

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

PRINTED: 07/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC SLATESTONE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 332 SLATESTONE ROAD WASHINGTON, NC 27889		
(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 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive behavior intervention plan was only conducted with the written informed consent of all legal guardians. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Client #1's behavioral intervention plan (BIP) did not include written informed consent from his legal guardian.</p> <p>Review on 7/11/18 of client #1's record revealed a BIP dated 3/20/17. Further review revealed a informed consent with the guardian signature dated 7/7/17, with an expiration date of 1/7/18. No additional informed consent was available.</p> <p>During an interview on 7/11/18, the qualified intellectual disabilities professional (QIDP) confirmed client #1's informed consent had expired and he had been attempting to contact the guardian with no success.</p>	W 263			
W 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by:</p>	W 322			

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 322	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to assure all clients received an annual prostate screening or prostate-specific antigen (PSA) this affected 1 of 3 audit clients (#3) . The finding is:</p> <p>Client #3 did not received his annual prostate screening or PSA.</p> <p>Review on 7/11/18 of client #3's record revealed there was no information indicated whether client #3 had received his annual prostate screening. Further review revealed client #3 is 44 years old and his last date of receiving a PSA was 10/3/15.</p> <p>Interview on 7/11/18, with the nurse revealed she was aware of this and client #3, would be scheduled to have a PSA as soon as possible.</p> <p>During an interview on 7/11/18, with qualified intellectual disabilities professional (QIDP) confirmed there was nothing in clients #3's record to indicate he had received a annual prostate screening or a PSA since 10/3/15.</p>	W 322		