 09/08/21 at 9:30am revealed: -She was a personal care aide (PCA). -She had just started working at the facility two weeks ago. -She assisted the resident with whatever the	C 145	In order to have appropriate staff, I signed a contract with [redacted] Home Health agency. [redacted] Home Health agency supply staff to me. They are following all necessary procedures prior hiring staff. 09/10/21 such as • interview, experience check • education check • trainings • criminal background check • drug testing • TB test checking and etc...	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE L S Allen Jr. TITLE Administrator (X6) DATE 10/8/21

STATE FORM 8999 CXOB11 If continuation sheet 1 of 2

Addendum per telephone conversation with Liliya Shmulevich, Administrator 10/13/21 at 3:50pm.
- The Administrator will access the HCPR for any person hired to work with the residents prior to that person beginning work at the facility. -H. Soto, R

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	fa1092252	A. BUILDING: _____ B. WING _____	C 09/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

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C 145	Continued From page 1 resident needed her to do. -She talked to the residents and performed cleaning tasks. Interview with the Administrator on 09/08/21 at 11:16am revealed: -She was responsible for performing HCPR checks on new employees. -She knew HCPR checks were required for staff prior to hire. -It was "impossible" for her to get everything done because of other things that go on. -She was the only person working at the facility prior to Staff B coming to work at the facility. -Staff B was in a probationary status and she (Administrator) was still obtaining new employee documents. -Staff B started working "around 10 days" ago.	C 145	I am cheking staff 09/21, periodically (once in ten days) in Personnel Registry of Health care. Staff B worked in Heart 09/09, to like 8 days. She quit work at 09.09.21. She informed me she prefer to work as a private caregiver. I don't hire staff myself anymore I am working with 09/[redacted] Home Health agency	

Received via email on 10/08/21.
Reviewed and acknowledged with addendum on 10/18/21. -N Stats