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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G286	A. BUILDING _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC GREY FOX RUN GROUP HOME	312 GREY FOX RUN NEWPORT, NC 28570

(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 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all staff were sufficiently trained to recording fluid intake and administer drugs to ensure clients receive necessary continuous medical treatment. This affected 2 of 4 audit clients (#1, #5). The finding are: 1. Staff were not adequately trained to ensure client #1's fluid restrictions were followed. During observations in the home and at the day program on 1/22-23/19, client #1 was given liquid of different amounts throughout; at no time did any of the staff measure the amount of liquid taken. Review of client #1"s individual program plans (IPPs) dated 1/23/19 revealed ,"limit fluid intake to 1 liter daily." Further review of physician order dated 11/29/18 revealed, "Lasix.. for fluid retention.... Limit fluid intake to 1 liter daily." Staff interview on 1/23/19 revealed client#3 takes liquid without limitation. Interview on 1/23/19 with the facility nurse	W 192	W 192 The facility will ensure that staff are trained in skills and competencies directed toward clients' health needs. This will include training specific to recording fluid intake and administering drugs per physicians' orders. All staff will be in-serviced by the nurse. This in-service training will include recording of fluid intake and administering insulin in correct locations, rotating sites and notifying nurse of any bruising immediately. Ongoing compliance with this regulation will be the responsibility of the Habilitation Coordinator, the QPI, the QPII and the nurse who will document finding utilizing LIFE, Inc. QA/QI forms a minimum of 4 times monthly. RECEIVED FEB 14 2019 DHSR-MH Licensure Sect	3-24-2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Barbara W. Parker	Dir of FCF/IED	2-12-19

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.

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W 192	Continued From page 1 confirmed the physician's order were current and the fluid restriction should be followed. 2. Staff were not adequately trained on administering insulin to client #5 During medication administration observations at home on 1/23/19, medication technician(MT) calibrated client #5's insulin in a pre-filled syringe. She asked the client to roll his sleeve. Client #5 rolled his right sleeve up. The MT cleaned the area slightly above the elbow on the front side with alcohol wipe. Client #5 signaled the staff that the site was uncomfortable by moaning Further observations revealed the site was bruised with purple-yellowish coloration. Further observations revealed the MT rolled client #5's left sleeve and administered the insulin on the front part of the upper arm slightly above the elbow. During an immediate interview revealed, the staff been trained to administer insulin on the front side of upper arm and the site are supposed to be rotated. During an interview on 1/23/19 with the nurse revealed, the staff have been trained to administer insulin at the upper arm on the back, and in the abdomen area. The sites are supposed to be rotated, and any bruising should be reported to the nurse. At no time was the nurse notified of client #5's bruising	W 192		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368		

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W 368	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 1 of 5 audit clients (#5) The finding is: Client #5 did not receive his metamucil Powder as ordered. During breakfast observations in the home on 1/23/19, the staff placed a cup with orange liquid on client #5's place at the table. After client was done with his breakfast, he drunk the orange colored drink. On the side of the glass there were 2 spots of residue stuck to the side. During an interview on 1/23/19, the medication technician revealed the orange colored drink was metamucil and sometimes the residue can be left on the glass. Review on 1/23/19 of client #5's physician orders dated 12/18 revealed, "Metamucil powder: mix 1 packet in beverage of choice and drink by mouth once daily for bowel elimination." During an interview on 1/23/19, the facility nurse confirmed the physicians orders were current and the metamucil should have been stirred until all dissolved and no residue left in the cup.	W 368	W 368 The facility will ensure that all drugs are administered in compliance with physician's orders. The nurse will re-in-service staff specifically on administration of Metamucil powder to ensure the powder, once put in liquid, is stirred until completely dissolved so that no residue is left in the glass. Ongoing compliance with this regulation will be the responsibility of the Habilitation Coordinator, the QPI, the QPII and the nurse. A minimum of 4 observations/inspections will be documented each month utilizing LIFE, Inc. QA/QI forms.	3-24-2019
W 454	INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454		

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W 454	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure a sanitary environment was provided to avoid transmission of infections and prevent possible cross-contamination. This potentially affected all clients residing in the home. The finding is: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. During lunch observations at the day program on 1/22/19, client #6 dumped his plate and spoon in the trash can. Staff tried to retrieve the spoon from the trash can but unsuccessful. The staff wiped her hand with a napkin that was on the table and continued to help other clients at the table. At no time did the staff wear gloves or washed her hands after dipping her hands in the trash can. During an interview on 1/22/19, the staff revealed gloves should be worn while there is potention of contamination and staff should have washed their hands before proceeding to another activity. During an interview on 1/22/19, the qualified intellectual disabilities professional (QIDP) revealed the staff should have wore gloves before reaching for client's spoon, then washed her hands before proceeding to helping other clients'.	W 454	W 454 The facility will provide a sanitary environment to avoid sources and transmission of infections. The staff will be re-in-serviced by the nurse on appropriate precautions, such as and the transmission of infection. The staff will be re-in-serviced by the nurse on appropriate precautions, such as handwashing, to prevent cross contamination and the transmission of infection. Ongoing compliance with this regulation will be monitored by the Habilitation Coordinator, QPI, QPII and the nurse. A minimum of 4 inspections/observations will occur monthly and will be documented on LIFE, Inc. QA/QI forms.	3-24-2019