

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

PRINTED: 08/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC LOCKWOOD STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>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:</p> <p>Client #1 was not prompted keep her feet on her footstool.</p> <p>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.</p> <p>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</p>	W 249	<p>W249 The facility will ensure that each client receives a continuous active treatment plan. The QP will re-inservice the staff on any interventions or services which are to be provided to all consumers as identified in the clients' IPPs. This will include, but will not be limited to any recommendations from team members involving special equipment and positioning to be provided at mealtimes both in the home and the day program settings. The QP and Habilitation Coordinator will monitor the implementation of this plan of correction on an ongoing basis throughout mealtime observations. These observations will be documented on LIFE, Inc. QA/QI inspections a minimum of 4 times monthly.</p> <p>DHSR - Mental Health SEP 26 2019 Lic. & Cert. Section</p>	10-19-2019	

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

TITLE

(X6) DATE

Barbara W. Parker

Director of ICF ICFD

9-24-19

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 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	W441 The facility will hold evacuation drills under varied conditions, including varied times on each shift. Ongoing compliance with this regulation will be monitored by the QP and the Habilitation Coordinator and will be documented at least one time monthly on the fire drill report form. Additionally, the date and times for fire drills for all shifts will be documented on an annual calendar to ensure time of drills are varied.	10-19-2019	
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 or 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	W460 The facility will ensure that each client receives a well-balanced diet including modified and specially prescribed diets. The QP will re-inservice all staff re: needed interventions and services for all clients at mealtime, as identified in the clients' IPPs. The QP and Habilitation Coordinator will monitor on an ongoing basis to ensure that diet orders are followed in the group home setting, as well as in the day program and in the community. Findings during mealtime observations will be documented on LIFE, Inc QA/QI forms a minimum of 4 times monthly.	10-19-2019	

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W 460	Continued From page 4	W 460			
W 473	<p>Review on 8/20/19 of Lockwood Diet Orders for client #5 stated, "Add broth, gravy or appropriate liquid...to moisten meats."</p> <p>During an interview on 8/21/19, the HM confirmed client #5's grilled chicken should have been moistened with broth or gravy.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>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:</p> <p>Foods were not served at an inappropriate temperature and/or within 15 minutes of removal from its heating source.</p> <p>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.</p> <p>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</p>	W 473	<p>W473</p> <p>The facility will ensure that food is served at the appropriate temperature. The QP will re-inservice staff on acceptable temperatures for both hot and cold food items. The QP and Habilitation Coordinator will monitor mealtimes on an ongoing basis to insure implementation of this plan of correction. Findings will be documented on LIFE, Inc. QA/QI forms a minimum of 4 times monthly.</p>	10-19-2019	

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W 473	<p>Continued From page 5 confirm she does know about the temperature guidelines for mealtime.</p> <p>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...."</p> <p>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.</p>	W 473		



DHSR - Mental Health

SEP 26 2019

Lic. & Cert. Section

September 24, 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

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

Dear Ms. Barnes:

Enclosed please find our written plan of correction for the recent survey at our Lockwood 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 blue ink that reads "Barbara W. Parker".

Barbara W. Parker
Director of ICF/IID Services

anw
Enclosure