

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

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/03/2019 |
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| NAME OF PROVIDER OR SUPPLIER LIFE, INC WILLIAM STREET HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 407 NORTH WILLIAM STREET GOLDSBORO, NC 27530 |
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| (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 |
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| 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 client (#2) had their behavior intervention program (BIP) consent obtained by their legal co-guardians. This affected 1 of 4 audit clients. The finding is:</p> <p>A consent were not signed by the legal co-guardians for client #2.</p> <p>Review on 12/2/19 of client #2's record revealed a BIP consent signed on 7/19/19. Further review revealed client #2's behavior medications are: Trihexyphenidyl, Diazepam, Divalproex SOD DR, Risperidone, Vimpat and Hydroxyzine HCL. Additional review of client #2's record revealed he has co-guardians and only one guardian had signed the BIP consent.</p> <p>During an interview on 12/2/19, the qualified intellectual disabilities professional (QIDP) confirmed client #2's BIP consent was only signed by one of his co-guardians.</p> | W 125 | <p>W 125</p> <p>The facility will ensure the rights of all clients and will allow and encourage clients to exercise their rights. The facility will ensure that clients' consents (including, but not limited to, behavior intervention program consents) will be obtained by legal guardians/co-guardians. The QP will obtain guardian/co-guardian's consents, which will be placed in the client's charts upon receipt. QP will ensure compliance with this regulation by reviewing all consents at least one time monthly when completing monthly chart reviews to ensure that all consents have appropriate guardian/co-guardian signatures. Findings will be recorded on QP checklist and filed in facility's inspection book.</p> | 2-1-2020 |
| W 130 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> | W 130 | <p>W 130</p> | |

DHSR - Mental Health
JAN 13 2020
Lic. & Cert. Section

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Barbara WR</i> | TITLE <i>Dir of JCF</i> | (X6) DATE <i>12-18-19</i> |
|--|----------------------------|------------------------------|

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 130 | Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy during medication administration for 1 of 4 audit clients (#5). The finding is: Client #5 was not afforded privacy during medication administration. During morning medication administration observations in the home on 12/3/19 at 6:45am, Staff A explained to client #5 his medications and the reasons why he takes them. Further observations revealed the door remained open from 6:35am until 6:43am. During the medication administration other clients were within close proximity to hear how client #5 takes his medication. Review on 12/3/19 of a note hanging on the outside and inside of the medication room stated, "The office door MUST remain closed during the passing of Medication(s)...." During an interview on 12/3/19, the qualified intellectual disabilities professional (QIDP) confirmed the door to the medication room needs to remain closed while clients are receiving their medications. | W 130 | W 130 The facility will ensure the rights of all clients, including but not limited to privacy during treatment and care of personal needs, including privacy during med administration. QP will in-service all staff on ensuring only one consumer is in the med room during med administration, that the door remains closed during med administration, to ensure client privacy during med administration. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator through completion of QA/QI inspections, camera observations during med administration checklist. | 2-1-2020 | |
| W 249 | PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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 | W 249 | | | |

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| W 249 | <p>Continued From page 2 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the individual program plan (IPP) in the area of adaptive equipment. This affected 1 of 4 audit clients (#5). The finding is:</p> <p>Client #5 was not prompted to use his adaptive spoon during medication administration.</p> <p>During morning medication administration in the home on 12/3/19 at 6:41am, Staff A handed client #5 a plastic spoon so he could scoop his medications. Further observations revealed client #5 using the plastic spoon to consume his medications.</p> <p>During an interview on 12/3/19, Staff A stated, "[Client #5] does not use his adaptive spoon during the med pass." Further interview revealed Staff A was not sure if client #5 uses his adaptive spoon with any other staff during medication administration.</p> <p>Review on 12/2/19 of client #5's IPP dated 3/5/19 revealed, "...weighted built-up handled spoon...."</p> <p>Review on 12/3/19 of client #5's nutritional evaluation dated 7/21/19 stated, "...he uses...a weighted spoon."</p> <p>During an interview on 12/3/19, the qualified</p> | W 249 | <p>W 249</p> <p>Each client will receive a continuous active treatment program to support the achievement of objectives identified in the individual program plan. This will include recommendations for the use of adaptive equipment. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines when/why consumer's adaptive spoon (weighted built-up handled spoon) is to be used. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines as to the use of consumer's adaptive spoon to be used during med administration in addition to mealtimes. Staff will be in-serviced by the QP and the nurse to ensure that the adaptive spoon is used during medication administration. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator through completion of QA/QI inspection, camera observations during med administration, and with on-site observation during med administration, a minimum of 3 times monthly. Findings will be documented in the Inspections App, on camera observation form reports, and on med administration checklists.</p> | 2-1-2020 | |

