STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G202	A. BUILDING _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC LAKEVIEW	102 MIDWAY LANE ROANOKE RAPIDS, NC 27870

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #6 had the right to privacy during care of her personal needs. This affected 1 of 4 audit clients. The finding is: Client #6 was not afforded privacy while toileting. During morning observations in the home on 9/26/18 at 6:15am, staff prompted client #6 to the bathroom. With the door open, the staff removed the client's pajama pants and diaper. The client then sat on the toilet naked from the waist down. The staff then exited the bathroom leaving the door open and entered client #6's bedroom across the hall to retrieve clothing items. At 6:17am, the staff entered the bathroom and closed the door. Immediate interview with the staff involved revealed client #6 needs to be prompted to close the door for privacy and will not close the door on her own. Review on 9/26/18 of client #6's Individual Program Plan (IPP) dated 3/27/18 revealed, "I need occasional reminders to close the door for privacy." Additional review of the client's Rights Assessment dated 3/15/18 revealed she requires assistance to exercise her right to personal privacy during treatment and care of her personal	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 needs. The assessment noted the client needs "reminders to ensure she closes her bedroom and bathroom doors and does not undress in front of others." Interview on 9/26/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 requires staff assistance and prompts to ensure her privacy.	W 130		
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #5 had the right to wear clothing of an appropriate fit. This affected 1 of 4 audit clients. The finding is: Client #5 wore jeans which did not fit appropriately. During observations throughout the survey in the home and at the day program on 9/25/18, client #5's jeans repeatedly and consistently fell below her waist exposing her buttocks. The client was repeatedly prompted to pull her pants up by various staff. During this time, client #5's jeans were also noted to be extra long with approximately 2 - 3 inches of fabric tucked under her shoes/feet when she walked. Review on 9/26/18 of client #5's Individual	W 137		

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W 137	Continued From page 2 Program Plan (IPP) dated 7/24/18 revealed she can dress herself independently with prompts to ensure appropriateness of the clothing. Interview on 9/26/18 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #5 should have been prompted and/or assisted to change her pants once it was noted that they were repeatedly falling down.	W 137		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 2 of 4 audit clients (#1, #2) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining skills and leisure activities. The findings are: 1. Client #1 was not encouraged to engage in meaningful leisure activities. During evening observations in the home on 9/25/18 from 4:00pm - 5:10pm, client #1 repeatedly walked around the dining room table	W 249		

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W 249	Continued From page 3	W 249		

or stood unengaged in the corner of the dining room. The client was not prompted or assisted to participate in any activities.

During morning observations in the home on 9/26/18 from 6:45am - 7:15am and 7:50am - 8:45am, client #1 repeatedly walked around the dining room table unengaged in any activities. On one occasion, a staff offered the client a choice of leisure toys. The client ignored the toys and continued to walk around the dining room table.

Staff interview on 9/26/18 revealed client #1 has only been at the home for a short time and staff are still getting to know her. The staff indicated the client likes block puzzles; however, it is difficult to get her to sit down for periods of time.

Review on 9/26/18 of client #1's IPP dated 8/28/18 revealed, "I enjoy going for walks outdoor activities, home visits with family, one on one interaction, playing with baby dolls and stuffed animals."

Interview on 9/26/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 can be difficult to engage; however, she should be offered choices of activities approximately every 10 - 15 minutes.

2. Client #2 was not engaged in meaningful leisure activities.

During evening observations in the home on 9/25/18 from 4:00pm - 5:10pm, client #2 sat in a chair in the living room unengaged. The client was not prompted or encouraged to participate in any activities.

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W 249	Continued From page 4	W 249		

During morning observations in the home on 9/26/18 from 6:15am - 7:00am and 7:50am - 8:45am, client #2 sat in a chair in the living room unengaged. The client was not prompted or encouraged to participate in any activities.

Staff interview on 9/26/18 revealed client #2 is blind but likes "to feel things" and that is mainly what she does.

Review on 9/26/18 of client #2's IPP dated 3/27/18 revealed she is nonverbal and blind. Additional review of the plan indicated, "I am able to grasp small objects and turn pages in a book with minimal prompting." The plan also revealed she likes listening to music and has gross and fine motor skills. Further review of the IPP identified needs to enhance social skills and functional leisure time skills.

Interview on 9/26/18 with the QIDP revealed client #2 likes textured items and being outside. Additional interview indicated the client should be offered a variety of activities to engage her.

3. Client #1 was not afforded the opportunity to participate in dining skills to her maximum potential.

During dinner observations in the home on 9/25/18 at 5:15pm, staff consistently poured client #1's drinks and wiped her mouth without prompting her to assist with these tasks. At the end of the meal, staff cleared the client's dirty dishes for her.

During breakfast observations in the home on 9/26/18 at 7:30am, staff poured client #1's drink for her and prompted another client to clear her

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W 249	Continued From page 5	W 249		

place setting after the meal. Client #1 was not prompted or encouraged to participate with these tasks.

Staff interview on 9/26/18 revealed they have not worked with client #1 on clearing her place "yet"; however, she can pour and wipe her mouth with assistance.

Review on 9/26/18 of client #1's Adaptive Behavior Inventory (ABI) dated 7/31/18 revealed she has needs in the areas of pouring from pitchers, wiping her mouth and clearing dishes and utensils from the table.

Interview on 9/26/18 with the QIDP confirmed client #1 can most likely complete dining skills tasks given assistance and prompts.

4. Client #2 was not afforded the opportunity to participate in dining skills to her maximum potential.

During breakfast observations in the home on 9/26/18 at 7:30am, staff poured client #2's drinks and cleared her dirty dishes after the meal. The client was not prompted or encouraged to assist with these tasks.

Staff interview on 9/26/18 revealed client #2 can pour and clear her dishes given physical assistance.

Review on 9/26/18 of client #2's IPP dated 3/27/18 revealed needs to increase self-help and enhance independent living skills. Additional review of the client's ABI dated 3/12/18 indicated needs in the areas of pouring from small pitchers and removal of dishes and utensils from the

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W 249	Continued From page 6 table. Interview on 9/26/18 with the QIDP confirmed client #2 can assist with dining tasks given hand-over-hand assistance.	W 249		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) 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 observations, interviews and record reviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment plan. This affected 1 of 4 audits. The finding is: Client #2 wore a belt with the buckle positioned and secured at the back of her jeans. During observations throughout the survey in the home and at the day program on 9/25/18, client #2 wore jeans with a belt secured around her waist. Closer observation of the belt revealed the belt was secured with the buckle positioned at the back of her jeans. Staff interview on 9/25/18 revealed client #2's belt buckle was positioned and secured in this manner to prevent her from unbuckling her belt and attempting to remove her clothes. Additional interview indicated this technique was not included in a behavior plan.	W 288		

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W 288	Continued From page 7 Review on 9/26/18 of client #2's Individual Program Plan (IPP) dated 3/27/18 revealed she requires "full assistance with dressing". Additional review of the client's Adaptive Behavior Inventory (ABI) dated 3/12/18 indicated she has "no independence" with buckling or unbuckling her belt. Further review of the client's record did not include a behavior plan or any information regarding inappropriate removal of clothing. Interview on 9/26/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware of client #2 removing her clothes inappropriately and her belt should not have been positioned and secured in the manner described.	W 288		