

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

PRINTED: 04/22/2021
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 04/21/2021
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 460	<p>Continued From page 15 cup.</p> <p>Review on 4/20/21 of client #5's IPP dated 5/7/20 revealed client #5's diet consists of nectar thickened liquids, may have thin liquids with Provale cup. Additional review of client #5's IPP revealed he is supported with feeding guidelines. These guidelines indicate client #5 cannot safely drink thin liquids (water, juice, milk, etc.) and all liquids should be nectar thick.</p> <p>Review on 4/21/21 of client #5's nutritional evaluation dated 4/3/21 revealed a diet that consists of nectar thickened liquids, may have thin liquids with Provale cup.</p> <p>Interview on 4/21/21 with the Home Manager revealed client #5's liquids are only thickened if he uses the Provale cup, and can have thin liquids when he uses the sippy cup.</p> <p>Interview on 4/21/21 with the QIDP confirmed that client #5's liquids should have been served in the Provale cup for all snacks and meals, not a sippy cup, and if he doesn't use the Provale cup, his liquids should be thickened to a nectar consistency.</p>	W 460		

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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 5 of 6 audit clients (#1, #2, #3, #4 and #5). The findings are:</p> <p>A. During observations in the home on 4/20/21 at 3:02pm, Staff E was observed to walk into client #1's bedroom. Client #1 was laying in the bed, under his comforter. Staff E prompted him to get up to take his medications. Client #1 got out of bed, and was completely nude. When client #1 got out of bed, urine spilled down his legs. Staff E was observed to tell client #1 to go to the bathroom to wash off. Client #1 exited his bedroom, walked into the hall and into the bathroom located across from his bedroom. Staff E followed client #1 into the bathroom, where he assisted him with washing off at the sink, and then put on a pair of shorts and a shirt. The bedroom and bathroom door remained open during this time and several clients were observed in the hallway, and one client tried entering the bathroom when client #1 was washing off. At no time during the observation did Staff E prompt client #1 to cover up when in the bedroom or when walking across the hall to the bathroom. In addition, at no time did Staff E prompt client #1 to close the bedroom door or bathroom door nor did Staff E close the bedroom or bathroom door for him.</p>	W 130	<p><u>W130</u> QP/Habilitation Specialist will in-service DSA's on privacy issues For clients, #1, #2, #3, #4, and #5. QP/Habilitation Specialist will review privacy issues for all individuals In the home to ensure all privacy issues are addressed. Monitoring will occur through interaction assessments by the Clinician team at a rate of 6 interaction assessments utilizing a 30 day schedule Target Date May 30, 2021</p>	

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.

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W 130	<p>Continued From page 1</p> <p>Review on 4/20/21 of client #1's Individual Program Plan (IPP) dated 1/20/21 revealed a service objective to support client #1 with privacy guidelines. Review of the privacy guidelines revealed client #1 will receive informal training to provide privacy and to increase his privacy, by closing the bathroom doors when he has to use the bathroom.</p> <p>Review on 4/21/21 of client #1's Adaptive Behavior Inventory (ABI) dated 9/2/20 revealed in the area of closing the door for privacy, client #1 has partial independence, indicating he can perform some but not all of the behavior. Additional review of the ABI revealed closing the door for privacy as an area of need.</p> <p>Interview on 4/21/21 with the Qualified Intellectual Disabilities Professional (QIDP) and the facility's Quality Assurance (QA) Coordinator confirmed that staff should prompt client #1 to close the bedroom and bathroom door for privacy, and if he doesn't, staff should close the door for him. In addition, the QIDP confirmed that client #1 should be prompted to cover up when leaving his bedroom to go to the bathroom.</p> <p>B. During observations in the home on 4/20/21 at 10:15am, client #2 was observed eating her morning snack. When she was done eating, client #2 walked out of the dining room and into the bathroom. During this time, two staff were in the dining room. Client #2 was observed sitting on the toilet, with her pants down. At no time during the observation did staff follow client #2 to the bathroom to prompt her to close the door nor did staff close the door for her.</p>	W 130		

