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 _____	05/25/2021

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 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that data for program objectives were documented, per training schedule. This affected 3 of 5 clients (#1, #2 and #5). The findings are: A. A review on 5/25/21 of Client #1's Program Book for May 2021 revealed that he had training program to wipe windows. There was no data recorded in the program book for Client #1 until 5/24/21. An additional observation revealed that Client #1 was supposed to receive training to sort shapes; there was no data recorded for May 2021. B. A review on 5/25/21 of Client #2's Program Book for May 2021 revealed that he had a training program to apply deodorant on Monday, Wednesday and Friday during 1st shift. There was no data recorded until 5/21/21. C. A review on 5/25/21 of Client #5's Program Book for May 2021 revealed that he had a training program for handwashing on Monday, Wednesday and Friday. There was no data recorded until 5/21/21. An interview on 5/25/21 with the Habilitation Coordinator revealed that every month she	W 252	DHSR - Mental Health JUN 23 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Sill BS/QP — TITLE: Administrator — (X6) DATE: 6/16/2021

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 252	Continued From page 1 reviews the data books for programs. She explained that the objective was to determine if the clients were getting better or if she needed to make changes in programs to see if skills can improve. An interview on 5/25/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she reviewed the active treatment goals quarterly to address any concerns.	W 252		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 5 audit clients (#2). The finding is: A review on 5/25/21 on Client #2's Behavior Support Plan (BSP) dated 12/1/20 revealed objectives to exhibit 12 or fewer challenging behaviors per month for 10 out of 12 consecutive months. The BSP incorporated the use of Seroquel, Remeron, Ativan and Vistaril medications. Additional review of the record revealed that Client #2 had co-guardians and only one of the guardians signed the consent for BSP on 12/9/20. An interview on 5/25/21 with the Qualified	W 263		

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W 263	Continued From page 2 Intellectual Disabilities Professional (QIDP) revealed that she had overlooked that both guardian signatures were not obtained for the BSP.	W 263		
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that staff maintained positive interactions with clients. This affected 1 of 5 clients (#3). The findings include: A. During post dinner observations in the home on 5/24/21 at 6:35 PM, Staff C asked Client #3 if he wanted to help with the dishes. Client #3 initially stated that he would help, but he did not remain in the kitchen and went to sit on the sofa. Staff C started to clean up the kitchen with some assistance by Client #5. A continued observation on 5/24/21 at 6:55 PM of Staff C entering the living room, where Clients #1, #2, #3 and #5 were seated, with Staff B present. Staff C was heard telling Staff C that "I could have been done sooner if [Client #3] did not want to be lazy and not help dry dishes." Neither Staff B or Client #3 responded to Staff C's comments. B. During evening observations in the home on 5/24/21 at 6:58 PM, Staff C sat down in a chair, next to Client #1 sitting on the sofa. Client #1 had a book in his lap, that Staff C teasingly asked	W 268		

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W 268	Continued From page 3 Client #1 if she could see his book. Client #1 snatched the book and moved it to the other side of his body, away from Staff C. Staff C then told Client #1, "Why are you being so stingy?" and followed by telling Client #1, "Why are you being so mean to me? I did not do anything to you." An interview on 5/24/21 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) involved sharing the conversation overheard with Staff C with Clients #1 and #3. The HM said that it was inappropriate for staff to speak with a client like that. She stated that clients had the right to refuse a task. The HM mentioned that all staff receive resident rights training and have been told not to tease or joke with clients. The QIDP agreed that staff should not make these comments with clients.	W 268		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the nurse failed to communicate to the doctor concerns of recurring allergies symptoms and/or the effectiveness of a long-standing prescribed medication for 1 of 5 clients (#2). The findings is: During observations in the home during the survey 5/24/21-5/25/21, Client #2 exhibited excessive sleepiness during lunch, before dinner and after breakfast. Client #2 also had a repeated loud, wet chest cough whenever he was awake.	W 331		

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

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W 331	Continued From page 4 A review on 05/25/21 of Client #2's Physician Orders for 5/1/21-8/1/21, revealed an order for Montelukast (Singulair) Tab 10MG at bedtime for allergies and cough. The medication was originally prescribed on 4/1/15. An interview on 5/24/21 with Staff B revealed that she had worked at the facility for over a year and that Client #2 had been coughing for long time. She shared that Client #2 had been tested before for "everything" and that the coughing seems to be due to his allergies. An interview on 5/24/21 with the Home Manager (HM) and the Qualified Intellectual Developmental Professional (QIDP) revealed that Client #2 has always "coughed like that for years." Both HM and QIDP said that the cough was related to allergies. The nurse had came to the home before to check him out and had him tested. The HM and QIDP that the nurse had Client #2 tested recently. The HM and QIDP also said that Client #2 was always lethargic too. An interview on 5/25/21 with the nurse revealed that Client #2 last changed allergy medications 6 years ago. The nurse visited the home a few times a week and did not have any concern about Client #2 sleepiness or cough. The nurse stated that the cough was due to his allergies. Client #2 had been tested in the past and did not have any other health condition. The nurse could not recall the last time she had listened to Client #2's lungs, but did not hear a sound when he coughed, that raised her concerns. The nurse indicated that she had not communicated to the physician that Client #2 had sleepiness and coughing, while still taking Singulair daily.	W 331		

