

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:  <b>34G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/02/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 MIDWAY LANE ROANOKE RAPIDS, NC 27870</b>	
(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><b>STAFF TRAINING PROGRAM</b> 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	<p>W 192</p> <p>The facility will ensure that all employee who work with consumers will receive additional in-service training focusing on skills and competencies regarding consumers' health needs. Specifically, they will be trained to document consumers bowel activities daily. The QP, Habilitation Coordinator and the Nurse will monitor and review documentation by all staff, on all shifts, for all consumers in reference to their health care needs, including but not limited to bowel activity. Any concerns with health care needs will be reported to the Nurse and will be reported to the consumers' physician as warranted. The Nurse will document any health care concerns for any consumer in the nursing notes in consumer's medical record. The QP and the Habilitation Coordinator will review this plan of Correction a minimum of 2 times weekly by reviewing flow sheets, Therap, health related items and will report any health concerns to the Nurse, including if an individual has not had a bowel movement in 3 days.</p> <p style="text-align: right; color: blue; font-size: 1.2em;">DHSR - Mental Health</p> <p style="text-align: center; color: red; font-size: 1.2em;">AUG 05 2019</p> <p style="text-align: right; color: blue; font-size: 1.2em;">Lic. &amp; Cert. Section</p>	8-2-2019

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

*Barbara W. Parker* Director of ICF/IID 8-2-19

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			



September 2, 2019

Wambui Karanu, RN  
Nurse Consultant I  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

Re: Plan of Correction  
LIFE, Inc. / Lakeview Group Home

DHSR - Mental Health

AUG 05 2019

Lic. & Cert. Section

Dear Ms. Karanu,

Enclosed please find our written plan of correction for the recent survey at our Lakeview Group Home.

If there are questions or if additional information is needed, please feel free to contact me.

Thank you for your continuing assistance to us in the operation of our facilities.

Sincerely,

A handwritten signature in black ink that reads "Barbara W. Parker". The signature is fluid and cursive, with a long horizontal flourish at the end.

Barbara W. Parker  
Director ICF/IID Services

anw  
Enclosure