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W 130	<p>Continued From page 2</p> <p>Review on 4/21/21 of client #2's IPP dated 10/21/20 revealed client #2 is supported with privacy guidelines to ensure client #2 closes the bathroom door for privacy. These guidelines state client #2 can and will go to the bathroom on her own, but staff should remind her to close the bathroom door for privacy, and after client #2 enters the bathroom, staff should check to see if she has closed the door for privacy.</p> <p>Review on 4/21/21 of client #2's ABI dated 8/21/20 revealed in the area of closing the door for privacy, client #2 has partial independence, indicating she can perform some but not all of the behavior. Additional review of the ABI revealed closing the door for privacy as an area of need.</p> <p>Interview on 4/21/21 with the QIDP and the facility's QA Coordinator confirmed that staff should prompt client #2 to close the bathroom door for privacy, follow her to the bathroom to ensure the door is closed and if it isn't, staff should close the door for her.</p> <p>C. During observations in the home on 4/20/21 at 10:30am, client #3 was observed to go into the bathroom and pull her pants down. Staff A was observed to walk to the bathroom door, and verbally prompt client #3 to make sure she pulled her pants down all the way. Staff A walked away from the bathroom. During the observation, the bathroom door remained open. Staff A did not prompt client #3 to close the door nor did she close the door for her.</p> <p>Additional observations in the home on 4/21/21 at 5:47am, client #2 was observed sitting on the toilet, with her nightgown laying on the floor. Client #2 got up and put her nightgown back on,</p>	W 130		

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W 130	<p>Continued From page 3</p> <p>and walked to her bedroom. Staff F was observed to walk back and forth between two bedrooms, each time passing the bathroom client #3 was in. The door to the bathroom was open for the duration of the observation. At no time did Staff F prompt client #3 to close the bathroom door nor did she close the door for her.</p> <p>Review on 4/21/21 of client #3's ABI dated 2/8/21 revealed in the area of closing the door for privacy, client #3 has partial independence, indicating she can perform some but not all of the behavior. Additional review of the ABI revealed closing the door for privacy as an area of need.</p> <p>Interview on 4/21/21 with the QIDP and the facility's QA Coordinator confirmed that staff should prompt client #3 to close the bathroom door for privacy and if she doesn't, staff should close the door for her.</p> <p>D. During observations in the home on 4/20/21 at 3:07pm, Staff A was observed to escort client #4 to the bathroom. Once client #4 was seated on the toilet, Staff A was observed to stand outside of the bathroom in the hallway, with the door of the bathroom opened. Client #4 could be seen sitting on the toilet from the hallway. At no time did Staff A prompt client #4 to close the bathroom door nor did she close the door for him.</p> <p>Review on 4/21/21 of client #4's ABI dated 12/4/19 revealed in the area of closing the door for privacy, client #4 has partial independence, indicating she can perform some but not all of the behavior. Additional review of the ABI revealed closing the door for privacy as an area strength, at potential.</p>	W 130		

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W 130	Continued From page 4 Interview on 4/21/21 with the QIDP and the facility's QA Coordinator confirmed that due to client #4's regression and disabilities, he has met potential for closing the door on his own for privacy while in the bathroom. The QIDP confirmed that staff should have closed the bathroom door for client #4. E. During observations in the home on 4/21/21 at 5:47am, client #5 was observed sitting on the edge of his bed, wearing nothing but underwear/briefs. Staff F was observed to get pants, a shirt, socks and shoes out and assist client #5 with getting dressed. The door to client #5's bedroom remained opened halfway during the observation. At no time did Staff F prompt client #5 to close his bedroom door nor did she close the door for him. Review on 4/21/21 revealed client #5's ABI was unavailable due to the facility currently updating the information. Interview on 4/21/21 with the QIDP and the facility's QA Coordinator confirmed that staff should have closed client #5's bedroom door to ensure his privacy.	W 130			
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.	W 249			

