

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC CHERRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 CHERRY LANE NEW BERN, NC 28560		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included objectives to address her money management needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP did not include training in the area of money management.</p> <p>During observations at the day program on 5/28/19 at 11:40am, client #3 shredded sheets of paper given verbal prompts.</p> <p>Interview on 5/28/19 with the Day Program Coordinator revealed client #3 shreds paper and is paid for her work.</p> <p>Review on 5/28/19 of client #3's Individual Program Plan (IPP) dated 12/11/18 noted, "I also receive paid employment at the day program by shredding papers in the Day Program Coordinator's office. I receive minimum wage and works two days a week." Additional review of the plan indicated, "I do not identify bills or coins at this time. To assist and hopefully improve in this area, I previously work on a goal to make a mock purchase but it was replaced due to lack of progress. Most recently I had a goal to identify a \$1.00 bill (FA009) that was terminated due to lack</p>	W 227			

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.

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

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W 227	Continued From page 1 of progress." The IPP also revealed a need to "improve money management skills". Further review of client #3's IPP did not include objectives to address her money management needs.	W 227			
W 249	<p>Interview on 5/29/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 continues to shred paper at the day program and is paid minimum wage bi-weekly for her work. The QIDP indicated the team has not met to discuss client #3's current money management needs or continued training in this area.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#4, #5) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment use and domestic skills tasks. The findings are:</p> <p>1. Client #5's gait belt was not used as indicated.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>During observations throughout the survey at the day program and in the group home on 5/28 - 5/29/19, client #5 did not wear a gait belt. The client was not assisted to wear a gait belt during ambulation and staff did not utilize a gait belt to assist her when walking.</p> <p>Interview on 5/29/19 with Staff C revealed client #5 wears her gait belt all day from the time she gets up in the morning. The staff indicated the gait belt is used to assist her during walking, in case she starts to fall.</p> <p>Review on 5/29/19 of client #5's IPP (Addendum dated 3/7/19) revealed, "Team also agreed for safety measures of [Client #5] and staff to utilize a wheelchair if [Client #5] is unable to ambulate and a gait belt as needed until further notice."</p> <p>Interview on 5/29/19 with the facility's nurse (via telephone) confirmed client #5's gait belt should be used as needed when she ambulates.</p> <p>2. Client #4 was not prompted or assisted to operate the microwave.</p> <p>During meal preparation observations in the home on 5/28/19 for dinner and 5/29/19 for breakfast, client #4 was seated at the counter within arms reach of the microwave. On 5/28/19 6:14pm, Staff D operated the microwave on 5 separate occasions to reheat food items including client #4's meal. On 5/29/19 at 8:15am, Staff B operated the microwave on 6 separate occasions to reheat food items including client #4's meal. During these observations, client #4 was not prompted or encouraged to assist with heating food items using the microwave.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>Interview on 5/29/19 with Staff B indicated client #4 can operate the microwave given assistance.</p> <p>Review on 5/29/19 of client #4's IPP dated 9/11/18 revealed the client is "able to assist staff in meal preparation..." Additional review of the client's Adaptive Behavior Inventory (ABI) dated 8/31/18 identified needs with operating small kitchen appliances including the microwave.</p> <p>Interview on 5/29/19 with the Habilitation Coordinator (HC) confirmed client #4 can complete various tasks including operating the microwave.</p> <p>3. Client #5 was not prompted or assisted to clear her dishes after meals.</p> <p>During observations at the day program on 5/28/19 at 11:18am and in the home on 5/29/19 at 8:37am, client #5 did not clear her dishes after finishing her meal. The client was not encouraged or assisted to clear her dirty dishes after eating.</p> <p>Interview on 5/29/19 with Staff A revealed client #5 was not able to clear her dishes because she uses a walker.</p> <p>Review on 5/29/19 of client #5's IPP dated 9/11/18 revealed she requires assistance to perform household chores. Additional review of client #5's ABI dated 8/31/18 indicated she can independently clear the table after meals.</p> <p>Interview on 5/29/19 with the HC confirmed client #5 is able to clear her dishes from the table after meals.</p>	W 249			