STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076064	A. BUILDING: _____ B. WING _____	R 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPES CARE HOME	377 BROAD STREET RAMSEUR, NC 27316

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 31, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to provide staff training to meet the needs of the clients affecting 3 of 3 staff audited staff (Licensee/Paraprofessional Counselor, Staff #3, Staff #4). The findings are: Review on 5/30/18 of client #6's record revealed: -52 year old female admitted 3/14/16. -Diagnoses included Moderate Intellectual Disorder, Bipolar II Disorder, Alcohol Use Disorder, Cocaine Use Disorder, High Cholesterol, and, Herpes Simplex II. -History of substance abuse since 14 years old. -Would elope when given the opportunity, usually when on a home visit, where she knows drug dealers and other users. -Behavior Plan dated 4/1/18 listed 1 of 4 target behaviors, "positive drug screens." (Other behaviors listed were refusal to complete chores, hygiene, and verbal aggression.) -Behavior Plan listed a reward system that would be implemented by the Licensee/Paraprofessional Counselor based on the clients behaviors. Review on 5/30/18 of client #2's record revealed: -41 year old male admitted 9/1/15. -Diagnoses included Mild MR, Obstructive Sleep Apnea, Cerebral Palsy, Hypertension, Schizoaffective Disorder, Delusional Disorder; Psychotic Disorder, Generalized Anxiety disorder, and Personality Disorder.	V 108		

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V 108	Continued From page 2 -Client used a CPAP (Continuous Positive Airway Pressure) machine nightly. Interview on 5/30/18 client #2 stated: -He cared for his CPAP machine. Staff did not help him. -He washed it with soap and water. He used distilled water. He left the water in the machine until it was gone, then added water. -There was a small filter that he took out once a month and flicked it with his fingers (demonstrated this with thumb and middle finger motion). Observations on 5/31/18 at approximately 2 pm of client #2's CPAP machine revealed: -The hose to his CPAP machine was lying on the floor behind his bedside table. -There was no mask found in his room or the bathroom. Review on 5/30/18 of Licensee/Paraprofessional Counselor's record revealed: -Hire date of 12/15/02. -No training documented for sleep apnea or care/maintenance/application of CPAP. -No training documented about substance abuse or signs/symptoms of withdrawal. -No training documented on client #6's Behavior Plan. Review on 5/30/18 of Staff #3's record revealed: -Hire date of 5/29/11. -Position, Paraprofessional Counselor. -No training documented for sleep apnea or care/maintenance/application of CPAP. -No training documented about substance abuse or signs/symptoms of withdrawal. -No training documented on client #6's Behavior Plan.	V 108		

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V 108	Continued From page 3 Review on 5/30/18 of Staff #4's record revealed: -Hire date of 5/1/03. -Position, Paraprofessional Counselor. -No training documented for sleep apnea or care/maintenance/application of CPAP. -No training documented about substance abuse or signs/symptoms of withdrawal. -No training documented on client #6's Behavior Plan. Interviews on 5/31/18 the Licensee/Paraprofessional Counselor stated: -Client #6's behavior plan did not include a reward system. -She could not explain the expectation for staff regarding "positive drug screens." -She was not familiar with the care and maintenance of client #2's CPAP machine. -There was no CPAP manual on hand for staff to review. -Client #2 took care of the machine. -She did not know where his mask was located. -The staff had not been trained on sleep apnea or use/care of client #2's CPAP machine. -Substance abuse training had not been provided for staff. Interview on 5/31/18 the Qualified Professional stated: -She was not a substance abuse counselor. She was a teacher by professional background. -She had not had any training in substance abuse in more than 10 years. It would be helpful to have a refresher. -She did not know what was expected for the target behavior listed in client #6's behavior plan for drug screening. -Psychologist trained staff on behavior plans.	V 108		

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V 112	Continued From page 4	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to review client plans at least annually and develop strategies for residential goals affecting 3 of 3 clients audited (clients #1, #2, #6). The findings are:	V 112		