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W 249	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 6 audit clients (#1, #3, #4 and #5) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of behavior intervention implementation, objective implementation, feeding guidelines and use of adaptive equipment and devices. The findings are: A. During observations in the home on 4/20/21 at 3:28pm, the Home Manager (HM) was observed feeding a client a bowl of cut up graham crackers in the living room. Client #1 ran into the living room, and grabbed the bowl and spoon out of the HM's hands and began eating the graham crackers. Staff E attempted to get the bowl from client #1, but the HM stated "He already has them now, might as well let him have them." Client #1 was observed to use the spoon to scoop the graham crackers and eat them. Additional observations in the home on 4/21/21 at 6:55am revealed client #1 eating breakfast. At 7:02am, client #1 got up from the dining room table, and ran into the kitchen. Staff E and Staff G followed client #1 into the kitchen, where he grabbed and opened a can of Coca-Cola soda. Client #1 ran into the living room with the soda, and Staff E and Staff G followed him. Client #1 was observed to stand in the corner of the living room and drink the can of soda. Review on 4/20/21 of client #1's Individual	W 249	<u>W249</u> QP, Behavior Analyst, Habilitation Specialist, Nursing, Dietician, OT will re-in-service DSA's concerning Client#1 and Client#3 Behavior Support Plan, Clients #1, #4, & #5 adaptive equipment and client #5 self-help skills program and feeding guidelines. Clients #1&3 Behavior Support Plan will be monitored and reviewed at a rate of 4 habilitation program assessments utilizing a 30 day schedule. Clients #1 mealtime guidelines focusing on feeding. Will be monitored at a rate 4 mealtime Assessment to be completed by clinical staff utilizing a 30 day schedule DSA's will be in-serviced by dietician/SLP, etc. on clients#1,#4 & #5 proper use of supported people's adaptive equipment will be monitored at a rate 4 mealtime assessments to be completed by clinical staff utilizing a 30 day schedule Nursing will re-in-service DSA's on client#1 adaptive equipment. Monitoring will occur by the utilizing of the Personal Appearance Checklist at a rate of 2 per day for a total of 8 utilizing a 30 day schedule. Target Date May 30, 2021		

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W 249	<p>Continued From page 6</p> <p>Program Plan (IPP) dated 1/20/21 revealed a training objective for client #1 to display 10 or fewer behaviors per month.</p> <p>Review on 4/21/21 of client #1's record revealed a Behavior Support Plan (BSP) dated 11/5/20 with identified target behaviors that consists of severe disruption, property damage, self-injurious behavior, physical aggression, unsanitary behavior, Pica, and taking food/beverages not served for him. The BSP provides responses for staff to implement when client #1 exhibits the identified target behavior of taking food/beverages not served for him. The response consists of "If client #1 takes food not prepared for him or not consistent with his dietary guidelines, he should be asked to please stop and staff should physically prevent him from taking more."</p> <p>Interview on 4/21/21 with the facility's Quality Assurance (QA) Coordinator confirmed that staff should have followed the BSP as written and physically prevented client #1 from taking the food and soda.</p> <p>B. During observations in the home on 4/20/21 at 10:26am, client #3 was observed to bang her head on the wall four times. Staff B was observed to tell client #3 to "Calm down." At 11:09am, client #3 was observed to repeatedly hit her hands and arms against the wall. Staff A was observed to simply call client #3's name once. At 12:13pm, client #3 was observed in the bathroom, banging on hands and arms on the wall. Staff were sitting in the living room, and Staff B asked Staff A what the noise was, and Staff A responded "It's just [client #1] hitting the walls." At 12:18pm, client #3 was observed</p>	W 249		

