

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: 34G338 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/05/2019 |
| NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889 | |
| (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 288 | <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate behaviors were included in an active treatment plan. This affected 2 of 5 audit clients (#2, #3). The findings are:</p> <p>1. A technique to address client #2's inappropriate rummaging through food behaviors was included in an active treatment plan.</p> <p>During observations in the home on 3/5/19, two cabinets in the kitchen were locked using plastic child proof latches. Closer observation of the cabinets revealed some food items and oils/seasonings were kept in these cabinets.</p> <p>Staff interview on 3/5/19 revealed client #2 likes to go into the cabinets, take food out and spray the cans of oil.</p> <p>Review on 3/5/19 of client #2's Behavior Intervention Plan (BIP) dated 5/1/17 revealed an objective to reduce the frequency of defined compulsive behavior episodes to 30 or less per month for 6 consecutive months. The plan addressed compulsive behavior, aggression, property destruction, rummaging, inappropriate toileting and food stealing. Additional review of the BIP noted, "Due to increased compulsiveness to rummage through food items (bags of chips,</p> | W 288 | <p>W288 Facility will ensure techniques used to manage inappropriate behaviors will be included in the treatment plan. All of these techniques will be reviewed and discussed for each relevant client. All approved techniques will be updated in the IPP, Behavior plan and proper consents obtained. Monitoring will occur monthly during QP chart reviews and documented on the QP checklist as well as LIFE, Inc. Random inspection form.</p> <p>DHSR-Mental Health MAR 29 2019 Lic. & Cert. Section</p> | 5-4-2019 |

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

TITLE

(X6) DATE

Barbara W. Parker

Direeta JIC/FITD

3-26-19

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G338 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/05/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889 | | |
| (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 288 | <p>Continued From page 1</p> <p>cookies, noodles, etc) in the kitchen pantry. It has been recommended that the pantry door be locked..." Further review of the plan did not indicate any kitchen cabinets should be kept locked.</p> <p>Interview on 3/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the technique of locking kitchen cabinets was not included in an active treatment plan for client #2.</p> <p>2. A technique to address client #3's inappropriate use of her clothing was included in an active treatment plan.</p> <p>During morning observations in the home on 3/5/19, staff used a key to unlock client #3's bedroom closet. Closer observation of the closet revealed the client's grooming kit containing various toiletry items was also locked in this area.</p> <p>Staff interview on 3/5/19 revealed client #3's closet it kept locked because she will take her clothes out, tear them or throw them in the toilet.</p> <p>Review on 3/5/19 of client #3's BIP dated 9/15/17 revealed an objective to decrease inappropriate social episodes to 40 or less per month for 8 non-consecutive months. The plan addressed inappropriate items in her mouth, vocal agitation, aggression/SIB, property destruction/misuse, elopement, rummaging, agitation and inappropriate toileting. Additional review of the BIP indicated the client's closet is kept locked to address behaviors involving her clothing. Further review of the plan did not indicate the client's grooming items should be kept locked.</p> <p>Interview on 3/5/19 with the QIDP confirmed</p> | W 288 | | | |

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: 34G338 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/05/2019 |
|--|---|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889 | | |
| (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 288 | Continued From page 2 locking client #3's toiletry items was not included in an active treatment plan. | W 288 | | | |
| 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 reviews and interviews, the facility failed to ensure drugs used for behavior management were not ordered on a PRN (as needed) basis for 2 of 5 audit clients (#2, #3). The findings are: Clients' (#2, #3) behavior medications were ordered on a PRN basis. a. Review on 3/6/19 of client #2's record revealed a Behavior Intervention Plan (BIP) dated 5/1/17 with a protocol which incorporated the use of Ativan as a PRN crisis medication. Additional review of the client's physician's orders dated 2/1/19 - 2/28/19 noted Lorazepam (Ativan), "take 1 tab by mouth for behaviors not controlled by BIP (greater than) 5 mins. May repeat in 1 hour (times) 2 doses. Max 3mg in 24 hrs." The order indicated this medication was used on a PRN basis. b. Review on 3/6/19 of client #3's record revealed a BIP with a protocol which incorporated the use of Ativan as a PRN crisis medication. Additional | W 312 | W312 Facility will ensure that all drugs used for behavior management are not ordered on a PRN basis. All medication used for behavior management will be reviewed by team members to determine the proper use of each medication that is ordered. Changes to orders will be completed by the Physician Assistant to ensure compliance. Monitoring will occur quarterly during pharmacy review and psych clinic, during 6-month consent renewal or anytime a medication change is deemed necessary. Documentation will be done quarterly on the Quarterly Psychotherapeutic Drug Review form used by LIFE, Inc. | 5-4-2019 | |

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: 34G338 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/05/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889 | | |
| (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 312 | <p>Continued From page 3</p> <p>review of the client's physician's orders dated 2/1/19 - 2/28/19 noted Lorazepam (Ativan), "take 1 tab by mouth for behaviors not controlled by BIP (greater than) 15 mins. May repeat in 2 hour (times) 2. Max of 3mg /24 hrs." The order indicated this medication was used on a PRN basis.</p> <p>Interview on 3/6/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 receives Ativan as a crisis medication to control behaviors. Additional interview indicated the client has received Ativan a minimum of 3 times and a maximum of 10 times from December 1, 2018 - March 5, 2019.</p> <p>During an additional interview, the facility's nurse conformed client #3 has a physician's order for Ativan as a PRN medication which is prescribed for behavior management. The nurse indicated client #3 has received Ativan a minimum of 3 times and a maximum of 18 times from December 1, 2018 - March 6, 2019.</p> | W 312 | | | |