STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G094	A. BUILDING _____ B. WING _____	11/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE MILLS HOME	5713 NEWTON STREET HOPE MILLS, NC 28348

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure the right to privacy during the care of personal needs. This affected 1 of 4 audit clients (#5). The finding is: Client #5 was not afforded privacy during the care of personal needs. During observations in the home on 11/5/19 at 6:38-6:50am, client #3 was observed in the bathroom on the hallway with the door wide open while Staff C was standing at the door. Staff C kept prompting the client on the steps for his shower. Client was visible to anyone passing by. Interview on 11/5/19 with Staff C indicated that clients' privacy should be afforded during shower and the door should have been closed for privacy during shower. Interview on 11/5/19 with the qualified intellectual disabilities professional (QIDP) revealed that staff should always assist clients with personal care in the privacy of their bedroom or bathroom with the door shut.	W 130		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for	W 288		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G094	A. BUILDING _____ B. WING _____	11/05/2019

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W 288	Continued From page 1 an active treatment program. This STANDARD is not met as evidenced by: Based on record review and confirmed with interview, the facility failed to assure all techniques to manage behavior were incorporated into an active treatment program. This affected 1 of 4 audit clients (#3). The finding is: Client #'s use of Naltrexone for skin picking was not incorporated into an active treatment plan. Review on 11/4/19/19 of client #3's physician's orders dated 8/1//19 revealed he is prescribed Naltrexone for skin. Review on 11/4/19 of Client #3's active treatment plan revealed a behavior support plan (BSP) implemented 8/12/19. Further reviewed of the BSP revealed no Naltrexone for skin picking. Interview on 11/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #3 receives Naltrexone for behavior of skin picking and it should be incorporated in the BSP	W 288		
W 325	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by:	W 325		

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	34G094	A. BUILDING _____ B. WING _____	11/05/2019

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W 325	Continued From page 2 Based on record review and interview, the facility failed to ensure routine screenings were obtained for 1 of 4 audit clients (#6). The finding is: A routine screening for client #6 was not obtained. Review on 11/5/19 of client #6's record revealed he is age 56. Further review revealed physical examination dated 3/1/19 revealed no noted colonoscopy completed or ordered. Interview on 11/5/19 with the facility nurse revealed per company policy, colonoscopy is completed when client is 50-years-old. She further added client's family had indicated that client received a colonoscopy in the past, but no documentation was available for review. Interview on 11/5/19 with the qualified intellectual disabilities professional (QIDP) revealed no team meeting documentation regarding client #6 colonoscopy. The QIDP confirmed client #6 is due a colonoscopy.	W 325		