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W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, in-service review and staff interviews, the facility failed to ensure that staff were competently trained to screen all visitors for COVID-19 symptoms at entry to the home and to monitor that staff wore face shields across nose and mouth. This had the potential to effect Clients #1, #2, #3, #4 and #5 in the home. The findings are: A. During observations in the home on 5/24/21 at 11:45 AM, Staff A allowed surveyor to enter the home, without taking temperature or answering any COVID-19 screening questions. During an evening observation in the home on 5/24/21 at 4:45 PM, Staff B took the surveyor's temperature at the entrance, but did not ask any COVID-19 screening questions until the surveyor inquired. A review on 5/25/21 of staff's Pandemic Plan and Process in-service on 7/13/20 revealed that anyone entering the home must be screened. An additional in-service held on 11/30/20 covered the Daily COVID Surveillance Form, where it emphasized that body temperatures must be checked.	W 340		

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W 340	Continued From page 6 An interview on 5/24/21 with Staff A was initiated by the surveyor at 12:30 PM, when asked Staff A if they were still screening visitors. Staff A revealed that she had been working at the facility for a few months and had never screened any visitor at the door, since visits had been restricted. Staff A mentioned that some clients did have family visits but staff who had been with the company longer then her had handled screening visitors. Staff A indicated that she was not sure of the screening process besides checking the body temperature. An interview on 5/25/21 with the nurse revealed that the home manager orientates new employees to screen for COVID-19 which included checking temperatures and answering questionnaire. B. During lunch observations on the home's patio on 5/24/21 from 11:45 AM-12:30 PM, Staff A and Staff B did not consistently cover their nose while wearing a face mask. During evening observations in the home on 5/24/21 from 4:45 PM to 7:25 PM, Staff B and Staff C wore face masks with their noses exposed. The home manager was present during the meal and did not correct Staff B or Staff C's manner of wearing face masks. Staff C was heard expressing that she was hot and removed a layer of her clothing while preparing the meal. An additional observation on 5/24/21 at 7:25 PM revealed when the home manager tried to re-enter the home at 7:25 PM, Staff C answered the door with her face mask below her nose. The home manager motioned to Staff C to pull her face mask above her nose and then told her it	W 340		

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W 340	Continued From page 7 must be worn to cover the nose and mouth. A review on 5/25/21 of staff's Face Mask and Face Shield in-service on 11/24/20 outlined that all staff must wear these items at all times. An interview on 5/24/21 with the Home Manager (HM) revealed while sitting at the dinner table, she did not notice that Staff C wore her face mask below her nose. The HM, who was outside, stated that she would go inside of the house to observe staff. An interview on 5/25/21 with the nurse revealed that many times, the HM and her have trained staff to wear the face mask across their nose and mouth. An interview on 5/25/21 with the Administrator revealed that all staff have been trained how to wear the mask properly over the nose.	W 340		

Hope Mills Survey

 # W252

1. The facility will ensure that data for program objectives are documented for all individuals per training schedule.

   Habilitation Specialist will in-service clients #1, #2 and #5 programs and documentation requirements.

   Habilitation Specialist will increase Program Training Assessments to 2 a month for client #1, #2 and/or #5 and all other clients for the next 3 consecutive months.

 # W263

1. The facility will ensure that restrictive programs in behavioral support plans are only conducted with consent of all appointed legal guardians.

   Behavioral Specialist will send client #2 BSP to co-guardian to obtain consent.

   QP and Behavioral Specialist will increase chart reviews to 2 times a month for client #2 and all other clients to ensure co-guardian consents have been obtained for behavioral support plans.

 # W268

1. The facility will ensure that staff maintain positive interactions with all clients.

   QP will in-service staff on appropriate interaction with clients #1 and #3.

   QP will increase Interaction Assessments to 3 times a month for the next 3 consecutive months.

 # W331

1. The facility will ensure concerns of recurring medical symptoms and/or the effectiveness of a long-standing prescribed medication are communicated with the physician.

   Client # 2 was seen for clinic 6/14/2021. The physician discontinued client #2 Singulair medication used to treat allergies and prescribed Zyrtec. Client #2 will receive Zyrtec D for 14 days and regular Zyrtec for 30 days.

   Nursing will monitor the effectiveness of client #2 medication and all other client's medications and follow-up with physician as needed.

 # W340

1. The facility will ensure that staff are trained in COVID-19 screening upon entry of the home and that staff wears face masks appropriately over mouth and nose.

   Nursing will re-in-service all staff on COVID-19 surveillance protocol.

   Nursing, QP, Home Manager and Habilitation Specialist will observe COVID-19 surveillance and proper mask wear during increased monthly assessments.

   Target Date: 7/25/2021

Liliana Lee, QP 6/16/21