

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

PRINTED: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2023
NAME OF PROVIDER OR SUPPLIER HOPE MILLS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5713 NEWTON STREET HOPE MILLS, NC 28348		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the privacy of 2 of 7 clients (#4 and #5) during care of personal needs as evidenced by observations and interviews. The findings are:</p> <p>A. During observations at the facility on 6/6/23 at 5:55am, client #4 was being toileted in the hallway bathroom with the door open while staff D assisted her. Staff D did not shut the bathroom door. Staff D finished toileting client #4, assisted her into her wheelchair and helped propel her out of the bathroom at 6:00am.</p> <p>Review on 6/6/23 of client #4's adaptive behavior inventory (ABI) dated 1/4/23 revealed she has no independence in the area of closing the bathroom door for privacy.</p> <p>B. During observations at the facility on 6/6/23 at 7:15am client #5 walked to the bathroom in the hallway, pulled down his pants and began toileting with the bathroom door open. He was not redirected to shut the bathroom door.</p> <p>Review on 6/6/23 of client #5's ABI dated 3/20/23 revealed in the area of privacy that client #5 requires assistance to close the bathroom door for privacy.</p> <p>Interview on 6/6/23 with the qualified intellectual disabilities professional (QIDP) revealed both clients #4 and #5 require staff assistance in</p>	W 130			

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

TITLE

(X6) DATE

Shalitha McLeod BS, QIP

6/28/23

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.

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W 130	Continued From page 1 reminding them to shut the door during toileting to protect their privacy.	W 130			
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #4's individual program plan (IPP) included objectives to address her positioning needs. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>During observations on 6/5/23 in the facility from 3:15pm-6:30pm, client #4 remained in her wheelchair in the living room or dining room. She was not offered alternate positioning.</p> <p>Review on 6/6/23 of client #4's physical therapy (PT) evaluation dated 1/16/23 revealed she has poor endurance, diagnosis of Rheumatoid Arthritis and uses a wheelchair for mobility. Further review revealed a history of having developed a decubitus ulcer prior to her admission to the facility on 12/19/22. Additional review of the PT evaluation revealed "She is at risk for thrombosis and dependent edema without movement and prolonged sitting."</p> <p>Review on 6/6/23 of client #4's nursing assessment dated 5/23/23 revealed client #4 has a history of developing a stage 4 decubitus ulcer on her hip and other wounds on her side near her ribs prior to her admission to the facility on 12/19/22. Further review of her nursing notes</p>	W 227			

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W 227	Continued From page 2 revealed these wounds have now healed. Interview on 6/5/23 with the residential manager (RM) revealed client #4 does not have designated out of wheelchair time at the facility. Further interview revealed client #4 is transported to the vocational program in her wheelchair, remains in her wheelchair for her time at the vocational program and is transported back to the facility in her wheelchair. Interview on 6/6/23 with client #4's qualified intellectual disabilities professional (QIDP) revealed client #4 has a recliner to sit in but often chooses to sit in her wheelchair when she is at the facility.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the team failed to implement sufficient interventions in sufficient frequency to support the achievement of strengths listed in the medication administration assessments for 2 of 4 audit clients (#3 and #6). The findings are:	W 249		

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W 249	<p>Continued From page 3</p> <p>A. During observations of the medication administration pass on 6/6/23 at 7:41am staff E punched out the following pills for client #3: Clozapine 5mg. (1), Vitamin D3 50 mg. (1) and Risperdal 2mg. (1). Staff E applied nasal spray to each of client #3's nostrils. Staff E then poured a glass of water from a water pitcher into a cup and handed the pill the pill cup to client #3, who consumed the pills with water.</p> <p>During observations of breakfast on 6/6/23 at 7:55am, client #3 passed oatmeal, bread to client #6 and poured his beverages from water and juice pitchers into his cups independently.</p> <p>Review on 6/6/23 of client #3's medication administration assessment dated 6/16/22 revealed he can pour beverages from a pitcher with assistance, can punch pills into a cup with assistance, and state the name of his medication with assistance.</p> <p>B. During observations of the medication administration pass on 6/6/23 at 7:48am staff E punched the following pills into a medication cup: Atenolol 50mg. (1), DOK 100mg. (1), Hydrochlorothiazide (HCTZ) 37.5 mg (1), Tizanidine 4 mg. (1) and Aspirin 81 mg. (1). Staff E then poured a glass of water from a water pitcher into a cup and handed the pill the pill cup to client #6, who consumed the pills with water.</p> <p>During observations of breakfast on 6/6/23 at 7:55am, client #6 poured beverages from a pitcher and passed oatmeal to another client at the dining room table.</p> <p>Review on 6/6/23 of client #6's medication administration assessment dated 3/23 revealed</p>	W 249		

