

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

PRINTED: 04/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC EDGEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 506 EDGEWOOD DR CHOCOWINITY, NC 27817		
(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 000	INITIAL COMMENTS	W 000			
W 338	<p>No deficiencies were cited as a result of a complaint survey conducted on 4/5/19 for Intake #NC00149963.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(3)(v)</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the nursing staff failed to document health status changes needed for referral for care.</p> <p>The nursing staff did not document change of status for client this affected 2 of the 3 audit client (#1,#5).The findings are:</p> <p>1. Review on 4/5/19of the facility incident response improvement system (IRIS) report dated 2/26/19 revealed client #1 expired on 2/26/19 . Further review of client #1's record did not include nursing assessment at the time of expiration.</p> <p>Interview on 4/5/19 with the facility's nurse revealed, the client was terminally ill. The client was regularly assessed but there was no documentation of assessment. The nurse further confirmed the documentation should be done with each assessment.</p> <p>Interview on 4/16/19 with the qualified intellectual</p>	W 338			

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

TITLE

(X6) DATE

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 338	<p>Continued From page 1</p> <p>disabilities professional (QIDP) confirmed the change of health status should be documented every time the assessment is completed.</p> <p>2. Review on 4/5/19 of facility IRIS report revealed client #5 had a fall on 3/9/19 and was taken to the hospital. While at the hospital, X-rays were taken and revealed broken hip. The client was later diagnosed with metatis cancer and died while at the hospital on 3/22/19. Further review revealed no nursing assessment documented during the fall or until time the client was transported to the hospital. Additional review revealed, nursing staff did not follow- up with the client while on the hospital.</p> <p>Interview on 4/5/19 with the facility's nurse revealed she called the hospital to follow-up with the care butthere was no documentation of follow-up.</p> <p>Interview on 4/16/19 with the QIDP confirmed the change of health status should be documented every time the assessment is completed.</p>	W 338			