

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

PRINTED: 08/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889
--	--

(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 000	INITIAL COMMENTS A complaint investigation was completed on August 15, 2019. Intake # NC00154276. The complaint was unsubstantiated. Standard level deficiencies was cited.	W 000		
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3's comprehensive functional assessment (CFA) included independent living skills necessary to teach her to dress independently. This affected 1 of 6 audit clients. The finding is: The team did not update client #3's CFA when a need arose to teach her to put on her shoes independently. Review on 8/15/19 of an incident report dated 7/25/19 revealed client #3 fell in the facility after tripping over her shoelaces. Further review revealed she was taken to a local Radiology clinic for x-rays after the Nurse contacted the facility physician assistant by phone. Additional review of an x-ray report dated 7/26/19 revealed , "Abnormal lucencies within the left acetabulum that may represent a nondisplaced fracture ." Interview on 8/15/19 with the facility Nurse revealed after several x-rays following client #3's	W 224	W 224 Facility will ensure that the comprehensive functional assessments for each individual served includes all adaptive behaviors and independent living skills that are necessary for all clients to function in the community. This will include ensuring the CFA includes all necessary skills and/or adaptations needed to have clients become more independent specifically in regard to dressing and self-care. Initially, the assessments will be reviewed by the managers to ensure they are accurate and reflective of the client's current status, that they include necessary modifications and if not, make changes accordingly. Any findings will be reviewed with the team. Any recommendations made will be reflected in an addendum to the MY Life Plan for the affected individual. An Inservice of changes will be provided to the staff to ensure proper implementation of such changes deemed necessary. This Inservice will include specific strengths and needs of the CFA and assurance of active treatment over all aspects of daily living. Additionally, the CFA's will be updated annually in preparation for the annual MY Life Plan meeting as well as at any point during the year in which there is a change in the client's status regardless of the discipline. This information will be shared with the team as changes are deemed necessary throughout the year. Monitoring will occur no less than 4 times monthly by facility managers as a part of their monthly QA/QI inspections to ensure the skills or needed adaptation noted in the CFA are being applied consistently. The QP and HC will document all findings on the inspection report. This will occur in the home as well as the workshop settings to ensure all IPPs are being implemented as outlined. DHSR-Mental Health SEP 13 2019 Lic. & Cert. Section	10-15-2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Barbara W. Parker</i>	<i>Director of ICF/EOP</i>	9-11-19

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.

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

PRINTED: 08/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889		
(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 224	<p>Continued From page 1</p> <p>fall on 7/25/19 it was determined that client #3 had sustained a hairline fracture of the left hip. She stated the Orthopedic Surgeon did not recommend surgical repair of the hip but recommended that client #3 be transported in a wheelchair and only pivot transfer to the toilet and to bed until the hip could be x-rayed at a later date to ensure it was completely healed.</p> <p>Interview on 8/15/19 with the Residential Manager (RM) confirmed that client #3 will allow staff to assist her with tying her shoes, however she will also frequently untie them. She stated this is also in conjunction with her behaviors of destroying her clothing which is addressed in her behavior support program (BSP).</p> <p>Review of client #3;s individual program plan (IPP) dated 8/30/18 and her Skills Assessment dated 8/24/18 revealed client #3 can fasten shoes with Velcro independently but cannot tie shoes which have laces. The Skills Assessment also indicated that client #3 can assist with putting on her shoes with assistance.</p> <p>Observation on 8/15/19 at 1pm of client #3 at the facility revealed she was sitting in a wheelchair wearing tennis shoes with laces. Observation of her closet revealed 2 additional pairs of tennis shoes with laces.</p> <p>Interview on 8/15/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3's most recent IPP meeting was held on 8/13/19. She stated the team discussed modifying client #3's shoes but the CFA was not updated at that meeting, although she had been injured on 7/25/19 as a result of wearing shoes with laces that were untied.</p>	W 224			

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

PRINTED: 08/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889		
(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	

The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.

This STANDARD is not met as evidenced by:
W 224

Based on observations, interviews and record review, the facility failed to ensure client #3's comprehensive functional assessment (CFA) included independent living skills necessary to teach her to dress independently. This affected 1 of 6 audit clients. The finding is:

The team did not update client #3's CFA when a need arose to teach her to put on her shoes independently.

Minute plan of correction - needs to be in mail ASAP. Thanks Barbara

W224

Facility will ensure that the comprehensive functional assessments for each individual served includes all adaptive behaviors and independent living skills that are necessary for the client to function in the community. This will include ensuring the CFA includes all necessary skills and/or adaptations needed to have clients become more independent specifically in regard to dressing and self-care. Initially, the assessments will be reviewed by the managers to ensure they are accurate and reflective of the client's current status, that they include necessary modifications and if not, make changes accordingly. Any findings will be reviewed with the team. Any recommendations made will be implemented upon the team's approval and all changes will be reflected in an addendum to the My Life Plan for the affected individual. An Inservice of changes will be provided to the staff to ensure proper implementation of such changes deemed necessary. This Inservice will include specific strengths and needs of the CFA and assurance of active treatment over all aspects of daily living. Additionally, the CFA's will be updated annually in preparation for the annual My Life Plan meeting as well as at any point during the year in which there is a change in the client's status regardless of the discipline. This information will be shared with the team as changes are deemed necessary throughout the year. Monitoring will occur no less than 4 times monthly by facility managers as a part of their monthly ~~CPM~~ inspections to ensure the skills or needed adaptation noted in the CFA are being applied consistently. This will occur in the home as well as the work shop settings to ensure all IPPs are being implemented as outlined. PCD

At least it is typed you don't have to read my hand. I write

The Q and A will document all Bindings on the inspection report

CC

10-15-2019



DHSR-Mental Health

SEP 13 2019

Lic. & Cert. Section

September 11, 2019

Kimberly McCaskill
Mental Health Licensure and Certification
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

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

Dear Ms. McCaskill,

Enclosed please find our written plan of correction for the recent survey at our Minuteman 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 cursive script that reads 'Barbara W. Parker'.

Barbara W. Parker
Director of ICF/MR Services

anw
Enclosure

2609 Royall Avenue
Goldsboro, North Carolina 27534
Phone: (919) 778-1900 Fax: (919) 778-1911

Website: www.lifeincorporated.com
Email: info@lifeincorporated.com