

Division of Health Service Regulation

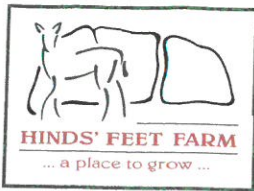
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HINDS' FEET FARM, INC-HART COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070</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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 9-22-23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults With Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p><b>DHSR - Mental Health</b></p> <p><b>OCT 27 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

Division of Health Service Regulation  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Beth Callahan* TITLE *Director of Member Services* (X6) DATE *10/20/23*

STATE FORM 6899 QVG611 If continuation sheet 1 of 24



**October 20, 2023**

**Provider's Plan of Correction** for Hinds' Feet Farm, a facility licensed for the service category: 10 A NCAC 27G.5600 C

Based on the following noted deficiencies our plan of correction corresponds with each ID prefix tag below. (V112, V118, V120, V366, V 367)

**1. V112**

**9/22/2023**

**Plan of Correction:** Immediate measures to correct this deficiency were put in place and ongoing monitoring of the staff's understanding has been followed up on. The correction completed regarding responsiveness to Assessments and increase in falls. The "Fall Prevention" protocol for our resident was posted. The PT protocol for the recent increased use of a walker for ambulation was re- posted and the facilities internal Residential Communication log was placed for all staff working in that home to acknowledge reading and understanding the two above-mentioned protocols. The member returned to the house on Sunday 9-24-23 within 8 days all staff working in that house had initialed their acknowledgment. The protocol has remained posted and is in his daily notebook. The measures will continue to be in place and remain a part of staff training on the individual residents' PCP. These measures will be monitored by the QP/Residential Coordinator each week through review and observation of staff working with this individual.

**2. V118**

**Medication Requirements: orders available.**

**Plan of Correction:**

This deficiency is being monitored and measured in the following ways:

1. The Director of Member Services has requested from the Pharmacy to assist and assure that HFF is a "fully integrated" customer to assure orders ( which are mostly electronic) be made available in the Medication Administration Record for staff who administer medication.
2. The QP/Residential Coordinator requested from the Pharmacy (PharMerica 704-573-3383) that the all orders be resent. (Alison w/ PharMerica was assigned). A follow-up call on 10-16-2023 and the request is in process.



helping survivors of brain injury through unique programs, education, outreach and advocacy.

**RESIDENTIAL COMMUNICATION**

Date: 9 - 22 - 23 reviewed Mon. 9-25-23

Resident's Name: [REDACTED]

9-29-23 Beth Callahan  
10-16-23

Completed by: Beth Callahan, Director

Concerning: Fall Prevention and Safety \_\_\_\_\_

Please read this and attached documents, initial acknowledgement, and date.

In order to assist [REDACTED] in the prevention of falls please read and acknowledge your understanding of the Precautions from PT and the Fall Protocol provided.

Please make sure [REDACTED] has AFOs on properly and uses his walker to ambulate. Kindly remind him when he goes to bed to call for help if he needs to get up.

Provide Contact guard/ Stand By assistance when he ambulates at all times.

**REMINDE TO CALL FOR HELP**

STAFF Initials	Date	Staff Initials	Date	Staff Initials	Date	Staff Initials	Date			
AB	9/25	RM	9/30							
K.G	9/25	JL	9/30							
RB	4/26									
GE	9/27									
MS	9/28									
CP	9/28									

Questions/ Concerns:

9-25 (1:1 & Night / when to complete)  
 9-29 - (Activities to complete)  
 10-16-23 Reminder

[REDACTED]

[REDACTED]

[REDACTED]

# Danny's precautions P.T.

## Walking

- Always walk with a walker
- Contact Guard Assist at all Times
- Encourage him to clear feet and scan surroundings

## Transfers

- Place personal items close to bed for easy reach
- CGA for toilet transfers

## After Surgery

- Seated marching
- Seated Kicks
- Encourage standing intermittently to avoid functional regression

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updated

9.22.23

posted

## Daniel's Fall Protocol

[REDACTED] wants to do many things independently and we want to support him in those things however, due to his TBI he is a huge fall risk because of:

1. Balance: due to right sided weakness and being blind in his right eye
2. Speech: He struggles with slurred speech, so sometimes it is difficult to understand what he is saying or when he needs help.
3. Independence: [REDACTED] wants to be independent in all things and sometimes tries to do things, by himself, that he needs help with. It is important to check on him regularly and assist him when he gets up or goes to the bathroom.

\*\*\*Safety always comes before independence\*\*\*

MOST FALLS CAN BE PREVENTED!

Below are some tips to assist with preventing falls and a plan of action for when they occur.

### Prevention:

- \*Make sure his BLUE AFO is on his right leg
- \*Remind him to use his wheelchair when he does not have direct supervision, he can use his walker with "contact guard" assist (contact guard is when someone is directly assisting him with walking)
- \*Make sure his room is cleared of clutter, in the event he does fall we can prevent him from hitting his head on objects that do not need to be in his room
- \*[REDACTED] should always have supervision while in the bathroom and shower.
  - Bedrooms and bathrooms are the highest risk for falls
  - 80% of falls in the house happen in the bathroom so to prevent this from happening, support and assistance is necessary.
  - Fatigue is a risk factor for falls, if [REDACTED] can get an adequate amount of sleep, the hope is that his fall risk will decrease

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-Checks (minimally every 2 hours) Check on [REDACTED] to make sure he is not getting up unassisted or if he needs to get up, he has the assistance to do so [REDACTED]

*B* -Day staff should assist him with picking out his clothes and changing, especially since he stands up to do so.

### Assistance when a fall occurs:

\* [REDACTED] no longer needs to be taken directly to the emergency room, no matter what, after a fall. Assess the situation and determine how you can assist him. If you do not know, please call the on-call number for help!

\*If the fall occurs in his room, encourage him to scoot to his bed. He can use his bed to help assist, along with staff, to be able to stand up. Have him get on his knees, use the bed as support, and help him pull himself up. If his wheelchair is close by, this can also be used as an assistive device.

\*If the above is unsuccessful, or you are the only caregiver there, call for back up from Puddin's Place

\*If still unsuccessful contact the non-emergency 911 for support

\*When an incident occurs notify on call to determine if additional precautions should be taken

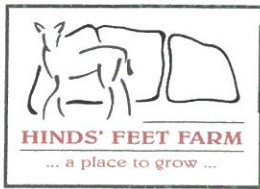
For demonstration or support please contact Zach, Glory, or Beth [REDACTED]

"Make sure to keep yourself safe, strong, and in good Health" [REDACTED]

THANK YOU!!

[REDACTED]





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**October 20, 2023**

**Dear Ms. Gilliam,**

**I received the Annual Survey Statement of Deficiencies and am replying to the following Plan of Correction as documentation for our responses to the noted deficiencies.**

**Please let me know if additional information is necessary.**

**Sincerely,**

**Beth Callahan  
Director of Member Services**