

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/30/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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{V 000}	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1's was completed on June 30, 2023. This was a limited follow up survey, only 10A NCAC 27G .0201 Governing Body Policies (V105), 10A NCAC 27G .0202 (A-E) Personnel Requirements (V107), 10A NCAC 27G .0202 (F-I) Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0206 Client Records (V113), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0209 (C) Medication Requirements (V118), 10A NCAC 27G .0209 (E) Medication Requirements (V120), 10A NCAC 27G .0209 (H) Medication Requirements (V123), 10A NCAC 27G .5601 Scope (V289), 10A NCAC 27G .5602 Staff (V290), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), G.S. 31E-256 Health Care Personnel Registry (V131), G.S. 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V133) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0202 (A-E) Personnel Requirements (V107), 10A NCAC 27G .0202 (F-I) Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0206 Client Records (V113), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0209 (E) Medication</p>	{V 000}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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{V 000}	Continued From page 1 Requirements (V120), 10A NCAC 27G .0209 (H) Medication Requirements (V123), 10A NCAC 27G .5601 Scope (V289), 10A NCAC 27G .5602 Staff (V290), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), G.S. 31E-256 Health Care Personnel Registry (V131), G.S. 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V133). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 105}	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and	{V 105}		

Division of Health Service Regulation

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{V 105}	Continued From page 2 (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	{V 105}		

Division of Health Service Regulation

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{V 105}	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a written policy for the delegation of management authority for the operation of the facility in the absence of the Licensee. The findings are:</p> <p>Review on 6/30/23 of the staff list revealed: -There were 2 staff in addition to the Licensee. -The Licensee and Staff #1 were direct care staff. -The Qualified Professional was a registered nurse (QP/RN).</p> <p>Review on 6/30/23 of the facility policy, "Management Authority" revealed: -The policy had not been updated and included the name of a former employee as the owner and operator of the facility. -The policy did not document a procedure to ensure on site coverage in the event the Licensee was not available.</p> <p>Interview on 6/30/23 the Licensee stated: -If there was an emergency situation and she was not able to work in the facility, Staff #1 was her back up. -She believed Staff #1 would be available 24 hours a day if needed, but, because she provided childcare for a family member, she might have a child with her during the day.</p>	{V 105}		

Division of Health Service Regulation

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{V 105}	Continued From page 4 -Client #6 was the only client without approved unsupervised time. -Client #6 had been discharged on 6/15/23. -There had been occasions between 3/6/23 and 6/15/23 that the licensee would have left the facility to run a short errand and left all of the clients, to include client #6, at the facility without a staff on site. -She could not quantify how many times this may have occurred. Interview on 6/30/23 the QP/RN stated: -Client #6 was not capable of having unsupervised time. -She was not aware the Licensee had left the facility without another staff on site after 3/6/23 when client #6 was present in the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 105}		
{V 118}	27G .0209 (C) Medication Requirements 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	{V 118}		

Division of Health Service Regulation

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{V 118}	<p>Continued From page 5</p> <p>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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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 maintain current medication orders and administer medications accordingly, and maintain a current/accurate MAR for 2 of 3 audited clients (#1, #5), and obtain an order for self-check of fingerstick blood sugar (FSBS) testing for 1 of 3 clients audited (#5). The findings are:</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed: -47 year old male. -Admitted on 11/1/12. -Diagnoses of mild intellectual disability disorder (IDD), gastroesophageal reflux disease (GERD), chronic shoulder pain, hypercholesterolemia, ulcerative colitis, and cognitive changes. -Order dated 5/1/23 for Immune Supplement, 1 capsule daily and a Multivitamin Supplement</p>	{V 118}		

