

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2020
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NAME OF PROVIDER OR SUPPLIER HOPE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 836 JOYCE STREET ASHEBORO, NC 27203
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 14, 2020. The complaint was unsubstantiated (intake #NC00166297). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies to address the needs for one of three clients (#1). The findings are:</p> <p>Review on 7/7/20 of client #1's record revealed: -Admission date of 1/8/04. -Diagnoses of Moderate Mental Retardation, Generalized Anxiety Disorder, Left Foot Drop, Type II Diabetes, Gastroesophageal Reflux Disorder, Hyperlipidemia, Hypothyroidism, Sweet's Syndrome, Alopecia, Seizure Disorder, Glaucoma and Polycystic Ovarian Syndrome. -Person Centered Plan dated 2/1/20 had no strategies to address falls.</p> <p>Review of facility records on 7/14/20 revealed: *Incident reports for client #1 falls for the last 3 months: -6/24/20-"[Client #1] was participating in her Day Program with her worker at the Group Home due to the Covid 19 and her program is closed. [Client #1] got up to use the bathroom and fell down the hallway. [Client #1] was able to get up from the fall with no injuries at the time and continue with her day. The morning of the 25th [Client #1] woke up and staff noticed that her Right Thumb was swollen. Staff had [Client #1] checked at Urgent Care and they reported that her thumb was broken. They provided her with a splint and to follow up with the ortho (Orthopedic) doctor for an evaluation." -6/17/20-Client #1 was trying to get a bra out of the container and lost her balance. Client #1 had a scrape on her forehead and inside her right</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>arm.</p> <p>-6/15/20-Client #1 fell in her bedroom. She told staff she was trying to put on her underclothes. Staff noticed a reddish mark on top of her head. Client #1 went to Urgent Care, there were no injuries.</p> <p>-6/11/20-Client #1 got up to use the bathroom and fell in the hallway. Client #1 was holding her face. Staff later noticed a small red area above her eye brow. Client #1 went to see her physician the next day, there were no injuries.</p> <p>-5/7/20-Client #1 was going into the kitchen for breakfast and fell. Client #1 hit her face and had a small indentation on her face. There was no bruising or swelling. The kitchen floor was not wet. Staff called management and it was recommended client #1 goes to Urgent Care. Client #1 had no injuries.</p> <p>-5/6/20-Client #1 was in the kitchen finishing her chores. Staff heard client #1 yell, client #1 had fallen on the floor. Client #1 was able to get up on her own. Client #1 said the floor was slick and staff checked and the floor was not wet. Client #1 had no injuries.</p> <p>-4/17/20-Client #1 was using the restroom and fell. She was able to get up on her own. She said her arm was a little sore. Staff checked client #1 and there were no injuries.</p> <p>-4/10/20-Client #1 was getting ready for the day and tripped on the edge of the table closest to the door. She fell on her buttocks. Staff checked and there was no redness or bruising.</p> <p>Interview with client #1 on 7/9/20 revealed:</p> <ul style="list-style-type: none"> -She had several falls at the group home. -She just recently fell a few weeks ago. -She was at one of the other homes with staff doing activities. -She fell while at the other home. -She noticed that her finger was dark the day 	V 112		

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V 112	<p>Continued From page 3</p> <p>after she fell.</p> <ul style="list-style-type: none"> -Staff took her to Urgent Care, she found out her finger was broken. -She could not remember the details or specifics of other falls. <p>Interview with staff #1 on 7-9-20 revealed:</p> <ul style="list-style-type: none"> -She thought client #1 had fallen at least six times within the last few months. -She was working with client #1 when she fell and broke her finger. -They were doing activities at one of the other agency owned group homes in the area. -It was around lunch time and client #1 was going into the bathroom to wash her hands. -Client #1 fell in the hallway near the bathroom. -She checked client #1 and did not see any bruises or injuries after the fall. -The next day she noticed client #1's finger was bruised. -She took client #1 to Urgent Care and was informed client #1's finger was broken. -She thought client #1 had three other falls in May/June 2020. -She thought client #1 had to go to the Emergency Room or Urgent Care at least twice for those falls. -She confirmed client #1 had no strategies to address falls. <p>Interview on 7/8/20 with the Manager revealed:</p> <ul style="list-style-type: none"> -Client #1 had fallen several times within the last few months. -She thought client #1 had fallen at least three times. -Client #1 just recently fell towards the end of June 2020. -She thought client #1 had to go to the Emergency Room as a result of that fall. -They were informed that client #1 broke her 	V 112		

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V 112	<p>Continued From page 4</p> <p>finger due to that fall.</p> <ul style="list-style-type: none"> -She thought client #1 also had another fall in May 2020. -Client #1 fell and hit her head during that incident. -Client #1 also had a laceration over her eye. -She thought client #1 either went to the Emergency Room or Urgent Care after that fall. -She confirmed client #1 had no strategies to address falls. <p>Interview with the Qualified Professional on 6/30/20 revealed:</p> <ul style="list-style-type: none"> -Client #1 had a history of falls. -Client #1 just recently had a fall in June 2020. -Client #1 had to go to Urgent Care as a result of that fall. -Staff was informed that client #1 had broken her thumb. -She thought client #1 had some additional falls in May/June 2020, however there were no injuries. -She confirmed client #1 had no strategies to address falls. <p>Interview with the Director on 7/14/20 revealed:</p> <ul style="list-style-type: none"> -Client #1 did have a history of falls, "she falls a lot." -She was aware of the most recent falling incident in June 2020 with client #1. -She was informed by staff that client #1 broke her thumb as a result of that fall. -Staff would normally contact her about falls that result in Emergency Room or Urgent Care visits. -She confirmed client #1 had no strategies to address falls. 	V 112		