

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

PRINTED: 06/25/2025
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 06/24/2025	
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed and services as identified in the Individual Program Plan (IPP). The findings are:</p> <p>A. Observations of breakfast and dinner on 6/23/25 - 6/24/25 revealed, client #4 set his place setting using a regular plate and utensils.. Client #4 used a plate and utensils. Further observation at breakfast on 7:35am client #4 set his place setting with a regular plate and utensils.</p> <p>Review on 6/24/25 of client #4's individual program plan (IPP) dated 4/8/25 revealed adaptive equipment as a higher slope plate at meal time.</p> <p>Further review of the Occupational Therapy evaluation dated 11/5/24 reveal client #4 should use a regular higher slope plate at meal times.</p> <p>Interview on 6/24/25 the home supervisor revealed client #4 does have a slope plate. The</p>			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.

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W 249	Continued From page 1 home supervisor confirmed that client #4 should have used the slope plate. Interview on 6/24/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 should use his slope plate at mealtime. B. Observations of dinner and breakfast in the home on 6/23-24/25 at dinner at 5:15pm client #6 set her place setting with a plate and utensils. Further observation at breakfast at 7:35am client #6 used a regular plate at breakfast. Review on 6/24/25 of client #6's individual program plan (IPP) dated 1/18/25 revealed adaptive equipment as a inner lip plate at meal time. Further review of the Occupational Therapy evaluation dated 1/10/25 and 1/25/25 revealed client #6 should use a inner lip plate at meal times. Interview on 6/24/25 the home supervisor revealed client #6 does have a inner lip plate. The home supervisor confirmed that client #6 should have used the inner lip plate. Interview on 6/24/25 with the QIDP confirmed client #6 should use her inner lip plate at mealtime.	W 249			
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:	W 369			

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W 369	Continued From page 2 Based on observation, record review and interviews , the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients observed receiving medications (#2). The finding is: Observations of the medication administration in the home on 6/24/25 at 7:27am staff B administered the following medications to client #2: Vitamin D3, Levothyroxine, Risperidone, Senna, Docusate, Timolol. Lorazepam, Peg 3350-powder. Review on 6/24/25 of client #2's physician's orders dated 4/8/25 revealed an order for Levothyroxine 88mg.- take 1 tablet by mouth once every day (take 30 minutes before breakfast or other medications) Further observations on 6/24/25 revealed client #2 began eating breakfast at 7:38am. Interview on 6/24/25 the nurse confirmed the medication should not be given with other medications. Client #2 should not have immediately ate breakfast after her medications were given.	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	W 436			

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W 436	<p>Continued From page 3</p> <p>interviews, the facility failed to ensure client #6 was furnished a hospital bed and a high table. This affected 1 of 4 audit clients. The finding is:</p> <p>Observations in the home throughout the survey on 6/23-6/24/25, client #6 completed activities while they were sitting in her lap. She was not prompted or encouraged to put the activity on her high table.</p> <p>Further observations on the morning of 6/24/25 of client #6 in her bedroom. Client #6 was laying in a regular full size bed.</p> <p>Review on 6/23/25 of client #6's Individual Program Plan dated 1/18/25 revealed, adaptive equipment as a hospital bed and high table for meals and activities. Further review of the physician orders dated 4/8/25 adaptive equipment a hospital bed and a high table for meals and activities.</p> <p>Interviews on 6/24/25 with staff A revealed client #6 has never had a hospital bed.</p> <p>Interview on 6/24/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should have a hospital bed and a high table in the home.</p> <p>Interview on 6/24/25 with the facilities Nurse revealed client #6 hospital bed will be ordered and she uses a high table at the vocational program but does not have one at the home.</p>	W 436			