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W 249	Continued From page 4 client #6 is independent in pouring beverages from a pitcher, he is independent on disposing of his trash, he can state the name of his medication with assistance and can state the time to take his medications with assistance. Further review revealed client #6 can also read the medication administration record with assistance.	W 249		
W 255	Interview on 6/6/23 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should involve both clients #3 and #6 in punching their pills, pouring their beverages, disposing of trash as well as stating the names and purposes of medications whenever possible. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 4 audit clients (#3, #4 and #6) objectives were reviewed and/or revised as needed including when they met criteria for completion. The findings are: A. Review on 6/5/23 of client #3's individual program plan (IPP) dated 8/8/22 revealed training programs: to brush his teeth with 80% verbal prompts(VP) or less for 2 consecutive review periods(CRP) and separate his clothing with 75% or less for 2 CRPs. Review of the progress summaries for these objectives revealed the following:	W 255		

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W 255	<p>Continued From page 5</p> <p>Brushing teeth with 80% VP for 2 CRP:</p> <p>December 2022: 94% January 2023: 87% February 2023: 75% March 2023: 90% April 2023: 90%</p> <p>Separate his clothing with 75% or less for 2 CRP: December 2022: 100% January 2023: 100% February 2023: 75% March 2023: 60% April 2023: 100%</p> <p>B. Review of client #4's IPP dated 1/18/23 revealed the following program: washing hands with 75% accuracy for 2 CRP. Review of the progress summaries revealed the following:</p> <p>Washing hands with 75% accuracy for 2 CRP: February 2023: 75% March 2023: 86% April 2023: 83%</p> <p>C. Review of client #6's IPP dated 7/29/22 revealed the following programs: Operate dryer with 80% accuracy for 2 CRP. Review of the progress summaries revealed the following:</p> <p>Operate dryer with 80% accuracy for 2 CRP February 2023: 75% March 2023: 100% April 2023: 100%</p> <p>Interview on 6/6/23 with the qualified intellectual disabilities professional (QIDP) revealed there have not been revisions to these objectives and</p>	W 255			

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W 255	Continued From page 6 clients #3, #4 and #6 have not been considered for additional training in these areas.	W 255			

HOPE MILLS PLAN OF CORRECTION
OF
RECERTIFICATION CONDUCTED ON JUNE 5, 2023

W130 PROTECTION OF CLIENTS RIGHTS

The facility will ensure privacy during treatment and care of personal needs.

The Qualified Professional will re-inservice staff on ensuring privacy during treatment and care personal needs.

Qualified Professional/Habilitation Specialist/Nursing/Nursing Support/Home Manager will increase monitoring 3 times a month for 2 consecutive months.

TARGET DATE: JUNE 6, 2023

W249 PROGRAM IMPLEMENTATION

The facility will ensure all individuals participate during medication administration.

The Habilitation Specialist will re-in-service clients #3 and #6 current ABI's

Qualified Professional/Habilitation/House Manager/Nursing/Nursing Support will observe participation in medication administration for clients #3 and #4 and all other clients during increased Interaction/Mealtime Assessments 3 times a month for 2 consecutive months.

TARGET DATE: JUNE 6, 2023

W255 PROGRAM MONITORING & CHANGE

The facility will ensure the individual program plans are reviewed and revised as necessary by Qualified Professional, including but not limited to situations in which the client has successfully completed an objective identified in IPP.

The Habilitation Specialist will revise the objectives of Individuals #3, #4, and #6

The Interdisciplinary Team will increase chart reviews to 2 times a month for 2 months for #3, #4, and #6 and other clients to ensure revisions to these objectives: #3- Brushing Teeth and Separating Clothes, #4- Washing Hands, and #6-Operating Dryer.

TARGET DATE: JUNE 6, 2023

W227 INDIVIDUAL PROGRAM PLAN

The facility will ensure the Individual program plan states specific objectives necessary to meet the client's needs.

The Interdisciplinary Team will reimplement the Recommendations of the doctor for #4 having pressure relief. Nursing/Nursing Support will re-in-service staff on pressure relief being 1 hour at the Vocational center and pressure relief upon returning back home.

Qualified Professional/Habilitation Specialist/Nursing Support/Nursing will increase monitoring 3 times a week for 2 months.

TARGET DATE: JUNE 6, 2023