

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/05/2018
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NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 5, 2017. Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities.</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 authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</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	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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 care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice of the use of a Glucometer</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 07/05/18 client #3's record revealed: - Her blood sugar was checked before breakfast and 2 hours after dinner.</p> <p>Interview on 07/05/18 client #3 stated: - Staff checked her blood sugar two times a day using a Glucometer Instrument.</p> <p>Interview on 07/05/18 the Qualified Professional stated: -She was aware of the requirement for obtaining a CLIA certificate for the facility and was in the process of completing the application.</p> <p>Interview on 5/25/18 the Qualified Professional Supervisor stated the facility and sister facilities were included on the Licensee's CLIA certificate.</p> <p>Interview on 5/25/18 the Executive Director stated she believed the Licensee's CLIA certificate included the facility. She understood the requirement to have a current CLIA certificate in order to use a Glucometer Instrument.</p>	V 105		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 07/05/18 of facility records from September 2017 through July 2017 revealed: -Fire drills conducted 01/06/18 at 2pm and 04/06/18 at 2pm only. -No fire drills documented for fourth quarter 2017 (10/17, 11/17, 12/17). -Disaster drills conducted 10/26/17 at 5pm and 04/06/18 at 2:15pm only. -No disaster drills conducted first quarter 2018 (01/18, 02/18, 03/18).</p> <p>Interview on 07/05/18 client #2, #3 and #4 stated they had participated in fire and disaster drills at the facility.</p> <p>Interview on 07/05/18 staff #1 stated: -The facility only has two staff. -Each staff works 7 days on and 7 days off. -She had done fire and disaster drills.</p> <p>Interview on 07/05/18 the Qualified Professional (QP) stated: -Staff #1 and staff #2 were the only staff for the</p>	V 114		

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V 114	Continued From page 4 facility. -The staff worked 7 days on and 7 days off. -She would make a calendar for the facility to schedule and complete fire and disaster drills. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 5</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of licensure by serving one of three audited clients (#2) without a primary diagnosis of Developmental Disability. The findings are:</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>Review on 07/05/18 of Division of Health Service Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p> <p>Review on 07/05/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 46 year old female. - Admission date of 09/01/12. - Diagnoses of Schizophrenia-Parnoid Disorder and Bipolar Disorder. -Client #2's record did not reflect a diagnosis of developmental disability. <p>Interview on 07/05/18 client #2 stated she had resided at the facility for several years.</p> <p>Interview on 07/05/18 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - She did not have a current waiver for client #2 to remain at the facility. - She was in the process of working with the Local Management Entity/Managed Care Organization regarding a waiver for client #2. 	V 289		