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W 249	<p>Continued From page 7</p> <p>sitting at the dining table eating lunch. She slapped herself on the head two times. Four staff were located in the dining room with her, and all staff ignored the behavior. At 4:21pm, client #3 was observed to run to her bedroom, where she banged her head on the wall two times. The Home Manager was standing in the doorway and called her name. At 4:28pm, client #3 was observed standing in the hallway, slapping her legs. She then ran into the bathroom where she banged her head on the wall. Staff B was observed to call client #3's name from the living room. At 5:30pm, client #3 was observed sitting on the back patio of the home with Staff A. Client #3 picked up a box of gloves off of the ground and hit herself in the face two times. Staff A ignored the behavior.</p> <p>Additional observations in the home on 4/21/21 at 7:42am revealed client #3 sitting at the table in the living room. She was observed to bang and slap the table with her hands four times. Staff, located in the living room with her but with their back turned to her, stated "[Client #1], stop." Client #3 was then observed to pick up the remote control and hit herself, and staff stated, "No, not with the remote."</p> <p>Review on 4/21/21 of client #3's IPP dated 5/7/20 revealed a training objective to exhibit 30 or fewer target behaviors per month.</p> <p>Review on 4/21/21 of client #3's record revealed a BSP dated 8/18/20 with identified target behaviors which includes aggression, property destruction, severe disruption, leaving assigned area/attempting to hide, self-injurious behavior (SIB), taking food/beverages not served to her, and taking items that don't belong to her.</p>	W 249		

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W 249	<p>Continued From page 8</p> <p>Additional review of the BSP describes SIB as "any self-inflicted behavior that causes, or is likely to cause, tissue damage or trauma if not stopped. Although typically mild, at times she is at risk of inflicting bodily injury. More serious incidents involves scratching herself, slapping herself and hitting herself with a clipboard." Further review of the BSP revealed guidelines for staff to implement when client #3 is exhibiting SIB. These guidelines state that staff should physically block client #3 from the SIB, using either a protective device, such as a pillow, or staff can use their hands to block her."</p> <p>Interview on 4/21/21 with the Qualified Intellectual Disabilities Professional (QIDP) and QA Coordinator confirmed that staff should have verbally redirected client #3, and physically blocked her when head banging, slapping or hitting herself, as the BSP indicates.</p> <p>C. During observations in the home on 4/20/21 at 10:08am, client #5 was observed eating snack. During the observations, staff were observed to put client #5's sippy cup to his mouth and tell him to take a drink. At no time during the observation were staff observed to physically prompt client #5 to get his cup and drink from it.</p> <p>During observations in the home on 4/20/21 at 12:18pm, client #5 was observed eating lunch. During the observations, Staff E was observed to put client #5's sippy cup to his mouth and tell him to take a drink, or ask him if he wanted some drink and would then bring his cup to his mouth. At no time during the observation were staff observed to physically prompt client #5 to get his cup and drink from it.</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>Additional observations in the home on 4/20/21 at 6:05pm revealed client #5 eating dinner. During the observations, Staff E was observed to put client #5's sippy cup to his mouth and tell him to take a drink, or ask him if he wanted some drink and would then bring his cup to his mouth. At no time during the observation were staff observed to physically prompt client #5 to get his cup and drink from it.</p> <p>Further observations in the home on 4/21/21 at 6:55am revealed client #5 eating breakfast. During the observations, Staff F was observed to consistently assist client #5 with getting his cup by physically guiding his hands to the cup and saying "let's get your cup" or "time to drink." Additional observations on 4/21/21 at 7:16am revealed Staff G physically guiding client #5 to get his cup and drink from it.</p> <p>Review on 4/20/21 of client #5's IPP dated 5/7/20 revealed client #5 is supported by training to increase his self-help skills, which states "By January 30, 2022, client #5 will retrieve his own cup from table, during each meal, with guidance, with 85% verbal prompts for two consecutive review periods." Further review of this training revealed that client #5 will need staff guidance to his cup, with use of verbal prompts.</p> <p>Interview on 4/21/21 with the QIDP confirmed staff should be allowing client #5 to get his own cup from the table by physically guiding his hands to his cup and verbally prompting him to drink.</p> <p>D. During observations in the home on 4/20/21 during morning snack, lunch, and dinner and additional observations in the home on 4/21/21 during breakfast, client #5 was observed to sit in</p>	W 249		

