PRINTED: 07/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED **07/09/2019**

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

(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) COMPLETION DATE
W 390	**DRUG LABELING** CFR(s): 483.460(m)(2)(i) The facility must remove from use outdated drugs. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to remove outdated drugs from use. This affected 1 of 3 audit clients (#6). The finding is: Review on 7/8/19 of client #6's record revealed an individual program plan dated 2/21/19. She has a diagnoses of moderate intellectual disability, depressive disorder, conduct disorder and allergy to bee, ant stings, and apples which can cause an anaphylactic reaction. Further review on 7/9/19 of client #6's physician orders dated 5/1/19 revealed a prescription for Epinephrine 0.3mg. Injectable. Use as needed for bee and Ant stings. During observations on 7/8/19 client #6 accompanied 4 direct care staff, the Residential Manager (RM) and 5 other clients to a local park at 4:00pm. She was assisted to swing on the swingset and slide down the sliding board. She and the other clients in the facility were outside for about 45 minutes before they left the park and were assisted back into the van to return to the facility. Upon returning back to the facility on 7/8/919 the surveyor asked to see client #6's Epi Pen in the facility van. Direct Care Staff opened up a locked box and a Epi Pen with a drug label with client #6's name on the label was taken out which was inside a plastic bag. The drug label was for	W 390		

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2019

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

(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) COMPLETION DATE
W 390	Continued From page 1 Epinephrine 0.3 mg. injectable; Use as needed for Anaphylactic reactions for bee or ant stings. The Epinephrine was prescribed on 4/28/17 with an expiration date of 4/27/18. Interview on 7/8/19 with direct care staff revealed they were unaware that the Epi pen prescription had expired. They stated they periodically review all medications to ensure they are not outdated.	W 390		