

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

PRINTED: 07/06/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILSON STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1116 WILSON STREET EXTENSION PLYMOUTH, NC 27962		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, and interviews the facility failed to assure the rights and dignity for 1 of 3 audit clients (#6) related to the use of incontinence underwear. The finding is:</p> <p>During observations at the home on 7/2/18, from approximately 5:00pm to 6:55pm, client #6's incontinence underwear was exposed and visible to anyone in the home.</p> <p>During an interview on 7/2/18, staff revealed client #6's use of incontinence underwear is due to incontinence of bowel and bladder and sometimes he needs staff prompting to cover it without staff assistance.</p> <p>Review on 7/3/18 of client #6's individual program plan (IPP) dated 7/20/17 revealed, "needs full assistance" with toileting.</p> <p>During an interview on 7/3/18 with the qualified intellectual disabilities professional (QIDP), she confirmed client #6, is incontinent of bowel and bladder and uses disposable diapers. The QIDP also acknowledged the exposure of the diaper in this manner is a violation of client #6's right to dignity and privacy.</p>	W 125			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p>	W 288			

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 288	Continued From page 1 Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a technique to manage client #15's behavior was not, included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is: The use of Best-Rest was not included in client #6's behavior intervention program (BIP). Review on 7/3/18, of client #6's BIP dated 4/12/17, revealed an objective to reduce his frequency of defined inappropriate behavior episodes to 15 or less for 6 consecutive months. The plan included the use of Prozac. Additional review of the client's current physician's orders dated 4/24/18, identified orders for Best-Rest formula, take 2 capsules by mouth at bedtime for sleep. Further review of the record did not include the use of best rest in a formal active treatment plan. Interview on 7/3/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6, consumes Best-Rest Formula and the medication should be included in his BIP.	W 288			
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the	W 324			

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W 324	<p>Continued From page 2</p> <p>recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure immunization records for 1 of 3 audit client (#4) had been obtained. The finding is:</p> <p>Clients #4's records did not include his past immunization history.</p> <p>Review on 7/3/18, of client #4's record revealed she had been admitted to the facility on 11/24/2000. Additional review of the record indicated the client had received annual influenza and tuberculin testing every year since admission. Tetanus on 2/1977, 3/9/1987, 3/26/2002 nd 7/3/2012; however, no history of other past immunizations was located.</p> <p>During an interview on 7/3/18, the qualified intellectual disabilities professional (QIDP) confirmed client #4's immunization history was not current.</p>	W 324			