STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G094	A. BUILDING _____ B. WING _____	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE MILLS HOME	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 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, interviews and record review, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the area of adaptive equipment use. This affected 1 of 3 audit clients (#1). The finding is: During observations at the day program and in the home throughout the survey on 6/17 - 6/18/24, client #1 wore a soft helmet secured by a strap under his chin. At no time was the helmet observed to be removed from client #1's head. The client was not observed to attempt to remove the helmet. Interview on 6/18/24 with Staff A revealed client #1 wears the helmet "at all times" on their shift but she thinks they take it off on 2nd shift and when he is in the bed. Review on 6/17/24 of client #1's Behavior Support Plan (BSP) dated 4/17/24 revealed, "[Client #1] has a history of fall and a protective helmet will be placed on his head when ambulating or out of his	W 249		

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.

Shemicka Monroe 6.21.2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G094	A. BUILDING _____ B. WING _____	06/18/2024

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W 249	Continued From page 1 wheelchair. The helmet should be worn for one (1) hour and fifty (50) minutes and then will be removed from his head. The protective helmet will remain off for ten (10) minute intervals. Staff should be reminded to document when the helmet is placed on his head and again when removed from his head. 1:1 staff will always assist and monitor him when he is out of the wheelchair." Additional review of the client's IPP dated 3/3/24 noted, "Sometimes [Client #1] wants to keep his helmet on when sitting, staff should encourage to take off, if [Client #1] becomes combative, he may wear it but no longer than 1 hr and 50 at a time." Interview on 6/18/24 with the Behavior Specialist and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 wears his helmet for 1 hour and 50 minutes with 10 minutes off. The QIDP confirmed client #1's helmet should be removed for 10 minute breaks.	W 249		
W 303	PHYSICAL RESTRAINTS CFR(s): 483.450(d)(4) A record of restraint checks and usage must be kept. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #1's restrictive helmet use was documented as indicated. This affected 1 of 3 audit clients. The finding is: During observations at the day program and in the home throughout the survey on 6/17 - 6/18/24, client #1 wore a soft helmet secured by a strap under his chin. At no time was the helmet observed to be removed from client #1's head.	W 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G094	A. BUILDING _____ B. WING _____	06/18/2024

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W 303	Continued From page 2 The client was not observed to attempt to remove the helmet. Interview on 6/18/24 with Staff A revealed client #1 wears the helmet "at all times" on their shift but she thinks they take it off on 2nd shift and when he is in the bed. When asked if they document the use of his helmet, the staff indicated not on her shift "because he always has it on". Review on 6/17/24 of client #1's Behavior Support Plan (BSP) dated 4/17/24 revealed, "[Client #1] has a history of fall and a protective helmet will be placed on his head when ambulating or out of his wheelchair. The helmet should be worn for one (1) hour and fifty (50) minutes and then will be removed from his head. The protective helmet will remain off for ten (10) minute intervals. Staff should be reminded to document when the helmet is placed on his head and again when removed from his head. 1:1 staff will always assist and monitor him when he is out of the wheelchair." Additional review of the client's Individual Program Plan (IPP) dated 3/3/24 noted, "Sometimes [Client #1] wants to keep his helmet on when sitting, staff should encourage to take off, if [Client #1] becomes combative, he may wear it but no longer than 1 hr and 50 at a time." Further review of client #1's helmet use documentation sheets revealed the helmet was last documented on 8/26/23. Interview on 6/18/24 with the Behavior Specialist and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 wears his helmet for 1 hour and 50 minutes with 10 minutes off. Additional interview indicated staff should be	W 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 303	Continued From page 3 maintaining a record for the use of his helmet.	W 303		

Shemicka Monroe 6.21.2024

HOPE MILLS

#W249

The facility will ensure that all clients 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.

Behavior Specialist will re-Inservice all DSA staff on person supported #1 use of adaptive equipment, helmet, as ordered on the physician's orders.

Behavior Specialist will conduct Interaction Assessments 2x a month for three consecutive months to ensure Person Supported adaptive equipment is being utilized per physician order

TARGET DATE: AUGUST 17, 2024

#W303

The facility will ensure Person Supported #1's restricted helmet and all Persons Supported adaptive equipment use is documented as indicated.

Behavior Specialist will re-Inservice all DSA staff on person supported #1 use of adaptive equipment documentation, as ordered on the physician's orders.

Behavior Specialist will conduct Interaction Assessment 2 x a month for three consecutive months to ensure Person Supported adaptive equipment documentation is being utilized and documented per physician order.

TARGET DATE: AUGUST 17, 2024