Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal026065	A. BUILDING: _____ B. WING _____	R 04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT HOPE MILLS	7051 ROCKFISH ROAD FAYETTEVILLE, NC 28306

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on April 5 - 7, 2022.	D 000	**The following is a plan of correction for Harmony at Hope Mills regarding statement of deficiencies. Preparation and execution of this plan of correction in no way constitutes an admission or argument of the truth of facts alleged in this statement of deficiencies and plan of correction. Rather it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality of health care services and will continue to make changes and improvements to satisfy that objective.**	6/1/2022
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to provide supervision for 1 of 5 sampled residents (Resident #3) resulting in 6 unwitnessed falls in a month. The findings are: Review of the facility's Fall Prevention Program policy revealed: -A resident that has an absence of safety awareness and a chronic illness would be at high risk for falls. -A post-fall evaluation and incident/accident report will be completed after a resident had a fall. -The resident's care plan should be updated after the fall. -Safety interventions should be put in place to decrease/eliminate the risk of an injury from a fall. Review of Resident #3's FL-2 dated 03/01/22 revealed: -Diagnoses included Parkinson's disease, recurrent falls, instability of the joints, and	D 270	**Deficiency:** **10A NCAC 13F .0901 (b) Personal Care and Supervision** **(b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.** **1. What measures will be put into place to correct the deficient practice?** HCD, HSD, designee will provide education to all necessary and clinical staff pertaining the facilities Fall Prevention Program policies and procedures.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brandy Akbari — TITLE: Executive Director — (X6) DATE: 5/16/2022

Reviewed and acknowledged. 16 May 2022

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D 270	Continued From page 1 hypertension. -Resident #3 was semi-ambulatory and intermittently disoriented. Review of Resident #3's Care Plan dated 03/01/22 revealed the resident required limited assistance with bathing, dressing, and grooming. Observation of Resident #3 on 04/05/22 at 9:10am revealed: -Resident #3 was sitting in a transport chair. -Resident #3 was using her legs to wheel herself around her kitchen. Observation of the facility's A-hall on 04/05/22 at 9:40am revealed: -A loud banging could be heard coming from a resident's room when exiting another resident's room. -Resident #3 was sitting on the floor in the kitchen in her room. Interview with Resident #3 on 04/05/22 at 9:40am revealed: -Resident #3 fell out of her transport chair trying to clean her kitchen. -She had been on the floor in the kitchen for a while. -She banged on the trashcan so that someone could help her. Review of a facility progress note dated 04/05/22 at 10:47am: -Resident #3 had an unwitnessed fall. -The resident's responsible party and primary care physician (PCP) were notified that Resident #3 fell. -The Healthcare Director (HCD) was notified that Resident #3 fell.	D 270	**2. What measures will be put into place to prevent recurrence of the deficient practice?** HCD, HSD, BOM, ED or designee will implement training on policy and procedure upon orientation and as needed to ensure all staff are following P&P. **3. Who will monitor the measures put into place and how often will the monitoring take place?** HCD, HSD, ED or designee will monitor post fall completion of necessary items per Fall Prevention Program policy to ensure policy was followed after each incident that is applicable. **4. When will the measures be completed?** **5/31/2022**	6/1/2022

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D 270	Continued From page 2 Review of Resident #3's incident/accident (I/A) reports revealed there was no I/A report dated 04/05/22. a. Review of Resident #3's I/A report dated 03/10/22 at 8:30am revealed -Resident #3 had an unwitnessed fall. -The resident was found on her knees with her pants pulled down and leaning on her bed asleep. -The personal care aide (PCA) assisted the resident into her bed. -The resident did not have any bruises or injuries documented. -A post-fall assessment was not completed. -The resident care plan was not updated. -The resident was encouraged to have her clothes on properly. Review of a facility progress note dated 03/10/22 at 2:12pm revealed: -Resident #3 was found on her knees with her pants pulled down and leaning on her bed asleep at 8:30am. -A PCA assisted Resident #3 into bed. -Facility staff monitored the resident throughout the day. b. Review of Resident #3's I/A report dated 03/10/22 at 5:15pm revealed: -A PCA found the resident on the floor in her bathroom around 5:15pm. -Resident #3 reported that she went to the bathroom and fell, but she was unable to get herself back up. -The resident complained of right hip pain but she refused to go to the hospital. -A post-fall assessment was completed. -The resident care plan was not updated. -The resident's responsible party and PCP were notified.	D 270		

