

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 05/29/2019
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 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure the interdisciplinary team performed accurate assessment(s) within 30 days after admission. This affected 2 of 2 newly admitted audit clients (#1, #2). The findings include:</p> <p>The interdisciplinary team failed to complete initial evaluations for 2 of 2 newly admitted clients.</p> <p>a) Review on 5/28/19 of client #1's individual program plan (IPP) dated 4/9/19 revealed she was admitted to the facility on 3/5/19. Further review of her record revealed no initial assessments in the areas of Occupational Therapy, Speech and Physical Therapy.</p> <p>Interview on 5/29/19 with the Qualified Intellectual Disabilities Professional II (QIDP II) revealed assessments were not completed after admission for client #1 because she appeared to have no deficits in the areas of Occupational Therapy, Speech and Physical Therapy.</p> <p>b) Review on 5/28/19 of client #2's IPP dated 11/20/18 revealed she was admitted to the facility on 10/31/18. Further review of her record revealed no initial assessments for Speech and</p>	W 210		

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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FORM APPROVED
OMB NO. 0938-0391

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W 210	Continued From page 1 Physical Therapy. Interview on 5/29/19 with the Qualified Intellectual Disabilities Professional II (QIDP II) revealed assessments were not completed after admission for client #2 because she appeared to have no deficits in the areas of Speech and Physical Therapy. Interview on 5/29/19 with the Director of Professional Services revealed the facility does not have a policy about the completion of initial evaluations upon the admission of new clients.	W 210			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 2 of 6 clients observed during drug administration (#2, #4). The findings include: Staff failed to ensure 2 of 6 clients were administered all medications without error. a) During observations on 5/28/19 of the medication pass at 1:49pm, staff administered Meclizine 12.5mg.(1) tablet and Clonazepam 0.5mg. (1) to client #4. Review on 5/29/19 of the physician orders for client #4 dated 4/29/19 revealed the following:	W 369			

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W 369	<p>Continued From page 2</p> <p>Meclizine 12.5mg.(1) tablet at 12pm and Clonazepam 0.5mg. (1) at 2pm.</p> <p>Interview on 5/29/19 with the facility Nurse revealed the physician order for client #4 was still current and the staff administered Meclizine 12.5mg. outside the administration window which allows staff to give medications either one hour before or one hour after the physician's administration times.</p> <p>b) During observation of the medication administration pass on 5/28/19 client #2 was administered Prilose 20mg. (1) at 5:08pm.</p> <p>Review on 5/29/19 of the physician orders for client #2 dated 4/29/19 revealed the following: Prilose 20 mg. (1) at 8pm.</p> <p>Interview on 5/29/19 with the facility Nurse revealed the physician order for client #2 was still current and the staff administered Prilosec 20mg. (1) at the incorrect time. Further interview revealed the physician order needs to be changed.</p>	W 369			