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V 112	Continued From page 5 Finding #1: Review on 5/30/18 of client #1's record revealed: -64 year old female admitted 12/12/09. -Diagnoses included Mild Mental Retardation, Schizophrenia, Chronic Renal Insufficiency, Vitamin D Deficiency, mixed Hyperlipidemia, Chronic Cough, Osteopenia GERD (gastroesophageal reflux disease), and Allergic Rhinitis. -Most current Individual Service Plan (ISP) on client #1's record documented it was completed and effective on 6/1/16. The ISP was signed only by client #1. (No signatures for the Qualified Professional (QP), team members, or a licensed professional.) -Plan dated 6/1/16 documented goals for independent living skills, and communication skills. -No strategies had been documented for residential goals. Interview on 5/30/18 client #1 stated: -She had lived at the facility for 8 years. -She stated she loved living at the facility. She had been to 2 other group homes in the past and liked this one "way better." -Her typical routine was to get up around 6 am during the week On Saturday she would get up about 8 am - 8:30 am and on Sunday 6 am -6:30 am. She had to get chores done. She would go into the community. They took her to different places, i.e. to stores where she might buy something, go out to eat, church every Sunday. Some days she just stayed at home. She felt she got out into the community enough. Finding #2: Review on 5/30/18 of client #6's record revealed: -52 year old female admitted 3/14/16.	V 112		

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V 112	Continued From page 6 -Diagnoses included Moderate Intellectual Disorder, Bipolar II Disorder, Alcohol Use Disorder, Cocaine Use Disorder, High Cholesterol, and, Herpes Simplex II. -History of substance abuse since 14 years old. -Would elope when given the opportunity, usually when on a home visit, where she knows drug dealers and other users. -Behavior Plan dated 4/1/18 listed 1 of 4 target behaviors, "positive drug screens." -Goals addressed independent living skills, behaviors, health, safety, hygiene, socialization. -Strategies were not listed for each residential goal. Interview on 5/31/18 client #6 stated: -She had lived at the facility for 2 years. Overall she liked living at the facility. -She had a 1:1 worker and they would go to a recreational facility and to a place where she volunteered. She would hang up clothes. -She had a regular doctor in and a Mental Health person in the neighboring town. She saw a psychologist. -She did not attend any support groups for her history of drug and alcohol abuse. She did not see anyone about drug/alcohol abuse. Finding #3: Review on 5/30/18 of client #2's record revealed: -41 year old male admitted 9/1/15. -Diagnoses included Mild MR, Obstructive Sleep Apnea, Cerebral Palsy, Hypertension, Schizoaffective Disorder, Delusional Disorder; Psychotic Disorder, Generalized Anxiety disorder, and Personality Disorder. -Client used a CPAP (Continuous Positive Airway Pressure) machine nightly. -Goals addressed personal hygiene, living skills, socialization and interpersonal skills.	V 112		

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V 112	Continued From page 7 -Strategies were not listed for each residential goal. Interview on 5/31/18 client #2 stated: -He had lived at the facility for 6 years. Client #2 stated he "loves it" here. Staff treated him "good." -He took medications given by staff. -He used a CPAP machine. -In the daytime he volunteered at the Community Christian outreach 3 times a week. At other times he would go to a recreational facility and worked out. Interviews on 5/30/18 and 5/31/18 the Licensee/Paraprofessional Counselor stated: -She was not aware strategies were needed for residential goals. -She could not explain why the plan on client #1's record had not been signed by the team. -She thought client #1 had a current ISP but could not locate a signed copy. There was an unsigned copy on her computer dated 2017. -She had a QP that did client #1's plan. Interview on 5/31/18 the QP stated: -She could not explain why client #1 did not have a current ISP. -She was the QP for all clients except client #1. The Licensee had to have another QP for client #1; she was a "private" client. -She did not know why she was not client #1's QP.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and	V 114		

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V 114	Continued From page 8 area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills at least quarterly on each shift. The findings are: Interview on 5/30/18 the Licensee/Paraprofessional Counselor stated: -The facility had 3 shifts. -The shifts were: -1st shift: 7 am - 3 pm -2nd shift: 3 pm - 9 pm -3rd shift: 9 pm - 7 am. -Fire and disaster drills were done on each shift each quarter. Review of fire and disaster drills between 4/4/17 and 5/30/18 revealed: -Quarter #1 (1/1/18 - 3/31/18): No fire drill for the 3rd shift; and, no disaster drill for the 1st shift. -Quarter #2 (4/1/17 - 6/30/17): No fire drills or disaster drills for 1st and 3rd shifts. -Quarter #3 (7/1/17 - 9/30/17): No fire drills for the 2nd and 3rd shifts; and, no disaster drill for the 3rd shift. -Quarter #4 (10/1/17 - 12/31/17): No fire drill for	V 114		

