

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

PRINTED: 11/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/19/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC DIXON ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 1, BOX 842-B CHOCOWINITY, NC 27817		
(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 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and review of records, nursing services failed to provide services in accordance with client needs relative to ensuring specific instructions were given to direct care staff regarding the care of a client returning from a sedated dental visit. This affected 1 of 4 clients (#5). The findings are:</p> <p>Nursing services failed to ensure specific instructions were given to direct care staff regarding client #5's level of supervision, possible side effects and diet instructions after he returned from a sedated dental visit.</p> <p>During observations on 11/18/19 client #5 was returned to the facility at 3:55pm from a sedated dental visit. Direct care staff B and the qualified intellectual disabilities professional (QIDP) assisted him into the facility. Client #5 was barely ambulatory and needed a great deal of assistance from both staff to get into the facility. Initially, client #5 was assisted to the bathroom and then to his bedroom. He sat up on his bed but was having trouble maintaining his balance. The Residential manager (RM) and QIDP assisted him to the living room and sat him in a chair at a table and gave him paper and markers to draw. The RM stated drawing is a preferred activity. He briefly used the markers and then appeared to sleep sitting up in the chair.</p> <p>During observations on 11/18/19 of supper at the</p>	W 331			

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

TITLE

(X6) DATE

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 331	<p>Continued From page 1</p> <p>facility at 5:13pm direct care staff B assisted client to walk to the dining room table. Client #5's eyes were closed and he was having difficulty standing upright. Staff C stated they were having tacos for supper. Staff B stated, "He can't eat that, we need to prepare him something softer." Staff C brought client #5 a container of jello and a container of chicken and rice. At supper, he had great difficulty bringing his spoon to his mouth. Client #5 ate a few spoonfuls and was physically assisted back to the living room table. Several times client #5 appeared to have his eyes closed and was hesitant to respond when staff were talking with him.</p> <p>Interview on 11/18/19 with the QIDP revealed client #5 was seen at the dentist on 11/18/19 for a tooth extraction with sedation. When asked what specific instructions were available for staff regarding client #5's return to the facility after his sedated dental visit, he made a copy of his dental consultation dated 11/18/19. He stated the Facility Nurse would be at the facility in a few minutes to talk with staff.</p> <p>Interview on 11/18/19 with the facility nurse revealed usually the medical provider will give instructions on the dental consultation regarding suggested diet, possible side effects of sedation and other instructions for which they should be knowledgeable. Further interview with the Nurse revealed client #5 had tooth #15 extracted and that he had no sutures. The Nurse confirmed the Dentist had written an order for Motrin 800mg.</p> <p>Review on 11/18/19 of the dental consultation for client #5 dated 11/18/19 revealed "1 1/4 carpule of Articaine 4%, 100,00 with Epinephrine administered. Administered 50 O/50N. Bite Block</p>	W 331			

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W 331	<p>Continued From page 2</p> <p>used for elevation and removal of #15 today. No sutures needed, Minimal bleeding. Rx Given: 800mg. Motrin"</p> <p>Interview on 11/19/19 with the Residential Manager (RM) revealed staff were instructed to give client #5 (4) tablets of 200 mg. Motrin as needed for pain since the original order by the Dentist on 11/18/19 was written for 800 mg. of Motrin for pain. Further interview revealed client #5 had not complained of any pain.</p> <p>Interview on 11/18/19 with the facility Nurse confirmed there were no instructions about a soft diet for client #5 or any side effects of sedation given to staff. She stated the consultation sheet may need to be revised to include instructions for staff after sedated medical appointments.</p>	W 331			