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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 249	<p>Continued From page 10</p> <p>his wheelchair at the dining room table. Throughout the observations, client #5 was observed to lean forward in his wheelchair or lean to the left side, over the arm of the wheelchair.</p> <p>Review on 4/21/21 of client #5's IPP dated 5/7/20 revealed client #5 is supported with feeding guidelines. Review of these guidelines revealed client #5 is to be upright at 90 degrees in his chair for all meals and snacks.</p> <p>Interview on 4/21/21 with the QIDP confirmed client #5 should have been sitting upright at 90 degrees, and staff should consistently prompt him to sit upright.</p> <p>E. During observations in the home on 4/20/21, client #1 was observed to be barefoot or at times, wearing shoes with no socks. Additional observations in the home on 4/21/21 at 6:27am revealed Staff E and client #1 in the bathroom, taking a shower. Staff E and client #1 went to client #1's bedroom, where client #1 was assisted with putting on shorts, a shirt and shoes. Client #1 was not prompted to put on socks.</p> <p>Review on 4/20/21 of client #1's IPP dated 1/20/21 revealed client #1 is supported by wearing support socks, to be worn daily, on in the morning and taken off in the evening.</p> <p>Interview on 4/21/21 with the QIDP revealed client #1 has a behavior of removing all of his clothes, including socks. The QIDP revealed that most times client #1 will refuse to wear his support socks. The QIDP confirmed staff should prompt client #1 to put the socks on, even if he removes them.</p>	W 249			

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

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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 04/21/2021
NAME OF PROVIDER OR SUPPLIER HOFFMAN GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 104 TEAL STREET HOFFMAN, NC 28347		
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W 249	<p>Continued From page 11</p> <p>F. During observations in the home on 4/20/21 at 10:08am, client #5 was observed eating his snack. He had yogurt in a small glass bowl and Gatorade in a sippy cup.</p> <p>During observations in the home on 4/20/21 at 12:18pm, client #5 was observed eating lunch. His juice was served in a sippy cup.</p> <p>During observations in the home on 4/20/21 at 3:26pm revealed client #5 sitting in his wheelchair in the living room, eating in afternoon snack which consisted of a small glass bowl of chopped graham crackers and juice served in a sippy cup.</p> <p>Further observations in the home on 4/20/21 at 6:05pm revealed client #5 sitting at the table eating dinner. Client #5's tea was served to him in a sippy cup.</p> <p>Review on 4/20/21 of client #5's IPP dated 5/7/20 revealed client #5 is supported with the use of adaptive equipment, which consists of a high sided plate and Provale cup.</p> <p>Interview on 4/21/21 with the QIDP and QA Coordinator confirmed client #5's yogurt and graham crackers should have been served on his high sided plate and his beverages served in the Provale cup.</p> <p>G. During observations in the home on 4/20/21 at 10:08am, client #1 was observed eating his morning snack which consisted of yogurt, served in a small glass bowl.</p> <p>Review on 4/20/21 of client #1's IPP dated 1/20/21 revealed client #1 is supported by adaptive equipment which consists of a high</p>	W 249		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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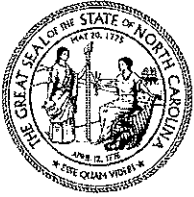
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2021
NAME OF PROVIDER OR SUPPLIER HOFFMAN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 104 TEAL STREET HOFFMAN, NC 28347		
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W 249	Continued From page 12 sided plate. Interview on 4/21/21 with the QIDP and QA Coordinator confirmed client #1's yogurt should have been served on his high sided plate. H. During observations in the home on 4/20/21 at 10:08am, client #4 was observed eating his morning snack which consisted of yogurt, served in a small glass bowl. Review on 4/21/21 of client #4's IPP dated 6/10/20 revealed client #4 is supported by adaptive equipment, which consists of a inner lip plate.	W 249			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure modified diets for 3 of 6 audit clients (#1, #2 and #5) were followed as indicated. The findings are: A. During observations in the home on 4/20/21 at 6:05pm, client #2 was observed eating dinner. Her dinner consisted of one taco and rice. Client #2's taco was served whole. During the observation, client #2 was observed to use a	W 460			

