DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G212	A. BUILDING _____ B. WING _____	06/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOFFMAN GROUP HOME	104 TEAL STREET HOFFMAN, NC 28347

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W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 6 of 6 staff working in the home. The finding is: Staff were not adequately trained in the usage of gloves during meal time. During dinner observations in the home on 6/4/18, the 6 staff who were on duty all wore gloves during dinner. Further observations revealed staff were standing near the table as the clients consumed their dinner. Further observations revealed staff verbally prompting the clients to slow down their rate of eating, to take sips of liquid, wipe their mouths or clear their place setting; while they were wearing the gloves. During morning observations in the home on 6/5/18, a staff person took two glasses of water to the table for two clients. Additional observations revealed the staff were wearing gloves. During an interview on 6/5/18, staff confirmed gloves should not have been worn during meal time or when taking glasses of water to the table. During an interview on 6/5/18, the qualified intellectual disabilities professional (QIDP)	W 189	W189 DSA's will be in-service by the home nurse when it is appropriate to wear gloves when working with the individuals. The clinician team is to conduct at a minimum, 5 mealtimes assessments within 60 days as assigned by the QP for two consecutive months. Target Date: August 3, 2018 RECEIVED JUL 12 2018 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 189	Continued From page 1 revealed gloves should not have been worn by staff during meal time.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 5 audit clients (#2, #3, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of toothbrushing and dining skills. The findings are: 1. Client #2's toothbrushing goal was not implemented as written. During observations in the home on 6/4/18, client #2 did not have any toothpaste to use to brush her teeth. Further observations revealed staff had client #2 dip her toothbrush into a medication cup which was filled with mouthwash. Client #2 brushed her teeth using only the mouthwash. During observations in the home on 6/5/18, client #2 had a brand new, sealed box of Crest Pro toothpaste in her grooming box.	W 249	W249 Habilitation Specialist will re-in-service DSA's concerning client#2 tooth brushing program as well as all others clients in the home. The clinical team is to conduct at a minimum, 5 interaction assessments Within 60 days to ensure all tooth brushing programs are adequately followed as written. QP will assign interaction assessments utilizing a 60 day schedule. Target Date: August 3, 2018.	

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W 249	Continued From page 2 Review on 6/5/18 of client #2's record revealed a toothbrushing goal: "[Client #2] wants the best possible health. Materials:...Crest Pro tooth paste....Task analysis....4. Brush for 1 min. with toothpaste...." Further review revealed there was no documentation for 6/5/18, to indicate if client #2 brushed her teeth. During an interview on 6/5/18, the surveyor had the qualified intellectual disabilities professional (QIDP) examine the sealed box of toothpaste. The QIDP confirmed the toothpaste was unopened. 2. Clients #3 and #6 were not prompted to utilize a knife during dinner. a. During dinner observations in the home on 6/4/18, client #3 picked up a skinless chicken breast, biting it and consuming it in that manner. Further observations revealed client #3 did have a knife at her place setting. At no time was client #3 prompted to utilize her knife to cut her chicken. Review on 6/5/18 of client #3's adaptive behavior inventory (ABI) dated 2/15/18 revealed she has total independence with using a knife at meals. b. During dinner observations in the home on 6/4/18, client #6 picked up a skinless chicken breast, biting it and consuming it in that manner. Further observations revealed client #6 did have a knife at her place setting. At no time was client #6 prompted to utilize her knife to cut her chicken. Review on 6/5/18 of client #3's adaptive behavior	W 249	DSA's will be in-serviced by Nurse/Dietician/QP on the proper food consistency concerning client's #3 and #6 diets, and all other clients in the home. DSA's will also be in-serviced by the Habilitation Specialist on the use of verbal/physical prompts during mealtime for clients #3 and #6 and all the other clients we support. The clinical team is to conduct at a minimum, 5 mealtime assessments within 60 days to ensure all diets are adequately followed as per individual program plans. QP will assign assessments utilizing a 60 day schedule Target Date August 3, 2018	

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W 249	Continued From page 3 inventory (ABI) dated 11/5/17 revealed she has partial independence and is able to perform some but not all of the task of cutting. During an interview on 6/5/18, the QIDP confirmed clients #3 and #6 should have been prompted to utilize their knives to cut their chicken.	W 249		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 2 of 5 audit clients (#2, #4). The findings are: 1. Client #2 did not receive her Polyeth Glyc Powder powder as ordered. During morning medication administration in the home on 6/5/18, the medication technician (MT) poured water into a clear plastic cup; an half inch from the top. Further observations revealed no accurate measuring technique was utilized to ensure the correct amount of water was poured into the cup. During an interview on 6/5/18, the MT revealed she was told the clear plastic cups held eight ounces of water. The surveyor obtained a measuring cup from the kitchen and filled it with	W 368	W368 DSA's will be in-serviced by the home nurse on client#2 liquid medication as well as the liquid medications of all other clients in the home to include how to properly measure liquid medications. Registered nurse, in conjunction with the clinician team will re-in service to all DSA's client#4 medical administration procotol as ordered. The clinician team is to complete at minimum 5 medication administration observations as assigned by the QP utilizing a 60 day schedule. Target Date: August 3, 2018	

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W 368	Continued From page 4 water to the eight ounce line. The surveyor then poured the water from the measuring cup into another clear plastic cup and it reached the top of the cup. When asked how an accurate measurement of water could have been obtained, the MT confirmed a measuring cup should have been utilized. Further interview revealed there was a measuring cup in the medication closet. Review on 6/5/18 of client #2's physicians orders revealed, "Polyethylene Powder Mix 17gm (one cap full to the line) in 6 to 8 oz of liquid...." During an interview on 6/5/18, the facility's nurse revealed the MT should have used a measuring cup to ensure client #2's Miralax was mixed with the correct amount of water as stated on the physicians order. 2. Client #4 did not receive his eye drops at the correct time as ordered. During morning medication administration in the home on 6/5/18 at 7:45am, client #4 consumed a total of 16 pills. Further observation revealed client #4 did not receive any eye drops. During an interview on 6/5/18, the MT revealed client #4 received got his eye drops "before 6:50am." Review on 6/5/18 of client #4's physicians orders revealed, "Refresh Optive 0.5% - 0.9% Drop instill 1 Drop in left eye three times a day...8am...." During an interview on 6/5/18, the facility's nurse revealed client #4's 8am medications can be given an hour before or an hour after and not before the time indicated on the physicians	W 368		

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W 368	Continued From page 5 orders.	W 368		