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

PRINTED: 03/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE : COMPI	
	34G338	B. WING			03/0	05/2019
NAME OF PROVIDER OR SUPPLIER  LIFE, INC MINUTE MAN GROUP H	ОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889	Ē		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE		(X5) COMPLETION DATE
an active treatment procession of the cabinets in the kitcher child proof latches. Cabinets revealed somo oils/seasonings were later cans of oil.  Review on 3/5/19 of cabinets to reduce the compulsive behavior emonth for 6 consecuting and food steat the BIP noted, "Due to district of the second of the cabinets of the second oils and the second	e inappropriate client be used as a substitute for ogram.  ot met as evidenced by: ns, record reviews and failed to ensure techniques ate behaviors were included plan. This affected 2 of 5 The findings are: ress client #2's inappropriate rod behaviors was included plan.  In the home on 3/5/19, two in were locked using plastic loser observation of the rine food items and kept in these cabinets.  19 revealed client #2 likes is, take food out and spray  lient #2's Behavior b) dated 5/1/17 revealed an re frequency of defined repisodes to 30 or less per	W 28	38			

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

TITLE

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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	OF DEFICIENCIES F CORRECTION			DATE SURVEY COMPLETED		
		34G338	B. WING			03/05/2019
	ROVIDER OR SUPPLIER  MINUTE MAN GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 288	cookies, noodles, etchas been recommen locked" Further reindicate any kitchen locked.  Interview on 3/5/19 v Disabilities Professiotechnique of locking included in an active  2. A technique to adduse of her clothing w treatment plan.  During morning obse 3/5/19, staff used a k bedroom closet. Clorevealed the client's various toiletry items  Staff interview on 3/5/19 of revealed an objective social episodes to 40 non-consecutive mor inappropriate items in aggression/SIB, propelopement, rummaginappropriate toileting BIP indicated the cliented address behaviors in review of the plan diggrooming items should be consecutive more incommentations.	c) in the kitchen pantry. It ded that the pantry door be view of the plan did not cabinets should be kept  with the Qualified Intellectual and (QIDP) confirmed the kitchen cabinets was not treatment plan for client #2.  dress client #3's inappropriate as included in an active  ervations in the home on the tervations in the home on the tervation of the closet grooming kit containing was also locked in this area.  6/19 revealed client #3's because she will take her in or throw them in the toilet.  client #3's BIP dated 9/15/17 to decrease inappropriate or less per month for 8 and this. The plan addressed in her mouth, vocal agitation, perty destruction/misuse, ing, agitation and gr. Additional review of the ent's closet is kept locked to volving her clothing. Further did not indicate the client's	W 28	8		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		E SURVEY PLETED
		34G338	B. WING _		03	3/05/2019
	ROVIDER OR SUPPLIER  MINUTE MAN GROUP H	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE  388 MINUTE MAN LANE  WASHINGTON, NC 27889	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 288 W 312	Continued From page locking client #3's toil in an active treatmen DRUG USAGE	etry items was not included	W 2			
	must be used only as client's individual progresspecifically towards the elimination of the behare employed.	ol of inappropriate behavior an integral part of the gram plan that is directed he reduction of and eventual haviors for which the drugs				
	Based on record rev facility failed to ensur management were no needed) basis for 2 o The findings are:	not met as evidenced by: iews and interviews, the e drugs used for behavior of ordered on a PRN (as f 5 audit clients (#2, #3).				
	a. Review on 3/6/19 of a Behavior Intervention with a protocol which Ativan as a PRN crising review of the client's 2/1/19 - 2/28/19 noted 1 tab by mouth for be BIP (greater than) 5 routines) 2 doses. Max					
	a BIP with a protocol	of client #3's record revealed which incorporated the use risis medication. Additional				

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		34G338	B. WING		03/05/2	2019	
	ROVIDER OR SUPPLIER  MINUTE MAN GROUP I	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	RRECTIVE ACTION SHOULD BE COMPLET ERENCED TO THE APPROPRIATE		
W 312	2/1/19 - 2/28/19 note 1 tab by mouth for be BIP (greater than) 15 (times) 2. Max of 3mg indicated this medical basis.  Interview on 3/6/19 w Disabilities Professio #2 receives Ativan as control behaviors. At the client has receive times and a maximum December 1, 2018 - 1  During an additional conformed client #3 if Ativan as a PRN med for behavior manage	physician's orders dated d Lorazepam (Ativan), "take chaviors not controlled by mins. May repeat in 2 hour g /24 hrs." The order tion was used on a PRN with the Qualified Intellectual nal (QIDP) confirmed client as a crisis medication to diditional interview indicated ad Ativan a minimum of 3 m of 10 times from March 5, 2019.  Interview, the facility's nurse has a physician's order for dication which is prescribed ment. The nurse indicated d Ativan a minimum of 3 m of 18 times from	W 31:	,			