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D 270	Continued From page 3 -The HCD was notified. -The resident was encouraged to put her clothes on properly. Review of a facility progress note dated 03/11/22 at 12:41am revealed: -Resident #3 was found on the floor in her room by a PCA at 5:15pm. -The resident complained of right hip pain but she refused to go to the hospital. -The resident was placed back in her wheelchair. -The resident's vitals were checked and documented. -The facility would continue to monitor the resident. c. Review of Resident #3's I/A report dated 03/11/22 at 3:30am revealed: -Resident #3 was found on the floor in her kitchen area. -The resident's vitals were taken and documented. -The resident did not have any bruises or injuries documented. -A post-fall assessment was not completed. -The resident care plan was not updated. -The resident was encouraged to put her clothes on properly. Review of a facility progress note dated 03/11/22 at 12:49am revealed Resident #3 was encouraged to use her wheelchair when ambulating. d. Review of Resident #3's I/A report dated 03/15/22 at 4:45pm revealed: -Resident #3 was found on the floor in the bathroom at 4:45pm by a PCA. -The resident's vitals were taken and documented.	D 270		

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D 270	Continued From page 4 -The resident did not have any bruises or injuries documented. -A post-fall assessment was completed. -The resident's care plan was not updated. -The resident's responsible party and PCP were notified. -The HCD was notified. -The resident was encouraged to use her call bell in her bathroom if she needed assistance. Review of a facility progress note dated 03/15/22 at 10:38pm revealed: -Resident #3 was found on the floor in her bathroom at 4:45pm by a PCA. -The facility staff would continue to monitor the resident multiple times while on each shift. e. Review of Resident #3's I/A report dated 03/26/22 at 8:45am revealed: -Resident #3 was found sitting on the floor with her back against her bed by a PCA. -The resident's vitals were taken and documented. -The resident did not have any bruises or injuries documented. -A post-fall assessment was completed. -The resident's care plan was not updated. -The resident's responsible party and PCP were notified. -The HCD was notified. -The resident was encouraged to reach for her bed before sitting down. Review of a facility progress note dated 03/26/22 at 9:17am revealed: -Resident #3 was found sitting on the floor with her back against her bed by a PCA. -Resident #3 reported that she was trying to sit in her bed, but she fell. -The PCA helped the resident up and sat her in	D 270		

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D 270	Continued From page 5	D 270		

her recliner.
-Facility staff will continue to monitor the resident.

Interview with Resident #3's PCP on 04/07/22 at 8:00am revealed:
-She was aware that Resident #3 had multiple falls recently.
-Resident #3's cognitive status has declined, but she was still alert and oriented.
-Resident #3 did not have safety awareness to know when it was safe for her to ambulate safely.
-She would recommend that Resident #3 be moved to the facility's secured unit so she could have more supervision.
-The facility provided basic interventions to try and prevent Resident #3 from having frequent falls such as verbal reminders to use her call bell.

Interview with Resident #3's family member on 04/06/22 at 6:32pm revealed:
-He was notified every time Resident #3 had a fall.
-Pysical therapy had worked with Resident #3 to help prevent some of her falls.
-The HCD had told him that facility staff checked on Resident #3 throughout the night to help prevent falls.

Interview with the HCD on 04/07/22 at 9:41am revealed:
-She was aware that Resident #3 had 6 falls since March.
-Resident #3 was checked on frequently because she was considered at high risk for falls.
-She did not have a time frame of how often Resident #3 should be checked on frequently.
-The PCAs and MAs were expected to check on Resident #3 multiple times throughout their shift.
-The PCAs and MAs would document their safety checks by exception only.

