

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

PRINTED: 10/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932	
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audit clients (#2) had the right to have a consent obtained from her legal guardian in the area of behavioral management. The finding is:</p> <p>Consent was not obtained from client #2's legal guardian for an door alarm.</p> <p>Review on 10/2/19 of client #2's behavioral intervention program (BIP) verbal consent form revealed there was no mention of the usage for an door alarm.</p> <p>During an interview on 10/2/19, the qualified intellectual disabilities professional (QIDP) revealed she was unaware the mention of an door alarm was omitted from client #2's BIP consent.</p>	W 125	<p>W125 On 10/3/19, Consumer #2 Guardian signed the written consent for behavior program including the door alarms. QPII will monitor all consumers charts in the facility on a biweekly basis. A record of this monitoring will be kept on an checkoff form as well as a monthly QP Checklist.</p> <p style="text-align: center;">DHSR-Mental Health OCT 17 2019 Lic. & Cert. Section</p>	10-31-2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Barbara W Paul

Dir of ICF/IID

10-14-19

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.