

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

PRINTED: 07/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC OLD ROPER ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 206 A OLD ROPER ROAD 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, interview and record review, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 5 clients (#1) observed receiving medications. The finding is:</p> <p>Client #1 did not receive her eye drops as prescribed.</p> <p>During observations of medication administration in the home on 7/29/19 at 5:05pm, client #1 received one drop of Travatan .004% eye drops in each eye. Within a few seconds, the client also received one drop of Refresh eye drops in both eyes.</p> <p>Review on 7/29/19 of client #1's physician's orders dated 4/30/19 revealed an order for Travatan .004% , instill 1 drop in each eye every night at 6pm. The orders noted, "Wait 3 - 5 minutes between administering different eye medications".</p> <p>Interview on 7/30/19 with the facility's nurse confirmed staff have been instructed to wait a few minutes before administering client #1's second eye drops as indicated on her physician's orders.</p>	W 368	<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 14, 2019, in the area of medication administration through LIFE, Inc. medication administration review packet, which will include procedures for administering eye drops. 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> <p>DHSR - Mental Health</p> <p>AUG 14 2019</p> <p>Us. & Cert. Section</p>	9-27-2019	

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

TITLE

(X6) DATE

Barbara W. Parker

D. J. F. / T. P.

8-12-19

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.



DHSR - Mental Health

AUG 14 2019

Lic. & Cert. Section

August 7, 2019

Ms. Wilma Worsley-Diggs, M.Ed., QDDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

Re: Plan of Correction
LIFE, Inc. /Old Roper Road Group Home

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Old Roper Road 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 line extending from the end.

Barbara W. Parker
Director of ICF/IID Services

Anw
Enclosure