

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

PRINTED: 11/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC KING STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 117 KING STREET HALIFAX, NC 27839	
(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 124	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(2)</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure one of three audit client's (#2) guardian understood the alternatives to proposed treatments and the possible consequences/alternatives to such refusal of treatment if any. The finding is:</p> <p>The interdisciplinary team failed to coordinate a meeting with the legal guardian for client #2 to discuss recommended medical procedures and the consequences of refusing these treatments.</p> <p>Review on 11/15/18 of client #2's record revealed she had been adjudicated incompetent in another county and assigned a legal guardian by the Clerk of Court 8/30/17. Her legal Guardian of the Person (GOP) was listed as her mother.</p> <p>Further review of client #2's record revealed the following:</p> <ul style="list-style-type: none"> - Against medical advice (AMA) form dated 11/6/17: Guardian given the pamphlet regarding the influenza vaccine and refused the flu vaccine on 11/6/17. -AMA form dated 2/7/18: Guardian refused for client #2 to receive Tamiflu. 	W 124	<p>W 124</p> <p>The facility will ensure meetings are coordinated with legal guardian to discuss any medical procedures/treatment ordered by a licensed physician but refused by the guardian or individual and the consequences of such refusals. Risks and benefits of the treatment will be discussed along with any alternative treatments (if any). It will be discussed the effect this refusal may have on other consumers, the consumer themselves, and whether the provider can continue to provide services to the consumer consistent with ICF/IDD regulations. Regarding Client #2, a meeting will be coordinated with the guardian to discuss the guardian's refusal for specific medical procedures and treatments refused during the past year. Alternative treatments will be reviewed, and determination made on how to proceed with Client #2's treatment. The facility will follow-up after receipt of verbal consent from a guardian and obtain written consent for the use of any Behavioral Support Plan which includes restrictive components (i.e., the use of any crisis medications for behavior management.) Compliance with these regulations will occur on an ongoing basis and will be monitored by the QP and Nurse as medical recommendation and treatments are made by licensed physicians and through monthly review of consumers medical records using LIFE, Inc. Checklist of Medical Records.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">NOV 29 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	1-14-2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Barbara W Parker *Dir of ICF/ITD* *11-27-18*

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: 11/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC KING STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 117 KING STREET HALIFAX, NC 27839		
(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 124	<p>Continued From page 1</p> <p>- AMA form dated 10/9/18: Guardian refused dental treatment as recommended by the Dentist to x-ray and seal client #2's teeth after an exam revealed poor oral hygiene.</p> <p>Review on 11/15/18 of a dental note dated 9/17/18 for client #2 revealed: " Seen today by [name of dentist] for dental assessment for follow-up. Poor oral hygiene noted uncooperative with toothbrushing no x-rays. Guardian notified of recommendation but declined x-rays and sealant of teeth."</p> <p>Review on 11/15/18 of client #2's individual program plan (IPP) dated 10/9/18 revealed she has a behavior support program (BSP) dated 11/28/17 to address several target behaviors which include: aggression, self injurious behavior, elopement, property destruction, food stealing and inappropriate sexual behavior. She also has a crisis plan dated 3/5/18 for as needed crisis medications which is incorporated into her active treatment program.</p> <p>Review on 11/15/18 of client #2's BSP dated 11/28/17 revealed the guardian has given verbal consent but has not given written consent for the BSP.</p> <p>During observations in the facility on 11/14/18 from 3:47pm-3:55pm client #2 exhibited several target behaviors pushing staff and clients. She attempted to head butt direct care staff and push them when they intervened with her target behaviors. After several attempts to redirect client #2, the facility nurse had to be contacted by phone and client #2 was given her crisis dose of medications.</p>	W 124			

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

PRINTED: 11/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC KING STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 117 KING STREET HALIFAX, NC 27839		
(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 124	<p>Continued From page 2</p> <p>Review on 11/15/18 of an admission agreement dated 5/9/18 revealed client #2's legal guardian had signed this agreement. Further review of this document revealed, "I give permission to receive routine medical care and treatment by Physicians of [name of provider]."</p> <p>Interview on 11/15/18 with the facility Nurse revealed client #2's guardian has refused several medical procedures recommended by the medical team. Further interview revealed the following:</p> <ul style="list-style-type: none"> - 1/23/18 client #2 exhibited cold symptoms and this continued for a week. The Nurse stated the physician was advised and gave orders to push fluids, Tylenol was administered and direct care staff monitored her body temperature. - Client #2 was seen by the physician on 2/7/18 who recommended that she be swabbed for influenza and started on Tamiflu. -The legal guardian refused for her daughter to be swabbed to confirm the flu and refused the Tamiflu recommendation on 2/7/18. The nurse stated several days later several clients in the facility had to be treated for influenza with Tamiflu. <p>Interview on 11/15/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #2's legal guardian has refused several medical procedures as recommended by the physician and the dentist. Further interview confirmed the QIDP has spoken with management of the facility regarding these refusals by the guardian for medical treatment but was advised the legal guardian can refuse medical treatment and no further action was necessary. The QIDP stated the interdisciplinary team has not coordinated a meeting with the guardian to discuss possible alternatives to these</p>	W 124			

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

PRINTED: 11/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC KING STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 117 KING STREET HALIFAX, NC 27839		
(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 124	Continued From page 3 refusals or how to proceed with client #2's treatment. Interview on 11/15/18 with the QIDP II via phone revealed he was aware of these continued refusals for medical treatment for client #2 but that a meeting had not been coordinated to discuss this with the legal guardian.	W 124			