PRINTED: 03/15/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G102	B. WNG			03/	13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC CHERRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 CHERRY LANE NEW BERN, NC 28560				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure staff were sufficiently trained to prepare client #4's appropriate diet consistency. This affected 1 of 4 audit clients. The finding is: Staff were not sufficeintly trained to prepare client #4's appropriate diet consistency.		W		W 189 Managers will re-train employees on all clied diet consistencies. This will be observed at least 4 times monthly by managers and documented on LIFE, Inc. QA/Q! forms. DHSR-Managers		5-11-2018
					DHSR-Mental Health MAR 2 2 2018 Lic. & Cert. Section		
	During lunch observati at 11:54am, client #4 v food items in a Ninja c Thick-it powder to her client to process a tuna cookies, pretzels and I the food items in the client tuna sandwich and smooth and resembled The pretzels and letter bits of pretzels and letter mixtures. At the meal, consume the lettuce us up the bowl and attempted at 11:54 mixtures.	ions in the home on 3/12/18 vas assisted to process hopper device and add drinks. Staff assisted the a sandwich, Fig Newton ettuce. Broth was added to hopper. Once processed, cookies were moist and d pudding or baby food. be were very liquefied and uce were visible in the client #4 began to sing a spoon then picked oted to drink from the bowl, tained a glass, poured the glass. Client #4 then					
	3/12/18 at 5:30pm, clie process food items in a				TITLE		(6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exceed 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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		34G102	B. WING			03	3/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC CHERRY LANE				1	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 CHERRY LANE NEW BERN, NC 28560		
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W 189	add Thick-it powder to the client to process to eggs, hash brown pot staff added milk or brochopper. Once proce eggs were thick and of a moist ground texture food items as prepare. Staff interviews (2) on consumes a pureed do be processed in the client when asked what the like when pureed, the Additional interview or #4's food should reser. Review on 3/13/18 of 10/17/17 revealed, "M Regular single portion nectar thickened liquic recommends continuir Additional review of a 2/26/18) posted on the of the home noted client pureed with nectar thickened liquid meals [Client #4] will horoblems with aspiration. Interview on 3/13/18 we coordinator and facility consumes a pureed dithickened liquids. The	cher drinks. Staff assisted carkey sausage, scrambled atoes and biscuits. The bith to the food items in the seed, the hash browns and hunky while the turkey had a Client #4 consumed the d. 3/12/18 revealed client #4 let and all of her food has to hopper before consumption. Client's food should look staff stated, "Soft." a 3/13/18 revealed client inble pudding. Client #4's IPP dated by diet order consists of seeds, pureed consistency with sThe dietitian and current diet order." list of client's diets (dated a refrigerator in the kitchen int #4's diet should be sk liquids. Further review of resing service goal (NSG) The service goal noted, instency of pureed and seeds, close monitoring during ave minimal to no on during the year."	W	189			

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		34G102	B. WING			03	/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC CHERRY LANE				1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 CHERRY LANE NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	CFR(s): 483.440(d)(1 As soon as the interdiffermulated a client's in each client must receit treatment program cointerventions and servand frequency to suppobjectives identified in plan.	sciplinary team has ndividual program plan, ve a continuous active nsisting of needed rices in sufficient number port the achievement of the the individual program of met as evidenced by: ns, interviews and record	w:	2249	W 249 Managers will re-train employees on a diet consistencies. This will be observe ast 4 times monthly by managers and ocumented on LIFE, Inc. QA/QI form	red at I	5-11-2018 s
	received a continuous consisting of needed i as identified in the ind in the area of diet cons 4 audit clients. The fir Client #4 did not consistency.	active treatment plan nterventions and services ividual program plan (IPP) sistency. This affected 1 of					
	at 11:54am, client #4 v food items in a Ninja c Thick-it powder to her client to process a tunc cookies, pretzels and I the food items in the cithe tuna sandwich and smooth and resembled. The pretzels and lettue bits of pretzels and lettue mixtures. At the meal, consume the lettuce us	vas assisted to process hopper device and add drinks. Staff assisted the a sandwich, Fig Newton ettuce. Broth was added to hopper. Once processed, cookies were moist and d pudding or baby food. be were very liquefied and luce were visible in the					2

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		34G102	B. WING _			03.	/13/2018
	ROVIDER OR SUPPLIER CHERRY LANE			STREET ADDRESS, CITY, STATE, ZIP 1104 CHERRY LANE NEW BERN, NC 28560	CODE	•	
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W 249	A staff stopped her, o lettuce mixture into th drank it. During dinner observa 3/12/18 at 5:30pm, cli process food items in	btained a glass, poured the e glass. Client #4 then	W 2	249			
	the client to process to eggs, hash brown pot staff added milk or bro chopper. Once proce eggs were thick and co	urkey sausage, scrambled atoes and biscuits. The oth to the food items in the ssed, the hash browns and thunky while the turkey had e. Client #4 consumed the					
	consumes a pureed d be processed in the cl When asked what the like when pureed, the	n 3/13/18 revealed client					
	Regular single portion nectar thickened liquid recommends continuin Additional review of a 2/26/18) posted on the of the home noted clie pureed with nectar thick the IPP identified a nu	y diet order consists of s, pureed consistency with dsThe dietitian ng current diet order." list of client's diets (dated e refrigerator in the kitchen ont #4's diet should be ck liquids. Further review of rsing service goal (NSG					
	"With current diet cons						

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W 249	consumes a pureed d thickened liquids. The	with the habilitation y nurse confirmed client #4 liet consistency with nectar e nurse indicated staff have e the food has adequate	W2	249			



March 21, 2018

Ms. Wilma Worsley-Diggs, M.Ed., QDDP Facility Survey Consultant I Division of Health Service Regulation Mental Health Licensure and Certification 2718 Mail Service Center Raleigh, North Carolina 27699-2718

Re:

Plan of Correction

LIFE, Inc. / Cherry Lane Group Home

Barbara W. Parken

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Cherry Lane Group Home.

If there are questions or if additional information is needed, please feel free to contact me.

Thank you for your continuing assistance to us in the operation of our facilities.

Sincerely,

Barbara W. Parker

Director of ICF/IID Services

Anw Enclosure