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W 460	<p>Continued From page 13</p> <p>spoon to cut the taco into two half pieces, larger than 1/4 inches. Client #2 was observed to pick the pieces up and eat them. Client #2 was not prompted to cut the taco into smaller pieces.</p> <p>Additional observations in the home on 4/21/21 at 6:58am revealed client #2 eating breakfast. Her breakfast consisted of pancakes, scrambled eggs, orange juice and water. Staff E was observed to put one whole pancake onto client #2's plate, then use hand-over-hand assistance to cut the pancake into 4 pieces. The pieces were larger than 1/4 inches. Client #2 was not prompted to cut the pieces smaller, nor did staff assist with cutting them into smaller pieces.</p> <p>Review of 4/21/21 of client #2's Individual Program Plan (IPP) dated 10/21/20 revealed client #2's diet is 1500 calorie, weight loss, 1/4 inch chopped, thin liquids.</p> <p>Interview on 4/21/21 with the facility's Quality Assurance (QA) Coordinator confirmed client #2's diet should have been followed, and the taco and pancake should have been chopped into 1/4" pieces as her diet indicates.</p> <p>B. During observations in the home on 4/20/21 at 3:25pm, client #1 was observed eating his afternoon snack. The snack consisted of pudding and juice/water. Additional observations on 4/20/21 at 6:05pm revealed client #1 eating dinner which consisted of tacos and rice.</p> <p>Review of client #1's IPP dated 1/20/21 revealed a diet that consists of a meat sandwich to be consumed daily at 4pm.</p> <p>Interview on 4/21/21 with Staff A revealed client</p>	W 460	<p><u>W460</u></p> <p>DSA's will be in-serviced by Nurse/Dietician on the proper food consistency and diet of client#2.</p> <p>The nurse/dietician will in-service all DSA's on client#1 diet to ensure client#1 as well as all of client's diets in the home are followed correctly per physician order.</p> <p>The OT/OT Assistant will also in-service all DSA's on client#5 adaptive equipment as well as all other clients in the home adaptive equipment.</p> <p>Monitoring will occur through mealtime assessments, as well as general observations at a minimum of 4 mealtimes assessments as assigned by the Clinician team utilizing a 30 day schedule Target Date May 30, 2021</p>		

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W 460	<p>Continued From page 14</p> <p>#1 did not receive his meat sandwich on 4/20/21 at 4:00pm.</p> <p>Interview on 4/21/21 with the QIDP and QA Coordinator confirmed that client #1 should have received his meat sandwich as his diet indicates.</p> <p>C. During observations in the home on 4/20/21 at 10:08am, client #5 was observed eating his morning snack. His snack consisted of a small bowl of yogurt and Gatorade. Staff A was observed to pour the Gatorade into a sippy cup. Client #5 was observed to drink his Gatorade from the sippy cup, without his liquids being thickened.</p> <p>Additional observations on 4/20/21 at 12:24pm revealed client #5 eating lunch. Staff A was observed to pour juice into a sippy cup. Client #5 was observed to drink his juice from the sippy cup, without his liquids being thickened.</p> <p>Additional observations on 4/20/21 at 3:26pm revealed client #5 eating his afternoon snack. Client #5 was provided a sippy cup with juice in it. Client #5 was observed to drink his juice from the sippy cup, without his liquids being thickened.</p> <p>Further observations on 4/20/21 at 6:05pm revealed client #5 eating dinner. Staff E was observed to pour tea into a sippy cup for client #5. Client #5 was observed to drink his tea from the sippy cup, without his liquids being thickened.</p> <p>During observations in the home on 4/21/21 at 6:58am revealed client #5 eating breakfast. The Home Manager (HM) was observed to pour juice into an adaptive Provale cup. Client #5 was observed to drink his liquids from the Provale</p>	W 460		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 23, 2021

Ms. Malissa Pompey, Administrator
RHA Health Services NC, LLC
15235 Airport Road
Maxton, NC 28364

Re: Recertification Completed April 20 – 21, 2021
Hoffman Group Home, 104 Teal Street, Hoffman, NC 28347
Provider Number #34G212
MHL# 077-011
E-mail Address: Malissa.pompey@rhanet.org

Dear Ms. Pompey:

Thank you for the cooperation and courtesy extended during the recertification survey completed April 20 – 21, 2021. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice(s) that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 20, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 23, 2021
Hoffman Group Home
Ms. Malissa Pompey

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Justin Foster at (252) 343-6939.

Sincerely,



Justin Foster, MPA, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org