

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

PRINTED: 05/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOFFMAN GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 TEAL STREET HOFFMAN, NC 28347</b>		
(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 210	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to obtain initial evaluation for 1 of 2 newly admitted clients (#3). The finding is:</p> <p>Review on 5/27/25 of client #3's record revealed he had not received an occupational therapy evaluation. Further review revealed client #3 was admitted to the facility on 3/26/25.</p> <p>Interview on 5/28/25 the qualified intellectual disabilities professional (QIDP) confirmed client #3 had not had a occupational therapy appointment.</p>	W 210			
W 369	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>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 medication were administered without error. This affected 1 of 3 clients (#4) observed receiving medications. The finding is:</p> <p>During observations of the medication administration in the home on 5/28/25 at 7:19am staff A was unable to administer Peg 3850 powder dissolve 1 capful (17 grams) of powder in 8 ounces of water of fluid daily for bowels at 8am.</p>	W 369			

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.

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W 369	Continued From page 1  Review on 5/28/25 of client #4's physician orders dated 3/14/25 revealed Peg 3850-PW mix 17 grams (1) capful in 8 ounces of water take by mouth every day at 8am.  Interview on 5/28/25 staff A confirmed the medication wasn't available to administer to client #4.  Interview on 5/28/25 the nurse revealed she was unaware the medication wasn't available in the home. The medication will be reordered when she is notified that the medication was needed.	W 369			
W 389	DRUG LABELING CFR(s): 483.460(m)(1)(ii)  Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all biological and medication were labeled in an acceptable manner for 1 of 3 audit clients (#4). The finding is:  Review on 5/28/25 of client #4's medication label revealed refresh tears did not contain a label.  Observation of the medication administration on 5/28/25 at 7:19am client #4 dropped 2 eye drops into each eye.  Record review on 5/28/25 of client #4's physician orders revealed refresh eye drops, 2 drops into each eye.	W 389			

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W 389	Continued From page 2 Interview on 5/28/25 with the facility nurse confirmed the medications should contain a label.	W 389			