STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G234	A. BUILDING _____ B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC LOCKWOOD STREET GROUP HOME	156 COUNTRYSIDE ROAD SW SUPPLY, NC 28462

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) with using a footstool and positioning during mealtimes. This affected 1 of 4 audit clients (#1). The finding is: Client #1 was not prompted keep her feet on her footstool. During dinner observations in the home 8/20/19 a footstool was observed under the dining room table in front of client #1's feet. At no time was client #1 prompted to place her feet on the stool. Additional observations revealed client #1 sat at the dining room table from 4:43pm until 5:12pm without using the footstool. During breakfast observations in the home on 8/21/19 a footstool was observed under the dining room table in front of client #1's feet. At no time was client #1 prompted to place her feet on the stool. Additional observations revealed client	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 #1 sat at the dining room table from 6:32am until 7:11am without using the footstool. Further observations revealed client #1 sitting on the edge of her chair; while the chair was 4 - 5 inches from the table, while she consumed her breakfast. At no time was client #1 prompted to push her chair up to the table. During an interview on 8/21/19, Staff A stated client #1 uses the footstool when her legs are bothering her. Further interview revealed, staff are to suggest to client #1 to use her footstool, but there are times when she refuse. Review on 8/21/19 of client #1's occupational therapy (OT) evaluation dated 7/13/19 stated, "Recommended Supports: Be sure [Client #1] is positioned upright at table with her feet supported and chair pushed up to the table." During an interview on 8/21/19, the qualified intellectual disabilities professional (QIDP) stated, "the use of the footstool came from OT years ago." Further interview revealed the footstool helps her with be stable at the table. The QIDP also confirmed staff should be following the OT recommendations whenever client #1 is sitting at the dining room table and consuming her meals.	W 249		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills	W 441		

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W 441	Continued From page 2 were conducted at varied times. This affected all clients residing in the home. The finding is: Fire drills on first and third shift were not conducted at varied times. Review of fire drill reports on 8/20/19 revealed the following: Four fire drills were conducted on first shift at 7:30am, 7:35am, 8:18am and 8:15am. Further review revealed four fire drills were conducted on third shift at 7am, 6:50am, 6am and 6:50am. During an interview on 8/2019, the home manager (HM) stated first shift hours are between 7:30am thru 3:30pm and third shift hours are between 11:30pm thru 7:30am. Further interview confirmed first and third shift fire drills were not conducted at varied times.	W 441		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, document/record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 2 of 4 audit clients (#2, #5). The findings are: Clients #2 and #5 diets were not followed.	W 460		

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W 460	Continued From page 3 1. During dinner observations in the home on 8/20/19, client #2's dinner consisted on grilled chicken, brown rice and tossed salad. Further observations revealed when the bowl containing the salad came around to client #2 he pushed it away and shook his head. At no time was client #2 offered a substitute for the salad. Review on 8/20/19 of client #2's nutritional evaluation dated 3/25/19 revealed, "V 8 substituted for tossed salads, when on the menu." Review on 8/20/19 of Lockwood Dislikes food sheet (no date) revealed, "[Client #2] No Lettuce (substitute V 8 for Salads)." Review on 8/20/19 of Lockwood Diet Orders for client #2 stated, "May substitute V 8 in place of tossed salad." During an interview on 8/20/19, the home manager (HM) confirmed client #2 should have been offered the V 8 juice. Further interview revealed there was V 8 juice located in the pantry of the home. 2. During dinner observations in the home on 8/20/19, client #5's dinner consisted on grilled chicken, brown rice and tossed salad. Further observations revealed the grilled chicken was not served with any gravy of broth on it. At no time was gravy or broth offered to client #5 to place on his chicken. Review on 8/20/19 of client #5's IPP dated 10/2/18 stated, "...all meats...moistened with gravy or broth...."	W 460		

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W 460	Continued From page 4 Review on 8/20/19 of Lockwood Diet Orders for client #5 stated, "Add broth, gravy or appropriate liquid...to moisten meats." During an interview on 8/21/19, the HM confirmed client #5's grilled chicken should have been moistened with broth or gravy.	W 460		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This affected 2 of 6 clients (#4, #6) residing in the home. The finding is: Foods were not served at an inappropriate temperature and/or within 15 minutes of removal from its heating source. During breakfast observation in the home on 8/21/19, Staff A placed a serving bowl with scrambled eggs on the table at approximately 6:19am. Further observations revealed one client began eating her serving of eggs at 6:42am and another client began her serving of eggs at 6:45am. At no time were the eggs re-heated or the temperature of the eggs were taken by staff. Interview on 8/21/19, Staff A stated, "I tried my best" to ensure the food is the correct temperature. Further interview revealed, "It's hard with just one staff on third shift." Staff A did	W 473		

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W 473	Continued From page 5 confirm she does know about the temperature guidelines for mealtime. Review on 8/21/19 of the guidelines for food temperature stated, "Hot foods should be served at 140 F...All Consumers should eat prepared food within 10-15 minutes of it being removed for a heat source or reheating should occur...." During an interview on 8/21/19, the home manager (HM) confirmed the eggs should have been re-heated and the temperature should have been taken.	W 473		