

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

PRINTED: 07/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 102 MIDWAY LANE ROANOKE RAPIDS, NC 27870		
(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 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and document/record reviews, the facility failed to ensure staff were sufficiently trained on competencies directed towards client's health needs. This affected 1 of 2 audit clients (#4). The finding is:</p> <p>Nursing staff was not informed of client #4 missing a bowel movement for more than 3 days.</p> <p>Review of client #4's individual program plan (IPP) revealed a need to monitor for constipation.</p> <p>Review on 7/2/19 of client #5's physician's order dated 5/1/19 revealed an order: "Ducolax Supp. @ 3rd day prn (as needed) and prn if no BM with Milk of magnesium." Further review of medication administration record (MAR) revealed no Milk of Magnesium or Dulcolax was administered in the month of June 2019.</p> <p>Review on 2/25/19 of the client 45's 2019 bowel movement record revealed the client had no bowel movements recorded on 6/4-11/19.</p> <p>Interview on 7/2/19 with the qualified intellectual disabilities professional (QIDP) confirmed she was not aware client #4's bowel movements were not regular and staff were suppose to communicate with the nurse if there is no bowel movement in 3 days.</p>	W 192			

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 192	Continued From page 1 Interview on 7/2/19 with the facility nurse confirms client #4 bowel movement were not regular and staff were suppose to communicate with her if there was no bowel movement in 3 days.	W 192		