

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-933</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTS OF HOPE HOME PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1808 CONOVER DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on December 15, 2021. 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> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all</p>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, there was no evidence the facility had a complete personnel file for 1 of 2 staff (Licensee). The findings are:</p> <p>Review on 12/14/21 of the facility's records revealed: -No personnel record for the Licensee. -None of the proceeding information for Licensee including written job description, proof above age 18, access the North Carolina Health Care Personnel Registry, and criminal disclosures.</p> <p>During interview on 12/14/21 the Licensee revealed: -She had been working at the facility since June 2021 as the only staff.</p>	V 107		

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V 107	Continued From page 2  -She was not able to locate her record. -She thought the Qualified Professional (QP) had her record. -She had not been able to get any assistance from the QP for over 6 months due to COVID 19.  During interview on 12/14/21 the QP revealed: -She did have certain records with her but she did not have the Licensee's record. -She did not know where the Licensee's record was located.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

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V 108	<p>Continued From page 3</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR), Heimlich maneuver, and other first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence for 1 of 2 staff (Licensee). The findings are:</p> <p>Review on 12/14/21 of the Licensee's personnel file revealed: -No record was available for review. -No documentation of training for CPR and First Aid.</p> <p>During interview on 12/14/21 the Licensee revealed: -She had been working at the facility since June 2021 as the only staff. -She was not able to locate her record. -She thought the Qualified Professional (QP) had her record. -She had not been able to get any assistance from the QP for over 6 months due to COVID 19. -None of her training was up to date but she would ensure she was trained.</p> <p>During interview on 12/14/21 the QP revealed:</p>	V 108		

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V 108	Continued From page 4  -She did have certain records with her but she did not have the Licensee's record. -She did not know where the Licensee's record was located.	V 108		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);	V 113		

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V 113	<p>Continued From page 5</p> <p>(B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to maintain a complete client record to include consent for treatment for one of three audited clients (#3). The findings are:</p> <p>Review on 12/14/21 and 12/15/21 of the facilities records revealed: - Diagnoses of Intellectual Developmental Disability, Hearing loss both ears, Osteopenia of multiple sites, Osteoporosis, Diabetes Type 2, Chronic Depression and Hypercholesterolemia. - No completed record for client #3. - No documented consent for emergency treatment.</p> <p>During interview on 12/14/21 the Licensee revealed: -Client #3 moved to the facility in May 2021. -Client #3 lived with her mother until her mother passed away. -She did not have a record for client #3 because the Qualified Professional (QP) had been impossible to deal with. -The QP had client #3's record and she had tried</p>	V 113		

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V 113	Continued From page 6  to make contact with the QP but the QP would never return her calls.  During interview on 12/14/21 the QP revealed: -She did have records for the facility. -She had client #3's record. -She would take the information she had to the facility when she got off work.  By the exit of the survey on 12/15/21 the QP did not provide any information for client #3 except the Person Centered Plan.	V 113		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly for each shift. The findings are:	V 114		

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V 114	<p>Continued From page 7</p> <p>Review on 12/14/21 of the Fire and Disaster Drill Log revealed: -The only fire drills documented for the year were: 07/01/21, 10/12/21 and 12/12/20. -No disaster drills had been documented.</p> <p>During interview on 12/15/21 the Licensee revealed: -The fire and disaster drills had not been done. -She would ensure she completed one of each every month.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name;</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff were trained by a registered nurse, pharmacist or other legally qualified person affecting 1 of 2 staff (Licensee). The findings are:</p> <p>Review on 12/14/21 of the Licensee's record revealed: -No record for the Licensee.</p> <p>During interview on 12/14/21 the Licensee revealed: -She had been working at the facility since June 2021 as the only staff. -She was not able to locate her record. -She thought the Qualified Professional (QP) had her record. -She had not been able to get any assistance from the QP for over 6 months due to COVID 19. -She had not had updated training for Medication Administration. -She would contact the pharmacy to get the training completed.</p>	V 118		

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V 118	Continued From page 9  During interview on 12/14/21 the QP revealed: -She did have certain records with her but she did not have the Licensee's record. -She did not know where the Licensee's record was located.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed	V 536		

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V 536	<p>Continued From page 10</p> <p>by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p>	V 536		

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V 536	<p>Continued From page 12</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 2 staff (Licensee) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 12/14/21 of the facility's records revealed: -No personnel record for the Licensee.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-933</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTS OF HOPE HOME PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1808 CONOVER DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>
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(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) COMPLETE DATE
V 536	<p>Continued From page 13</p> <p>During interview on 12/14/21 the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-She had been working at the facility since June 2021 as the only staff.</li> <li>-She was not able to locate her record.</li> <li>-She thought the Qualified Professional (QP) had her record.</li> <li>-She had not been able to get any assistance from the QP for over 6 months due to COVID 19.</li> <li>-She had not had updated training in alternatives to restrictive interventions.</li> <li>-She would ensure she received the updated training.</li> </ul> <p>During interview on 12/14/21 the QP revealed:</p> <ul style="list-style-type: none"> <li>-She did have certain records with her but she did not have the Licensee's record.</li> <li>-She did not know where the Licensee's record was located.</li> </ul>	V 536		