

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

PRINTED: 10/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 MIDWAY LANE ROANOKE RAPIDS, NC 27870</b>	
(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 213	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(ii)</p> <p>The comprehensive functional assessment must identify the client's specific developmental strengths.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's comprehensive functional assessment (CFA) identified his current developmental strengths. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #1's CFA did not accurately reflect his strengths/abilities.</p> <p>During observations in the group home throughout the survey on 10/7-8/19, client #1 completed tasks such as, handwashing, toileting, mopping, retrieving clothing from hangers, setting the table, various cooking tasks and washing dishes. Client #6 completed most tasks given verbal prompts.</p> <p>Review on 10/8/19 of client #1's adaptive behavior inventory (ABI) dated 8/29/19 revealed the client had no independence and could not perform skills in the various areas of toileting, eating, grooming, dressing, meal serving/preparation and shopping/housekeeping/transportation.</p> <p>Interview on 10/8/19 with the program manager (PM) confirmed client #1 could perform most tasks given prompts. The PM acknowledged the ABI was not an accurate reflection of the client's current skill level.</p>	W 213	<p>W213 The facility will ensure that all consumers comprehensive functional assessments will identify each consumer's developmental strengths. QP will in-service the Habilitation Coordinator to ensure that each assessment reflects each consumer's functioning levels and are consistent and accurate to support the achievement of the objectives identified in the individuals program plan. The QP and the Habilitation Coordinator will ensure that staff are allowing consumers to complete all task that their comprehensive functional assessment shows as strength and continue to assist on other tasks. The QP and the Habilitation Coordinator will monitor this by utilizing monthly inspection forms that will consist of no less than 3 per month.</p>	12/8/2019
W 249	<b>PROGRAM IMPLEMENTATION</b>	W 249		

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**DHSR-MH Licensure Sect**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Barbara W. Parker TITLE: Dir of JCF/IED (X6) DATE: 10-30-19

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	<p>Continued From page 1 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, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1, #2) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of self-help/domestic skills. The findings are:</p> <p>1. Client #1 was not prompted or encouraged to assist with self-help/domestic tasks.</p> <p>a. During dinner preparation observations at the home on 10/7/19 at 5:00pm-5:45pm, client #1 was in the kitchen with staff C. The staff performed task like, retrieving drinks out of fridge, putting dinner rolls on baking pan, scooping butter to small cups, bringing yogurt to the table and all other dinner items. Although the client was present, she was not prompted to participate with this task.</p> <p>Interview on 10/7/19 with Staff C indicated client #1 can perform most of the meal preparation task with verbal prompt.</p>	W 249	<p>W249 The facility will ensure that each consumer receives continuous active treatment to support each individual program plan. All staff will be in-serviced by the QP and Habilitation Coordinator to ensure that interventions and services support the individuals IPP in the areas of self-help and domestic skills. This will be monitored by the QP and Habilitation Coordinator utilizing monthly inspection forms that will consist of no less than 3 per month.</p>	

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W 249	Continued From page 2 Interview on 10/8/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #1 can perform most of the meal preparation task independently with verbal prompting.  b. During dinner preparation observations at the home on 10/7/19 at 5:30pm-6:15pm, client #2 was in the kitchen with staff C. The staff performed task like, retrieving drinks out of fridge, putting dinner rolls on baking pan, scooping butter to small cups, selectin dinner utensils, bringing yogurt to the table and all other dinner items. Although the client was present, she was not prompted to participate with this task.  Review on 10/8/19 of client #2's Adaptive Behavior Inventory (ABI) dated 6/25/19 revealed she can independently set the table with dishes already selected and clear the table after meals.  Interview on 10/7/19 with Staff C revealed client #2 can perform most meal preparation task if no fire involved.  Interview on 10/8/19 with the QIDP indicated client #2 can perform most of the meal preparation task independently with verbal prompting.	W 249		
W 361	PHARMACY SERVICES CFR(s): 483.460(i)  The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.	W 361		

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W 361	Continued From page 3  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to pain medication for 1 of 3 audit client (#2). The finding is:  Pain medication was not available for administration on timely manner for client #2.  Review on 10/8/19 of client #2 discharge plan from dental clinic dated 10/7/19 revealed the client had 4 wisdom teeth extracted and deep cleaning performed under general anesthesia. Further review revealed a new order "start taking Hydrocodone (NORCO) for pain. Additional review of the medication administration record (MAR) revealed client had not received the pain medication  During breakfast observations on 10/8/19 at 7:35am revealed client #2 did not consume her breakfast. Further observation revealed the client had some discomfort. When the surveyor asked her if she was ok, she held her face on the jaw area and vocalized with grimacing facial expression and walked to her room  Interview on 10/8/19 with the facility nurse revealed client #2 had not received her prescribed medication since she arrived around 7:30pm previous night. She further added the pharmacy does not open before 8:00am.  Interview on 10/8/19 with the qualified intellectual disabilities profession (QIDP) revealed client received her first dose of pain medication after 9:00am. Further interview revealed client #2 does not have a behavior of holding her jaw area.	W 361	W361 The facility will ensure that arrangements will be made for all consumers on appointments requiring surgery, that one dose of pain medication will be provided by the attending surgeon. The facility will ensure that pain medication prescriptions will be forwarded to the attending pharmacy in a timely manner to be picked up and available for all consumers as prescribed by the attending surgeon in a timely manner. QPI, RN and Habilitation Coordinator will monitor this through the routine monitoring of individuals records. If the physician will not provide one dose, a 24-hour pharmacy will be utilized. In either case, all medications which are given will be documented in the MAR.	12/8/2019	