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

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 ______	05/17/2023

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 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 interviews, the facility failed to ensure a restrictive Behavior Support Plan (BSP) was conducted with the written consent of both guardians. This affected 1 of 3 audit clients (#4). The finding is: Review on 5/16/23 of client #1's Individual Program Plan (IPP) revealed both parents were listed as her co-guardians. An additional review of the BSP dated 3/27/23 revealed client #4 would display taking food, hoarding, refusal on 7 occasions or fewer for 12 consecutive months. The legal representation consent form for the BSP revealed only the signature of client #4's mother on 4/2/23. Interview on 5/17/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed they were only required to get one signature for the BSP consent, from the guardians, if the couple was married and lived in the same household. Interview on 5/17/23 with the Administrator revealed they were required to secure both legal guardians informed consent for a BSP.	W 263		

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.