

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

PRINTED: 07/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILSON STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1116 WILSON STREET EXTENSION PLYMOUTH, NC 27962		
(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 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the system of administering medications as ordered was implemented. This affected 2 of 4 audit clients (#4, #5) The findings are:</p> <p>1. Client #4 did not receive her Miralax as ordered.</p> <p>During an medication administration observation in the home on 7/23/19 at 7:30am, Staff A verbally prompted client #4 to fill up a cup with water. Client #4 filled the cup with an undetermined amount of water using the faucet. Staff A then verbally prompted client #4 to pour in seventeen grams of Miralax powder into the cup. Further observations revealed client #4 consuming the Miralax.</p> <p>Review on 7/23/19 of client #4's physician's orders signed 4/29/19 stated, "Mix One Capful (17 grams) with 8 oz of water...."</p> <p>During an interview on 7/23/19, the qualified intellectual disabilities professional (QIDP) was shown by the surveyor who was holding an measuring cup where eight ounces was located, as the eight ounces of water was poured into a cup. Further interview revealed client #4 filled the cup with an undetermined amount of water.</p>	W 368	<p>W 368</p> <p>The facility will ensure the system for drug administration assures all drugs are administered in compliance with the physician's orders. All staff will receive additional training on August 7, 2019, in the area of medication administration through LIFE, Inc. medication administration review packet. This will be monitored by the QP, Habilitation Coordinator, Day Program Coordinator and nurse on a bi-weekly basis. A record of this monitoring will be recorded on a LIFE, Inc. observation form.</p>	8-20-2019	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Barbara W. Parker Dir of ICF/IID 8-1-19

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 368	Continued From page 1 2. Client #5 did not receive his foot cream as ordered. During an medication administration observation in the home on 7/23/19 at 7:03am, client #5 consumed six pills. Further observations revealed client #5 did not receive any other treatments. During an interview on 7/23/19, Staff A revealed there are no clients who receive any creams during the morning medication administration. Review on 7/23/19 of client #5's physician's orders dated 4/29/19 indicated Clotrimazole Cream 1% at 8am. During an interview on 7/23/19, the QIDP revealed the electronic medication administration record (MAR) stated client #5's foot cream is applied only at 8pm and not 8am. During an interview on 7/23/19, the facility's nurse revealed client #5's physician's order for his foot cream had not been changed from 8am to 8pm.	W 368			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected all	W 454	W 454 The facility will provide a sanitary environment to avoid sources and transmission of infections. On Wednesday August 7, 2019 all staff will be in serviced on proper infection control procedures to promote client health/safety and prevent possible cross contamination. QP, Habilitation Coordinator, Day Program Coordinator and nurse will monitor bi-weekly to ensure future compliance with this regulation. A record of this monitoring will be recorded on LIFE, Inc. observation form.	8-20-2019	

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W 454	<p>Continued From page 2</p> <p>clients residing in the home. The finding is:</p> <p>Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination.</p> <p>During lunch observations at the day program on 7/22/19 at 11:25am, a fly was observed to have landed on client #1's tuna salad. At 11:27am, client #1 consumed his entire plate of tuna salad. Additional observations revealed at 11:24am a fly had landed on the pitcher of water and at 11:26am a fly had landed on a pitcher of Kool-Aid. Further observations revealed a staff person waving their hand over both pitchers.</p> <p>During an interview on 7/22/19, the day program coordinator revealed client #1's tuna salad should have been "tossed."</p>	W 454			



August 1, 2019

Eugina Barnes, BSW, QMRP
Facility Survey Consultant I
Mental Health Licensure and Certification
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

DHSR - Mental Health

AUG 05 2019

Lic. & Cert. Section

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

Dear Ms. Barnes:

Enclosed please find our written plan of correction for the recent survey at our Wilson Street 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 dark ink, reading 'Barbara W. Parker'.

Barbara W. Parker
Director of ICF/IID Services

anw
Enclosure