

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

PRINTED: 12/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC RAVEN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4105 RAVEN RIDGE DR WILSON, NC 27893		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of dining equipment, dining skills and toileting. This affected 3 of 4 audit clients (#1, #4, #6). The findings are:</p> <p>1. Client #1 did not consistently use his drinking straw.</p> <p>During breakfast observations in the home on 12/13/18 at 7:10am, client #1 removed the straw from his glass of water and took two gulps of the water. Further observations at 7:11am, client #1 removed the straw from his glass of apple juice and took one gulp of the juice. Additional observations revealed client #1 coughing. At no time was client #1 encouraged to replace the straws back into his glasses before drinking the water or apple juice.</p> <p>During an interview on 12/13/18, staff stated, "[Client #1] uses straws so he doesn't drink so</p>	W 249	<p>W 249 Each client will receive a continuous active treatment program in accordance with their needs, strengths and objectives identified in the individual program plan, and in accordance with their adaptive equipment as specified in the IPP. This will include, but not be limited to, the area of mealtime. Staff will be re-inserviced on recommendations for adaptive mealtime equipment, the use of appropriate utensils at mealtime, and individuals' strengths in the areas of domestic/independent living and elimination/toileting as specified in their individual program plans. Mealtime procedures will be monitored by the QP and the Habilitation Coordinator when they complete QA/QI inspections, a minimum of three times monthly. Findings regarding the use of adaptive equipment and eating utensils will be documented in the Inspection App.</p> <p>DHSR - Mental Health</p> <p>JAN 07 2019</p> <p>Lic. & Cert. Section</p>	2-10-2019	

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

TITLE

(X6) DATE

Barbara W. Parker Director of ECF / ID 1-4-19

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: 12/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC RAVEN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4105 RAVEN RIDGE DR WILSON, NC 27893		
(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 249	<p>Continued From page 1</p> <p>fast, because he will bring back up the liquid."</p> <p>Review on 12/12/18 of client #1's IPP revealed, "Use of straw for drinking should be encouraged throughout meal."</p> <p>Review on 12/13/18 of client #1's occupational therapy (OT) evaluation dated 10/6/18 revealed, "Recommended Supports: 1. Help [Client #1] to have a safe and enjoyable mealtime. (Adaptive mealtime equipment...straw for beverages)...."</p> <p>During an interview on 12/13/18, the qualified intellectual disabilities professional (QIDP) stated client #1 is to use the straws "anytime he drinks." Further interview revealed client #1 uses the straws because he will take "big gulps" of liquid and the straws help with limiting the amount of liquid he can swallow at one time.</p> <p>2. Client #4 was not given the opportunity to use a knife at dinner.</p> <p>a. During dinner observations in the home on 12/12/18, client #4 consumed a meal consisting of the following: pork chops, cabbage, 1 whole yam, roll and 1 piece of apple pie. Further observations revealed client #4 pulling apart the pork chop with his fingers on three occasions and eating with his fingers six times. Additional observations revealed client #4 had a knife located at his place setting. At no time was client #4 prompted to use his knife.</p> <p>During an interview on 12/12/18, staff revealed client #4 is totally independent in using a knife to cut his food.</p> <p>Review on 12/12/18 of client #4's IPP dated</p>	W 249			

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

PRINTED: 12/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC RAVEN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4105 RAVEN RIDGE DR WILSON, NC 27893		
(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 249	<p>Continued From page 2</p> <p>6/5/18 stated, "Staff assists me with cutting food as needed."</p> <p>Review on 12/4/18 of client #2's adaptive behavior inventory (ABI) dated 6/5/18 revealed he is totally independent in using a knife for cutting his food.</p> <p>During an interview on 12/13/18, the QIDP revealed client #4 will need staff assistance to cut his food.</p> <p>3. Staff did not ensure client #6 was toileted in a timely manner.</p> <p>During evening observations in the home on 12/12/18 from 5:29pm until 6:15pm, client #6's pants were observed to be soiled. Further observations revealed client #6 exiting out of the bathroom at 5:29pm with staff walking behind and them beside him towards the dining room table. At 5:30pm, client #6 sat down and consumed his meal and remained seating until 6:15pm.</p> <p>During an immediate interview on 12/12/18 at 6:16pm, staff revealed they were unaware client #6 has soiled on himself. Further interview revealed client #6 is not able to indicate if he has soiled himself.</p> <p>Review on 12/13/18 of client #6's IPP dated 7/26/18 stated, "I do not toilet with complete independence...However, I have begun to say, "go change" when I need to go...."</p> <p>Review on 12/13/18 of client #6's ABI dated 7/26/18 stated he is able to signal to staff, with total independence, when he needs to go to the bathroom.</p>	W 249			

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

PRINTED: 12/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC RAVEN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4105 RAVEN RIDGE DR WILSON, NC 27893		
(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 249	Continued From page 3	W 249			
W 473	<p>During an interview on 12/13/18, the QIDP revealed client #6 will say the word "change" when he needs to be changed.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure cold foods prepared for lunch was maintained at the proper temperature of 45 degrees Fahrenheit for the clients' residing in the home. The finding is:</p> <p>The clients' food was not maintained at the proper temperature.</p> <p>During morning observations in the home on 12/13/18 at 7:40am, staff put a bag of lettuce, a bag of sliced carrots and sliced Chicken breast into a lunch tote. At 7:47am, staff took the lunch tote and placed it on the van. At 7:52am, the van left for the day program.</p> <p>During an interview on 12/13/18, the home manager (HM) revealed it takes about thirty minutes to arrive at the day program. Further interview revealed there should have been an ice pack in the lunch tote. Additional interview revealed the ice pack was left behind in the home's freezer.</p>	W 473	<p>W 473 The facility will ensure that guidelines for safe food temperatures are followed. Staff will be re-inserviced on ensuring that hot foods are served hot and cold foods are served cold, according to facility policy specific to the type of food or as desired by the individual. Ongoing compliance of this regulation will be ensured by the QP and Habilitation Coordinator through their QA/QI inspections completed a minimum of three times monthly. Findings will be documented in the Inspection App.</p>	2-10-2019	
W 481	<p>MENUS CFR(s): 483.480(c)(2)</p> <p>Menus for food actually served must be kept on</p>	W 481			

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

PRINTED: 12/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE, INC RAVEN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4105 RAVEN RIDGE DR WILSON, NC 27893		
(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 481	<p>Continued From page 4 file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:</p> <p>Food substitutions were not documented.</p> <p>During lunch observations in the home on 12/13/18, staff substituted sliced Chicken breast for chopped Ham. Staff was not observed documenting the food substitution.</p> <p>During an interview on 12/13/18, the home manage (HM) confirmed all meal substitutions should be documented.</p>	W 481	<p>W 481 The facility will ensure that menus for food actually served will be kept on file for 30 days. Staff will be re-inserviced on following the facility's weekly menu, and documenting food substitutions for meals as needed. Ongoing compliance with this regulation will be ensured by the QP and Hab coordinator through their QA/QI inspections completed a minimum of three times monthly. Findings will be documented in the Inspection App.</p>	2-10-2019	