

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2019
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NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462
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W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all allegations were thoroughly investigated. This affected 1 of 2 audit clients (#5). The finding is:</p> <p>An allegation involving client #5 was not thoroughly investigated.</p> <p>Review on 1/31/19 of a facility investigation dated 11/9/18 revealed, "...The allegation was the nurse had instructed staff to use Benadryl to help [Client #5] calm down when agitated but the order was not for it to be used as crisis prn medication but as an allergy medication instead." The report noted, "The use of crisis medication must have specific criteria written for its use as ordered by a physician and be included as part of the formal Behavior Intervention Plan with consent obtained from the guardian and the Human Rights Committee. [Client #5's] order for Benadryl indicates it is to be used for allergies."</p> <p>Additional review of the investigation documentation revealed written statements from two staff, the facility's nurse and Staff A. The nurse's statement indicated she had not instructed staff to give client #5 Benadryl as a crisis medication. Staff A's statement revealed she had been told by the facility's nurse that client #5 could receive Benadryl 50mg "to help calm her more quickly".</p>	W 154		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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W 154	Continued From page 1 Interview on 1/31/19 with Staff C revealed they had not personally been told to use Benadryl as a crisis medication for client #5 but they were aware of the nurse telling this to other staff in the home. Further review of the investigation did not include any other written staff statements or documentation of one-on-one interviews with staff. Interview on 1/31/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the nurse and Staff A were the only two staff asked to submit written statements. Additional interview indicated no one-on-one interviews were conducted with any staff (including the nurse) and no other staff were asked to write statements. The QIDP noted the allegation was not substantiated.	W 154			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff received training as recommended to perform their duties effectively. The finding is: Staff did not receive recommended training regarding client #5's use of PRN (as needed) medications.	W 189			

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W 189	<p>Continued From page 2</p> <p>Review on 1/31/19 of a facility investigation dated 11/9/18 revealed, "...The allegation was the nurse had instructed staff to use Benadryl to help [Client #5] calm down when agitated but the order was not for it to be used as crisis prn medication but as an allergy medication instead." The report noted, "The use of crisis medication must have specific criteria written for its use as ordered by a physician and be included as part of the formal Behavior Intervention Plan with consent obtained from the guardian and the Human Rights Committee. [Client #5's] order for Benadryl indicates it is to be used for allergies."</p> <p>Additional review of the investigation documentation revealed written statements from two staff, the facility's nurse and Staff A. The nurse's statement indicated she had not instructed staff to give client #5 Benadryl as a crisis medication. Staff A's statement revealed she had been told by the facility's nurse that client #5 could receive Benadryl 50mg "to help calm her more quickly". The report noted Staff A had administered Benadryl to client #5 on at least two occasions in August 2018 "for rest" which was not indicated in physician's orders as an appropriate reason for use.</p> <p>Further review of the investigation report under "Recommendations and Actions Taken" noted, "Staff will be inserviced that medications are to be given only for the reasons specified. In this case Benadryl ordered only for allergies (plus) congestion. If felt needed for behavior Dr. to be consulted, appropriate consent received, and addendum added to BIP for its use."</p> <p>Review on 1/31/19 of the investigation with</p>	W 189			

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W 189	Continued From page 3 attached staff inservice training did not indicate Staff A had attended the training dated 11/12/18. Interview on 1/31/19 with Staff A via telephone confirmed she had not attended any training related to the investigation and had not been told to report for any training or inservices. During an interview on 1/31/19, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged Staff A had not attended the recommended training. The QIDP indicated Staff A should have attended the training and may have been on vacation that day.	W 189			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used to control inappropriate behaviors for 2 of 2 audit clients (#5, #6) were not ordered on a PRN (as needed) basis and were integrated into the Individual Program Plan (IPP). The findings are: 1. A drug used to address client #5's inappropriate behaviors was not integrated into her IPP and was ordered on a PRN basis. Review on 1/31/19 of a physician's order dated	W 312			

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W 312	<p>Continued From page 4</p> <p>11/10/18 for client #5 revealed, "Consent then Atarax 25mg...if agitation greater than 10 min (with) call to nurse. May repeat in 20 min max 75mg/24..." Additional review of the client's record did not include an active treatment plan which included the use of Atarax to address client #5's behaviors. Further review of client #5's Behavior Intervention Plan (BIP) dated 9/22/17 revealed an objective to reduce the frequency of defined inappropriate behavior episodes to 3 or less per month for 8 consecutive months. The plan identified the use of Geodon, Cogentin and Lamictal "to assist in the reduction of her socially inappropriate behaviors." The plan did not include the use of Atarax to address inappropriate behaviors.</p> <p>Interview on 1/31/19 with the Qualified intellectual Disabilities Professional (QIDP) confirmed client #5 has a current physician's order for Atarax to address behaviors which was not included in her BIP and was also ordered on a PRN basis.</p> <p>2. A drug used to address client #6's inappropriate behavior was ordered on a PRN basis.</p> <p>Review on 1/31/19 of client #6's BIP dated 6/13/18 identified an objective to reduce the frequency of inappropriate social behavior episodes to 4 or less for 8 consecutive months. Additional review of the plan noted the client "receives Elavil and Ativan (crisis) to assist in the maintenance of her socially inappropriate behaviors." Further review of the client's physician's orders dated 1/1 - 1/31/19 indicated, "Lorazepam 0.5mg tablet (Ativan) take one tablet by mouth as needed for agitation (greater than) ten minutes. May repeat one time in 15 minutes.</p>	W 312			

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W 312	Continued From page 5 Max three tablets per day...PRN." Interview on 1/31/19 with the QIDP confirmed client #6 receives Ativan as a crisis medication to address her inappropriate behaviors and the drug is ordered as a PRN medication.	W 312		