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V 114	Continued From page 9 the 1st shift; and, no disaster drill for the 3rd shift. Review of all drills documented between 4/4/17 and 5/30/18 revealed 7 non-disaster "medical emergency" drills documented by staff.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 2 of 3 clients audited (clients #1, #6). The findings are: Finding #1: Review on 5/30/18 of client #1's record revealed: -64 year old female admitted 12/12/09. -Diagnoses included Mild Mental Retardation, Schizophrenia, Chronic Renal Insufficiency, Vitamin D Deficiency, mixed Hyperlipidemia, Chronic Cough, Osteopenia, GERD (gastroesophageal reflux disease), and Allergic Rhinitis. -Most recent order in client #1's record for Calcium Carbonate 600 mg (milligrams) was dated 1/30/17 and read to administer 2 tabs every morning. (Supplement, Osteopenia) -Order dated 1/30/17 for ProAir HFA (hydrofluoroalkane), 2 puffs every 6 hours as needed for coughing. (Wheezing, shortness of breath) -No discontinue order for ProAir HFA. Review on 5/30/18 and 5/31/18 of client #1's March, April, and May 2018 MARs revealed: -ProAir HFA had not been transcribed onto the MARs. -Order for Calcium Carbonate 600 mg was transcribed and documented as administered 1 tablet twice daily at 8 am and 8 pm. Interview on 5/30/18 client #1 stated: -Staff administered her medications in the	V 118		

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V 118	Continued From page 11 morning, at 4 pm, and at night. There were no problems with her medications. -Staff were responsible for medications. They kept medications locked, even the headache medication. -She did not know the names of her medicines, but could recognize them. Finding #2: Review on 5/30/18 of client #6's record revealed: -52 year old female admitted 3/14/16. -Diagnoses included Moderate Intellectual Disorder, Bipolar II Disorder, Alcohol Use Disorder, Cocaine Use Disorder, High Cholesterol, and, Herpes Simplex II. -FL 2 dated 3/28/18 included the following orders: -Depakote 250 mg , 1 in the morning and 1 in the evening (mood stabilizer, seizures) -Olopatadine HCL 0.2% eye solution (Pataday), 1 drop in each eye daily. (allergy symptoms) -Flonase nasal spray, 2 sprays daily (allergy symptoms) -Trazodone 150 mg 1 hour before bedtime (depression) -Tylenol 500 mg 2 tablets every 6 hours as needed (pain, fever) -Linzess 145 mg daily (constipation) -Debrox 6.5 %, 1 drop in each ear twice daily. (earwax build up) -Ibuprofen 800 mg 3 times daily (pain, inflammation) -Singulair 10 mg daily (allergy symptoms) -Fluoxetine 20 mg daily (depression) ' -Hydroxyzine 25 mg twice daily and at bedtime for aggitation -Ensure daily (dietary supplement) -Order dated 5/22/18 included: -Depakote 250 mg , 1 in the morning and 3 in the evening	V 118		

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V 118	Continued From page 12 -Trazodone 100 mg at bedtime -Miralax 17 grams daily in the morning (constipation). Review on 5/30/18 of client #6's March, April, and May 2018 MARs revealed: -Depakote 250 mg , 1 in the morning and 3 in the evening transcribed and documented from 3/1/18 - 5/30/18 -Trazodone 100 mg at bedtime transcribed and documented from 3/1/18 - 5/30/18. -4/1/18 - 4/30/18 no times documented for Olopatadine HCL 0.2% eye solution (Pataday), 1 drop in each eye daily. -Flonase nasal spray, 1 spray in each nostril twice daily at 8 am and 8 pm transcribed and documented from 3/1/18 - 5/30/18. -Tylenol 500 mg 1 tablet every 6 hours as needed (pain, fever) transcribed on March, April, and May 2018 MARs. -Linzess 290 mg daily at 8 am transcribed and documented daily from 4/18/18 - 5/30/18. -There were not orders transcribed on the MARs for the following medications: -Debrox 6.5 %, 1 drop in each ear twice daily. -Ibuprofen 800 mg 3 times daily -Singulair 10 mg daily -Fluoxetine 20 mg daily ' -Hydroxyzine 25 mg twice daily and at bedtime for aggitation -Ensure daily (dietary supplement) -No order for Miralax had been transcribed to the May 2018 MAR and none had been documented as administered. Observations at approximately 3 pm on 5/30/18 of client #6's medications on hand revealed the following were not on hand: Debrox 6.5 % ear drops, Ibuprofen 800 mg, Singulair 10 mg, Fluoxetine 20 mg daily, Hydroxyzine 25 mg,	V 118		