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| W 249 | Continued From page 3 intellectual disabilities professional (QIDP) revealed she had never observed client #5 using his weighted spoon during medication administration. Further interview revealed client #5 used the weighted spoon do to his tremors. | W 249 | | |
| W 368 | <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 2 of 4 audit clients (#2, #4) The findings are:</p> <p>1. Client #4 did not receive his Metformin as ordered.</p> <p>During afternoon medication observations in the home on 12/2/19 at 4:43pm, Staff B administered client #4 his Metformin. Further observations revealed client #4 took his Metformin with water.</p> <p>Review on 12/2/19 of client #4's physicians orders signed 11/1/19 stated, "Take 1 Tablet by mouth...with meals...*take with food*."</p> <p>During an interview on 12/2/19, Staff B revealed she was not aware client #4 should have consumed his Metformin with food.</p> <p>During an interview on 12/2/19, the qualified intellectual disabilities professional (QIDP)</p> | W 368 | <p>W 368</p> <p>The facility will ensure that all meds are administered without error and in compliance with physician's orders. Staff will be in-serviced by the QP and the nurse. Additionally, the nurse will post "reminders" for staff in the medication administration area. Medication errors will be addressed as defined in the facility's policy manual. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator through completion of QA/QI inspections, camera observations during med administration, medication monitoring after med administration, and with on-site observation during med administration, a minimum of 3 times monthly. Findings will be documented in the Inspection App, on camera observation form reports, on med administration checklist form, and on medication monitor review forms.</p> | 2-1-2020 |

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| W 368 | Continued From page 4 confirmed client #4's physicians orders were not followed. 2. Client #2 did not receive his Constulose as ordered. During morning medication observations in the home on 12/3/19 at 7:12am, Staff A administered client #2 his Constulose. Further observations revealed Staff A poured the Constulose into a medication cup up to the 10 milliliters line. During an interview on 12/3/19, Staff A revealed client #2 only receives 10 milliliters of his Constulose. Review on 12/3/19 of client #2's physician orders signed 11/1/19 stated, Give 30ml by mouth." During an interview on 12/3/19, the qualified intellectual disabilities professional (QIDP) confirmed client #2's physicians orders were not followed. | W 368 | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The findings are: The medications were left unsecured and unsupervised. | W 382 | | |

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| W 382 | Continued From page 5 During morning medication observations in the home on 12/3/19 at 6:47am, Staff A exited the medication room to escort a client from the living room into the medication room. Further observations revealed the door to the cabinet where the medications are located remained open. During an interview on 12/3/19, Staff A revealed she had been trained to ensure the cabinet where the medications are located should remain locked. Further interview she left the cabinet open because another staff had taken the van and the key to the cabinet is located on that key ring. During an interview on 12/3/19, the qualified intellectual disabilities professional (QIDP) revealed there is an extra for the medication cabinet in a magnetic box which is on the side of the cabinet. Further interview with the QIDP confirmed staff have been trained to ensure the medication cabinet should remain locked when the medications are not being administered. | W 382 | W 382 The facility must keep all drugs and biologicals locked except when being prepared for administration. The QP and the nurse will in-service all staff to ensure that all drugs/biologicals remain locked in the cabinet in the med room, that the cabinet door will remain locked except when meds are being prepared for administration, and that the key to the med room cabinet must remain on the med technician. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator through completion of QA/QI inspections, camera observations during med administration, medication monitoring after med administration, and with on-site observation during med administration, a minimum of 3 times monthly. Findings will be documented in the Inspection App, on camera observation form reports, and on med administration checklist form. | 2-1-2020 | |
| W 383 | DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: | W 383 | | | |

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| W 383 | <p>Continued From page 6</p> <p>A key to the facility's drug storage area were accessible to anyone in the home.</p> <p>During morning medication observations in the home on 12/3/19 at 8:15am, the qualified intellectual disabilities professional (QIDP) went to the side of the medication cabinet and removed a little magnetic box. Further observations revealed the box was not locked.</p> <p>During an interview on 12/3/19, the QIDP revealed the extra key for the medication cabinet is located on the side of the cabinet in a magnetic ox and the magnetic box does not have a lock.</p> | W 383 | <p>W 383</p> <p>The facility will ensure that only authorized persons have access to keys to the drug storage area. The spare medication room key will be kept in a master lock box, and only authorized persons will have access to master lock box. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator through completion of QA/QI inspections, camera observations during med administration, medication monitoring after med administration, and with on-site observations during med administration, a minimum of 3 times monthly. Findings will be documented in the Inspection App, on camera observation form reports, and on med administration checklist form.</p> | 2-1-2020 |



December 18, 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. / William Street Group Home

DHSR - Mental Health
JAN 13 2020
Lic. & Cert. Section

Dear Ms. Barnes:

Enclosed please find our written plan of correction for the recent survey at our William Street 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/IID Services

anw
Enclosure