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 _____	05/21/2024

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 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 observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining and objective implementation. The findings are: A. During observations 3 of 3 meals at the day program and in home on 5/20/24 - 5/21/24, client #5 consumed his meal without drinking. The client was not prompted or encouraged to drink throughout the meal. Interview on 5/21/24 with Staff B revealed she was not aware of any feeding guidelines for client #5. Review on 5/20/24 of client #5's IPP (dated 1/9/24) revealed Feeding Guidelines (OSG #5) dated 10/29/18. Additional review of the feeding guidelines noted, "Staff may need to give [Client #5] a little bit to drink at a time during the meal, for example, pour approximately ¼ cup of his	W 249		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vanessa Bunder | TITLE: VP of Operations | (X6) DATE: 5/31/2024

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 249	Continued From page 1 liquid into the cup and encourage him to alternate bites and sips. When he finishes then another 1/4 cup of liquid is poured into [Client #5's] cup." Interview on 5/21/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the feeding guidelines were current and should be followed. B. During observations 2 of 3 meals at the day program and in the home on 5/20/24 - 5/21/24, client #5 did not wipe the table after his meals. Staff did not prompt or encourage client #5 to wipe the table after meals. Interview on 5/21/24 with Staff E revealed client #5 requires hand over hand assistance with wiping the table. Review on 5/20/24 of client #5's IPP (dated 1/9/24) revealed an objective for the client to wipe of his area of the dining table after breakfast, lunch, and dinner meals, with 80% gestural prompts or less for three consecutive review periods. Additional review of the objective noted, "This training will occur daily, during all meals (breakfast, lunch, dinner, etc.) in the home or while attending the [Day Program]. Staff will prompt [Client #5] to wipe off his area of the dining table after he finishes his meal." Interview on 5/21/24 with the QIDP confirmed client #5 should be assisted with wiping his table after meals because it is one of his goals.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with	W 340		

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W 340	Continued From page 2 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. document review and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate medication administration protocols. This affected 1 of 3 audit clients (#6). The findings are: A. During observations of medication administration in the home on 5/21/24 at 7:17am, client #6 was assisted to punch her medications into a pill cup. The client dropped a pill causing it to fall on the floor. The client picked up the pill, placed it in the cup and proceeded to take her medications with water. Interview on 5/21/24 with the Medication Technician (MT) indicated the dropped pill should have been disposed of once it fell to the floor. Interview on 5/21/24 with the facility nurse confirmed the MT should have disposed of the dropped pill as they have been trained to do. B. During observations of medication administration in the home on 5/21/24 from 7:17am - 7:37am, the MT wore a single pair of latex gloves while assisting clients to receive their medications. The MT consistently touched various items in the area including keys, door knobs, surfaces, etc. without removing or changing the gloves. Interview on 5/21/24 with the MT indicated he had been trained to wear gloves while dispensing all	W 340		

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W 340	Continued From page 3 medications. Review on 5/21/24 of the facility's Medication Administration Training book (no date) under Infection Control revealed, "Only wear gloves once and then discard...Remove gloves when moving from a body part or contaminated object to a clean body part or object." Interview on 5/21/24 with the facility nurse indicated MT's have not been trained to wear gloves during medication administration, except while applying topical treatments.	W 340		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#6) observed receiving medications. The finding is: During observations of medication administration in the home on 5/21/24 (Tuesday) at 7:17am, client #6 ingested Omeprazole 20mg. Interview on 5/21/24 with the Medication Technician (Staff A) confirmed client #6 ingested Omeprazole during the med pass and she receives it daily. Review on 5/21/24 of client #6's current physician's orders revealed an order for Omeprazole 20 mg. The order noted, "...take one	W 369		

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W 369	Continued From page 4 capsule by mouth 30 - 60 minutes prior to breakfast three times per week Monday, Wednesday and Friday." Interview on 5/21/24 with the facility nurse confirmed client #6 ingests Omeprazole three times per week on Monday, Wednesday and Friday and should not have received it today.	W 369		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 was taught to make informed choices regarding the use of her eye glasses. This affected 1 of 3 audit clients. The finding is: During observations at the day program on 5/20/24, client #6 did not wear eye glasses. The client was not prompted or encouraged to wear eye glasses while at the day program. During an interview on 5/21/24 with Staff E, when asked if client #6 wears eye glasses, the staff stated, "I've never seen her glasses...I think she lost a pair at school." The staff indicated they thought client #6 wore the glasses at school when she needed them. Review on 5/20/24 of client #6's Individual Program Plan (IPP) dated 7/13/23 revealed she	W 436		

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W 436	Continued From page 5 wears glasses "daily...for eye sight correction." The plan noted, "[Client #6] does not typically like to wear her glasses." Interview on 5/21/24 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed client #6 has eye glasses; however, she will sometimes refuse to wear them. The QIDP indicated interdisciplinary team has not considered training to teach client #6 to wear her eye glasses appropriately.	W 436		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure food was served at an appropriate temperature. The finding is: Upon arrival to the home on 5/21/24 at 6:10am, a pitcher of milk was noted on the kitchen counter. The pitcher of milk remained out of a cooling source until clients began serving themselves at the breakfast meal at 7:00am. Interview on 5/21/24 with Staff D revealed they have a way of taking temperatures of items but they only take temps if they are not sure how long an item has been sitting out. Review on 5/21/24 of the menu book located in the kitchen of the home revealed, "...All cold food and liquids must be held at 40 or lower. Once items taken from heat keeping and/or cold keeping devices they must be served to clients within 15 minutes..."	W 473		

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W 473	Continued From page 6 Interview on 5/21/24 with the Home Manager indicated staff should be following the guidelines in the menu book regarding food/drink temperatures.	W 473		

May 28, 2024

Plan of Corrections for Hoffman Group Home

W249

QP and Communications specialist will provide in-service all feeding guidelines for client #5 and all others with feeding guidelines. Mealtime assessments will be completed one time per week for two consecutive weeks by clinical team by July 20,2024

QP and Habilitation Specialist will in-service programs for client #5 and all other individuals served in the Hoffman group home and conduct one interaction assessment one time per week for two consecutive months by clinical team by July 20,2024

W340

Nursing will review the procedures for medication passes with the medication technicians and procedures for medication pass. Nursing will monitor medication passes at a rate of 3 times per month by July 20,2024

Nursing will be re- in-service direct support associate on the importance of following the physician's orders as written during the passing of medication at a rate of 3 times per month by July 20,2024.

W436

QP and nursing will review physician orders for client #6 and all individuals served and provide the necessary adaptive equipment as prescribed. The habilitation specialist will train staff about ISPs of individuals within Hoffman and monitor staff during programs to ensure that client #6 needs are served, and staff are carrying out written program by July 20,2024

W473

QP will provide in-service staff on the procedures for food safety and serving drinks and meal items in a timely manner of the meal. Meal assessments will complete one time per week by the clinical team by July 20,2024