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V 118	Continued From page 13 Ensure, and Miralax. Interview on 5/31/18 client #6 stated she got all of her medicines on time like she needs them. Interview on 5/31/18 the Licensee/Paraprofessional Counselor stated: -Client #6's orders as written on the FL2 dated 3/28/18 for Depakote, Trazodone, Flonase, Tylenol were errors. The orders written on client #6's FL2 that had not been transcribed to the MARs were orders that had been previously discontinued. -Client #6's physician changed the Linzess order in April 2018 from 145 mg to 290 mg. She did not have a copy of the order. -She did not know why client #6 had not received Miralax as ordered 5/22/18. -She thought client #1 had a more current FL2 but could not locate a copy. -Physician's office staff write the orders on the FL2's. She would clarify the FL2 orders that were different than the client's MARs. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076064	A. BUILDING: _____ B. WING _____	R 05/31/2018

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V 121	Continued From page 14 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. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen review at least every six months for clients who received psychotropic drugs affecting 3 of 3 clients audited (clients #1, #2, #6). The findings are: Finding #1: Review on 5/30/18 of client #1's record revealed: -64 year old female admitted 12/12/09. -Diagnoses included Mild Mental Retardation, Schizophrenia, Chronic Renal Insufficiency, Vitamin D Deficiency, mixed Hyperlipidemia, Chronic Cough, Osteopenia GERD (gastroesophageal reflux disease), and Allergic Rhinitis. -Orders and documentation of Risperidone 3 mg three times daily. -No documentation of a drug regimen review in the past 12 months. Finding #2: Review on 5/30/18 of client #2's record revealed: -41 year old male admitted 9/1/15. -Diagnoses included Mild MR, Obstructive Sleep Apnea, Cerebral Palsy, Hypertension, Schizoaffective Disorder, Delusional Disorder;	V 121		

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V 121	Continued From page 15 Psychotic Disorder, Generalized Anxiety disorder, and Personality Disorder. -Orders and documentation of Fluoxetine 30 mg in the morning and Temazepam 30 mg at bedtime. -No documentation of a drug regimen review in the past 12 months. Finding #3: Review on 5/30/18 of client #6's record revealed: -52 year old female admitted 3/14/16. -Diagnoses included Moderate Intellectual Disorder, Bipolar II Disorder, Alcohol Use Disorder, Cocaine Use Disorder, High Cholesterol, and, Herpes Simplex II. -Orders and documentation of Depakote 250 mg in the morning and 750 mg at night, Trazodone 100 mg at night, and Mirtazapine 45 mg at night. -No documentation of a drug regimen review in the past 12 months. Interview on 5/31/18 the Licensee/Paraprofessional Counselor stated: -There had been no drug regimen reviews done in about 1 year. -She had made calls to the pharmacy requesting these be done. -She realized she was not in compliance.	V 121		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.	V 736		

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V 736	Continued From page 16 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the facility in a clean, attractive and orderly manner. The findings are: Observations between 10:20 am and 10:50 am on 5/30/18 during the facility tour revealed: -Faucet loose from the kitchen sink when operated. -Upper and lower cabinet doors near kitchen sink would not close. -Light over dining room table not operable. Using 2 table lamps without shades for lighting. -Downstairs bathroom: paper towel rod detached on one side; paint peeling behind sink; straw collected between window and screen looking like nesting material; grout discolored dark brown. -Back porch: cushions stained on outdoor furniture; 1 broken chair; top of porch and siding discolored dark gray; -Paint peeling from ceiling in client #6's bedroom. -Finish worn on surface of client #5's bedside table. -Grout in upstairs bathroom around tub discolored, dark brown. -Block of wood used to repair broken tile by base of tub. -Hardware missing from dresser in clients #2 and #3's room. -1/2 of Ceiling painted in downstairs den. -Cobwebs visible in windows by fireplace. Interview on 5/30/18 the Licensee/Paraprofessional stated: -She knew there were facility issues. The owner of the property was not willing to update and make needed repairs. -She was in the process of obtaining inspections and approvals to move clients to another location.	V 736		

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V 736	Continued From page 17 -There would be new furnishings in the new facility.	V 736		