

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

PRINTED: 11/07/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932		
(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 191	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to adequately train staff to deal effectively with inappropriate client behavior for 1 of 4 audit clients (#3). The finding is:</p> <p>Staff did not adequately implement the behavior plan when client #3 exhibited inappropriate behaviors.</p> <p>During observations in the home on 11/5/18 at 5:20pm, client #3 hit the side of her head on 4 separate occasions. Client #3 then was observed at 5:22pm, hitting the side of her head on 5 separate occasions. At no time was client #3 redirected by staff.</p> <p>During observations in the home on 11/6/18 from approximately 6:39am until 6:48am, client hit the side of her head for a total of 25 times. At no time was client #3 redirected by staff.</p> <p>Review on 11/5/18 of client #3's behavior intervention program (BIP) dated 11/15/17 stated, "...III. Target Behavior Definition:...2. Self Injurious Behaviors (SIB); Any aggression or attempts directed at self including hitting head..." Additional review revealed, "VI. Consequences of Target Behavior Occurrences A. SIB/or Aggression: If [Client #3's] behavior escalates to the point she exhibits aggression and / or self injurious behaviors staff will... 1. Immediately intervene to interrupt / block aggressive attempts</p>	W 191			

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

PRINTED: 11/07/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932		
(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 191	Continued From page 1 while at the same time telling her "[Client #3], No, stop (Describe Behavior)' and redirect her to a seat away from the others at least 1 minute or until calm. 2. Staff should physically prompt [Client #3's] hands to her side for 2-3 seconds per intervention. This form of intervention may be repeated as many times as necessary to stop or better manage the behavior exhibited. Give as little verbal contact as possible...." During an interview on 11/6/18, the qualified intellectual disabilities professional (QIDP) confirmed staff should have followed client #3's BIP as it is written. The QIDP stated, "The first thing staff should have done was redirect [Client #3]."	W 191			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 4 audit clients (#3). The finding is: Data was not collected as indicated for client #3. During observations in the home on 11/5/18 at 5:20pm, client #3 hit the side of her head on 4 separate occasions. Client #3 then was observed at 5:22pm, hitting the side of her head on 5	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932		
(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 252	<p>Continued From page 2</p> <p>separate occasions. At no time was client #3 redirected by staff.</p> <p>Review on 11/6/18 of client #3's behavior data sheet revealed, "...Put a plus (+) exhibiting target free behavior episodes. Put a negative (-) if consumer exhibits target behaviors. Further review of client #3's behavior data sheet revealed for the time of 5pm there was a plus (+).</p> <p>Review on 11/6/18 of Therap (electronic documentation for intellectual developmental service providers) revealed there was no documentation concerning target behaviors for client #3 on 11/5/18.</p> <p>Review on 11/5/18 of client #3's behavior intervention program (BIP) dated 11/15/17 stated, "...III. Target Behavior Definition:...2. Self Injurious Behaviors (SIB); Any aggression or attempts directed at self including hitting head....VII. Data Collection The following data will be recorded by all staff working with [Client #3] across her waking day...1. The date, time incident started, target behavior exhibited, consequences for behaviors exhibited, time incident ended and any comments regarding behavioral episodes...."</p> <p>During an interview on 11/6/18, staff revealed whenever client #3 has target behaviors it should be documented both on her behavior data sheet and on Therap.</p> <p>During an interview on 11/6/18, the home manager (HM) confirmed staff are to indicate if client #3 has any target behaviors with a plus (+) on her behavior data sheet.</p>	W 252			

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

PRINTED: 11/07/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932		
(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 368	Continued From page 3	W 368			
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the system of administering medications as ordered was implemented. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>Client #4 did not receive her two eye drops as ordered.</p> <p>During medication administration observations in the home on 11/5/18, client #4 received 1 eye drop of Ketorolac 0.5% solution in her right eye. Further observations revealed client #4 received 1 eye drop of Durezol 0.5% solution in her right eye.</p> <p>Review of physicians order's dated 11/5/18 revealed, "Ketorolac 0.5% oph Solution Instill one drop in both eyes." Further review indicated, "Durezol 0.5% eye drops Instill one drop in left eye only...."</p> <p>During an interview on 11/6/18, the facility's nurse confirmed client #4's two eye drops were not administered as ordered.</p>	W 368			
W 374	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(7)</p> <p>The system for drug administration must assure</p>	W 374			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932		
(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 374	<p>Continued From page 4</p> <p>that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication. The finding is:</p> <p>Client #4 received eye drops from a bottle which did not have a label on it.</p> <p>During medication administration observations on 11/5/18 at 6:15pm, client #4 received Ketorolac 0.5% Solution. Further observations revealed the Ketorolac 0.5% Solution did not have a label on the bottle or the box.</p> <p>Review on 1/16/18 of client #4's new order dated 11/5/18 revealed she is to receive drops in both eyes.</p> <p>During an interview on 11/5/18, the medication technician confirmed there was no label to indicate if the eye drops were intended for client #4.</p> <p>During an interview on 11/5/18, the qualified intellectual disabilities professional (QIDP) confirmed the eye drops for client #4 should have been labeled.</p>	W 374		