STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G212	A. BUILDING _____ B. WING _____	R 07/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOFFMAN GROUP HOME	**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 000	INITIAL COMMENTS A revisit was conducted on 7/6/22 for all previous deficiencies cited on 5/2/22. All deficiencies have been corrected. There was a new area of non-compliance found at W340. The facility is not in compliance.	W 000		
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, record review and interviews, nursing services failed to ensure that medication was administered according to manufacturer's instructions for 1 of 3 audit clients (#3) and failed to ensure that staff had sufficient knowledge on COVID-19 screening practices. The findings are: A. On 7/6/22 at 2:30pm, the surveyor arrived at the home and was greeted at the door by Staff A. Staff A did not ask the surveyor any COVID-19 screening questions and did not take the surveyor's body temperature. At 2:40pm, the surveyor inquired with Staff A about their COVID-19 screening process. Staff A did not understand what the surveyor meant and after more discussion, went to the living room and returned with a thermometer and took the surveyor's temperature. Staff A went to the living room and brought a binder to the surveyor and asked that screening questions be answered.	W 340		

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

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W 340	Continued From page 1 Interview on 7/6/22 with Staff A revealed that she forgot to screen visitors entering the home for COVID-19. B. On 7/6/22, between 2:55pm and 5:05pm, 5 staff entered the home. At 2:55pm, Staff C and D entered the home and went to the office to clock in then quickly returned to the living room to take their temperature and answering COVID-19 screening questions. An additional observation at 3:05pm, revealed the qualified intellectual disabilities professional (QIDP) and at 4:30pm, the registered nurse (RN) entered the home. Both the QIDP and RN immediately screened themselves for COVID-19 before going to the office. On 7/6/22 at 5:05pm, Staff E entered the home and went directly to the office to clock in and conversed with the QIDP and RN for ten minutes. At 5:15pm, Staff E washed her hands in the bathroom, then went to the kitchen, where she interacted with client #1 and Staff D. Staff E was next observed going to the living room, where she interacted with the home manager and client #2. Staff E was not observed taking her temperature or answering any COVID-19 screening questions. At 5:18pm, Staff E took client #2 outside then took him to his bedroom to be changed at 5:20pm. Review on 7/6/22 of the COVID-19 vaccine screening binder revealed the last staff to complete a questionnaire was the RN at 4:30pm. Interview on 7/6/22 with the RN revealed that staff have been inserviced to screen for COVID-19 before clocking in and to screen all visitors to the home.	W 340		

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W 340	Continued From page 2 C. During medication administration on 7/6/22 at 3:35pm, Staff C assisted client #3 take 2 Mesalamine tablets out of the blister pack. The tablets were red coated pills. Staff C removed a metal pill crusher and a pill crusher cup from the medicine closet. Initially Staff C placed the tablets in a medicine cup and used the metal device to pound the pills into coarse powder substance. Staff C emptied the pill contents into the medicine cup crusher and twisted the top and bottom of the device for five minutes trying to break up all pieces of the tablets. The surveyor examined the cup and saw several larger pieces of the red tablets amongst the white powder of the pill that successfully crushed. Staff C emptied the contents into yogurt and asked client #3 to ingest the medications. Client #3 swallowed the medication without incident. Review of physician's orders signed on 6-10-22 revealed Mesalamine Tablets 800mg DR were prescribed for client #3 to take three times a day. The order does not mention whether the tablets can be crushed. A further review of post hospital orders on 6/14/22 revealed that all medications may be crushed and mixed with food prn (take as needed). Review on 7/6/22 of the facility's Geriatric Drug Therapy Handbook, 2003 revealed Mesalamine should not be chewed or broken. Interview on 7/6/22 with Staff C revealed client #3 was hospitalized twice recently and last month Mesalamine was changed from taking whole to crushed because staff were finding the tablets in client #3's stool when she had excessive diarrhea. Staff C stated the tablets were very	W 340		

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W 340	Continued From page 3 difficult to crush. Interview on 7/6/22 with the RN revealed that client #3 had been hospitalized last on 6/14/22 and she asked the doctor to write an order so that her medications could be crushed. The RN explained that the only medication that was not crushed was Keppra, a seizure medication because it had an extended release. The RN stated any "release" medication should not be crushed. The RN was asked what did the DR stand for at the end of Mesalamine 800mg DR and she responded, "delayed release". The RN acknowledged she overlooked that the tablets should not be crushed and confirmed tablets with an enteric coating on them should remain whole. The RN stated she would clarify the order with the doctor tomorrow. The RN also acknowledged she had not written any guidance in the medication manual for staff to not crush "release" medications or coated tablets.	W 340		