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D 270	Continued From page 6 -The MAs were expected to complete an I/A report whenever Resident #3 had a fall. -The HCD would initiate alert charting to notify the MAs and PCAs that Resident #3 would need frequent checks after she had a fall. -Alert charting would last from 48-72 hours. Interview with the Administrator on 04/07/22 at 10:10am revealed: -She was aware that Resident #3 had multiple falls. -Resident #3 was considered at high risk for falls due to her multiple falls. -The PCAs and MAs checked on Resident #3 multiple times throughout their shift. -The PCAs and MAs did not document their checks except by exception. -She had tried to place an extra staff member with Resident #3 to help prevent some of her falls.	D 270	**Deficiency:** **10A NCAC 13F .1006 (a) Medication Storage** **(a) Medications that are self-administered and stored in the resident's rooms shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedure.** **1. What measures will be put into place to correct the deficient practice?** HCD, HSD, ED or designee provided new lock box and education to resident on how to utilize. HCD, HSD, ED or designee will ensure all new residents admitted will either self provide a lock box or will be provided one by the facility at the expense of the resident.	**6/1/2022**
D 377	10A NCAC 13F .1006(a) Medication Storage 10a NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that the residents' medications were stored safely and securely for 1 of 1 resident sampled (#4) who self-administered medications.	D 377	**2. What measures will be put into place to prevent recurrence of the deficient practice?** HCD, HSD, BOM, ED or designee will complete monthly audits of authorized self-administered medication residents to ensure regulation is being followed for 6 months, then annually. **3. Who will monitor the measures put into place and how often will the monitoring take place?** HCD, HSD, ED or designee will monitor that audits are completed and address any items of interest to ensure compliance on a monthly basis.	

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D 377	Continued From page 7 The findings are: Review of the facility's policies and procedures for self-administration of medications revealed: -All residents who self-administer [medication] must keep their medications in a secure environment that is accessible only to the resident and facility staff. -The resident's medications must be kept in locked storage to prevent access by other residents. -The resident's apartment must be kept locked at any time when the resident is out of the room. Review of Resident #4 FL-2 dated 09/21/21 revealed: -Diagnoses included periprosthetic fracture, repeated falls, and age-related physical debility. -Medications orders included an order for atenolol(a medication used to treat high blood pressure), gabapentin(a medication used to relieve nerve pain), and amlodipine besylate (a medication used to treat high blood pressure). Observation of Resident #4's bedroom on 04/05/22 at 9:24am revealed: -Resident #4 was sitting on her bed with a clear plastic container filled with medications over the counter and prescription medications. -Resident #4 was placing her medications in a 7-day pill organizer. Interview with Resident #4 on 04/05/22 at 3:50pm revealed: -She self-administered her medications. -She kept all her medications in a plastic shoe container that did not lock. -She kept the plastic container of medications at the bottom of her dresser drawer that did not	D 377	**4. When will the measures be completed?** **5/31/2022**	**6/1/2022**

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D 377	Continued From page 8 lock. -She never locked her room door when she was not in the room. Interview with the Health Care Director on 04/05/22 at 4:00pm revealed: -The Licensed Health Professional Support nurse was responsible to make sure that Resident #4's medications were kept in locked storage. -She did not know that Resident #4's medications were not kept in locked storage. Interview with the Administrator on 04/06/22 at 4:15pm revealed: -She did not know that Resident #4 did not keep her medication in locked storage. -Resident #4 was supposed to have her medications kept in locked storage. -It was her responsibility to make sure that Resident #4 kept her medications in locked storage.	D 377		

Washington, Bynithia T

From: Brandy Akbari <BAkbari@harmonyathopemills.com>
Sent: Monday, May 16, 2022 1:47 PM
To: Washington, Bynithia T
Cc: 'bridgettautry@ccdssnc.com'; Morgan, Suzy B; Bingham, Heather D; dhsr.adultcare.email7; DHSR.Adultcare.Mailnotice; Victoria Whitley; Shaneshia Dawkins; Jackie Fair; Adrienne Shelton
Subject: RE: [External] RE: Harmony at Hope Mills 2022-04-07 F17H11
Attachments: Harmony at Hope Mills 2022-04-07 SOD F17H11-Completed.pdf

My apologies. I was looking at the end initially. Signed.