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{V 118}	<p>Continued From page 6</p> <p>daily.</p> <p>-FL-2 order dated 5/1/23 for "Stelara 1 ml (milliliter) every 30 days," signed by primary care physician (PCP). (Ulcerative Colitis)</p> <p>- "After Visit Summary" dated 10/18/22 documented Stelara injection, "Changed by: [PCP] ... Inject 1 ml under the skin every 30 (thirty) days. What changed: See the new instructions."</p> <p>-No documentation of an order for Stelara written by client #1's gastroenterology provider.</p> <p>Review on 6/29/23 of a medication packing insert dated 9/30/22 for client #1 revealed:</p> <p>-Medication delivered was Stelara 90 mg (milligrams) prefilled syringe, inject 1 syringe every 8 weeks.</p> <p>Review on 6/29/23 of client #1's MARs for April, May, and June 2023 revealed:</p> <p>-No times had been recorded for the administration of Immune Supplement daily, Multivitamin Supplement daily, or Stelara injections on 4/17/23 and 6/16/23.</p> <p>-No documentation of a Stelara injection in May 2023.</p> <p>-The dosage of Stelara had not been transcribed to the MARs for April or June, 2023.</p> <p>Interview on 6/29/23 client #1 stated:</p> <p>-He self-administered his Stelara injections every other month.</p> <p>-His order for Stelara was written by his GI (Gastroenterology) doctor, not his PCP.</p> <p>Finding #2</p> <p>Review on 6/29/23 of client #5's record revealed:</p> <p>-66 year old female.</p> <p>-Admitted on 6/15/19.</p> <p>-Diagnoses included mild IDD, disorganized</p>	{V 118}		

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{V 118}	<p>Continued From page 7</p> <p>schizophrenia, non-insulin dependent diabetes, hypertension, hypercholesterolemia, and onychomycosis.</p> <p>-No order for FSBS testing prior to the FL-2 order dated 5/1/23, or for once a day FSBS checks.</p> <p>-No order client #5 could self-check her FSBS.</p> <p>Review on 6/29/23 of client #5's FL-2 orders dated 5/1/23 revealed:</p> <p>-Glipizide 5 mg BID (twice daily) AC (before meals). (Blood sugar control)</p> <p>-Metformin 1,000 mg BID. (Blood sugar control)</p> <p>-Blood sugar checks "2x/day" (2 times per day).</p> <p>-Ciclopirox 8% solution, apply topically to nails daily and remove with alcohol every 7 days. (antifungal nail lacquer)</p> <p>Review on 6/29/23 of client #5's MARs from 4/1/23 - 6/29/23 revealed:</p> <p>-Glipizide 5 mg and Metformin 1,000 mg were both scheduled and documented as given the same times twice a day at 8 am and 5 pm.</p> <p>-No documentation Ciclopirox 8% solution had been removed with alcohol every 7 days.</p> <p>Review on 6/29/23 of client #5's blood sugar results revealed:</p> <p>-April 2023: 92-120.</p> <p>-May 2023: 90-150.</p> <p>-June 2023: 99-128.</p> <p>Interview on 6/29/23 client #5 stated:</p> <p>-She checked her FSBS daily and recorded the results in her notebook.</p> <p>-She had been checking her blood sugar so long she could not remember who taught her how to do it.</p> <p>-She documented her results in her personal ring binder and would take it with her when she saw her physician.</p>	{V 118}		

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{V 118}	<p>Continued From page 8</p> <p>-She typically checked her FSBS in the morning before breakfast. If she checked it after she ate she noted that beside the result.</p> <p>Interview on 6/29/23 the Licensee stated:</p> <p>-Client #1's Stelara was ordered by his gastroenterologist.</p> <p>-She had not noticed client #1's PCP had written on the FL-2 dated 5/1/23 and documented on the visit summary in October 2022 the Stelara was to be given monthly.</p> <p>-She had not written the times for client #1's medication as an oversight. The medications were given at 8 am.</p> <p>-She administered client #5's Glipizide and Metformin together at the same times each day.</p> <p>-She could not find an order for client #5's FSBS, other than the FL-2 order dated 5/1/23.</p> <p>-Client #5 did not have an order to self-check her FSBS.</p> <p>-Client #5 checked her FSBS independently and recorded the results in a notebook she maintained.</p> <p>-She applied the Ciclopirox 8% solution to client #5's toenails daily. She would instruct the client to remove it with alcohol weekly.</p> <p>-There was no order for client #5 to remove the Ciclopirox 8% solution herself.</p> <p>-She did not document when the Ciclopirox 8% solution was removed.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 4 times since the original cite on 7/11/2019 and must be corrected within 30 days.</p>	{V 118}		