

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G234</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>08/07/2018</b> |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIFE, INC LOCKWOOD STREET GROUP HOME</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>156 COUNTRYSIDE ROAD SW<br/>SUPPLY, NC 28462</b>                    |   |
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| W 288   | <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR<br/>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, record reviews and interviews, the facility failed to assure a technique to manage a behavior was incorporated into an active treatment program for 1 client (Client#2).<br/>The finding is:</p> <p>The technique of keeping client #2's electric razor locked in the medication room due to "excessive shaving" is not incorporated into an active treatment program.</p> <p>During observations on 8/6/18 at 4:05pm, client #2 was observed being shaved by staff with an electric razor in his bedroom.</p> <p>During an interview after the observation on 8/6/18 at 4:05pm, staff revealed they keep the electric razor in the medication room where it can be locked because client #2 will shave excessively. They stated his face gets scraped (like "eczema") from him coming in and shaving and it's "easier" if the razor is locked.</p> <p>Further interview with the QIDP on 8/6/18 confirmed the razor is kept locked up but she thought it was "easier" then she indicated she should call the group home manager. However, she thought it was because there were small parts of the razor that were "being lost left and right." After the phone call she stated it is</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.

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

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FORM APPROVED  
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| W 288   | Continued From page 1<br>because he "shaves excessively." She further confirmed client #2 had a goal to use his razor and once he learned to shave with it, he shaved too often.<br><br>Review on 8/7/18 of client #2's individual program plan (IPP) dated 3/6/18 revealed he has "good personal safety skills. There was no mention of locking the electric razor.<br><br>Further review on 8/7/18 revealed he has a current behavior intervention plan dated 2/15/17 to address the agitated behaviors and property destruction but it did not address excessive shaving.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 8/7/18 confirmed the behavior plan did not address excessive shaving. | W 288   |   |                      |   |
| W 436   | SPACE AND EQUIPMENT<br>CFR(s): 483.470(g)(2)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility failed to assure 1 of 1 audit clients who required hearing aids had hearing aids provided. This affected 1 of 3 audit clients (#4). The finding is:  | W 436   |   |                      |   |

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| W 436   | <p>Continued From page 2</p> <p>Client #4 did not have required hearing aid provided to her by the facility.</p> <p>Throughout observations on 8/7 and 8/7/18, client #4 did not have her hearing aid. At 12:30pm, on 8/6/18, she asked the survey when she would be getting her hearing aid. While doing this client #4 pointed to her ear and said "from Alaine" putting her hands up in the air as if saying when or why or "I don't know." She then found the qualified intellectual disability professional (QIDP) and asked her the same thing. The QIDP told her Alaine would come tomorrow and bring amplifiers and then told her she had "to wait for 'Alaine'."</p> <p>Interview with the QIDP after the observation on 8/6/18 revealed the hearing aid disappeared and the guardian was getting her an amplifier this time instead. Further interviews with the QIDP on 8/6/18 and 8/7/18 revealed the client had bought the hearing aids in the past. She also indicated she did not know the details and deferred to the nurse.</p> <p>Interview with the nurse on 8/7/18 confirmed that the guardian was buying an amplifier (guardian choice) not hearing aid. Further interview revealed last time Medicaid denied it so the company took \$400.00 from client #4's account and paid for them. However, they did an appeal and the client was reimbursed by Medicaid.</p> <p>Interview on 8/7/18 with the guardian via phone revealed she "had no idea" the facility should provide the hearing aid. She further indicated, "I am sure hearing aids are a better option, I just wasn't sure if Medicaid would reimburse her again." She also indicated she chose "amplifier" because it is a lot cheaper than a hearing aid.</p> | W 436   |   |                      |   |

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| W 436   | <p>Continued From page 3</p> <p>She did not want the client to waste her funds also. When asked again if she had been told the facility would pay for them if Medicaid would not, she stated, "No." She indicated she was not aware that the provider would pay for them and that was the reason she decided to get an amplifier for client #4.</p> <p>Review on 8/6/18 of client #4's individual program plan (IPP) dated 12/14/17, revealed she has a bilateral mild to moderate hearing loss and should "continue to wear hearing aid" in her left ear. There was no documented discussion about the loss of hearing aid.</p> <p>Further interview with the nurse on 8/7/18 revealed she was not aware the facility should "pay" for the equipment if needed and not covered by Medicaid.</p> | W 436   |   |                      |   |