Thank you,

Harmony at Hope Mills
Family Serving Families

Brandy Akbari
Executive Director
Harmony at Hope Mills
7051 Rockfish Road
Fayetteville, NC 28306
bakbari@harmonyathopemills.com

P: 910.635.0555 (Main)
C: 910.676.2998 (Cell/Text)
www.HarmonySeniorServices.com

From: Washington, Bynithia T <Bynithia.Washington@dhhs.nc.gov>
Sent: Monday, May 16, 2022 1:30 PM
To: Brandy Akbari <BAkbari@harmonyathopemills.com>
Cc: 'bridgettautry@ccdssnc.com' <bridgettautry@ccdssnc.com>; Morgan, Suzy B <Suzy.Morgan@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>; dhsr.adultcare.email7 <dhsr.adultcare.email7@dhhs.nc.gov>; DHSR.Adultcare.Mailnotice <DHSR.Adultcare.Mailnotice@dhhs.nc.gov>; Victoria Whitley <VWhitley@harmonyathopemills.com>; Shaneshia Dawkins <SDawkins@harmonyathopemills.com>; Jackie Fair <JFair@harmonyseniorservices.com>; Adrienne Shelton <AShelton@harmonyseniorservices.com>
Subject: RE: [External] RE: Harmony at Hope Mills 2022-04-07 F17H11

Good afternoon Brandi,

I have received your Plan of Correction, thank you. I will need you to sign and date the first page and return the signed first page as soon as possible.

Thank you kindly,
Bynithia

From: Brandy Akbari <BAkbari@harmonyathopemills.com>
Sent: Monday, May 16, 2022 12:13 PM
To: Washington, Bynithia T <Bynithia.Washington@dhhs.nc.gov>
Cc: 'bridgettautry@ccdssnc.com' <bridgettautry@ccdssnc.com>; Morgan, Suzy B <Suzy.Morgan@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>; dhsr.adultcare.email7 <dhsr.adultcare.email7@dhhs.nc.gov>; DHSR.Adultcare.Mailnotice <DHSR.Adultcare.Mailnotice@dhhs.nc.gov>; Victoria Whitley <VWhitley@harmonyathopemills.com>; Shaneshia Dawkins <SDawkins@harmonyathopemills.com>; Jackie Fair <JFair@harmonyseniorservices.com>; Adrienne Shelton <AShelton@harmonyseniorservices.com>
Subject: [External] RE: Harmony at Hope Mills 2022-04-07 F17H11

Good afternoon Ms. Washington,

I have attached the completed CAR for approval. Please let me know if you may need anything else.

Thank you,

Harmony at Hope Mills
Family Serving Families

Brandy Akbari
Executive Director
Harmony at Hope Mills
7051 Rockfish Road
Fayetteville, NC 28306
bakbari@harmonyathopemills.com

P: 910.635.0555 (Main)
C: 910.676.2998 (Cell/Text)
www.HarmonySeniorServices.com

From: Washington, Bynithia T <Bynithia.Washington@dhhs.nc.gov>
Sent: Friday, April 29, 2022 11:41 AM
To: Brandy Akbari <BAkbari@harmonyathopemills.com>; Brandy Akbari <BAkbari@harmonyathopemills.com>
Cc: 'bridgettautry@ccdssnc.com' <bridgettautry@ccdssnc.com>; Morgan, Suzy B <Suzy.Morgan@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>; dhsr.adultcare.email7 <dhsr.adultcare.email7@dhhs.nc.gov>; DHSR.Adultcare.Mailnotice <DHSR.Adultcare.Mailnotice@dhhs.nc.gov>
Subject: Harmony at Hope Mills 2022-04-07 F17H11

Dear Mr. Smith:

Please find the Statement of Deficiencies and accompanying letter for the annual and follow up survey completed on April 7, 2022 attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. **PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted.** A response to the plan of correction will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files.