STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G285	A. BUILDING _____ B. WING _____	01/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC NINE FOOT ROAD GROUP HOME	1229 NINE FOOT ROAD NEWPORT, NC 28570

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #6 was afforded privacy during toileting. This affected 1 of 3 audit clients. The finding is: Client #6 was not provided privacy while toileting. During observations in the home on 1/28/20 at 8:05am, client #6 walked into a bathroom located along a back hallway of the home and proceeded to use the bathroom with the door opened. At this time, Staff E observed the client go into the back hallway and mentioned she must be going to the bathroom. Client #6 was not provided assistance to ensure her privacy while toileting. Interview on 1/28/20 with Staff E revealed client #6 needs to be monitored and supervised ensure she closes the door for privacy and completes hygiene tasks (i.e. hand washing, wiping, etc.) while using the bathroom. Review on 1/28/20 of client #6's Individual Program Plan (IPP) dated 9/9/19 indicated, "I toilet independently and is monitored to ensure privacy in closing the door..." Interview on 1/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) revealed client #6 needs to be monitored by staff to ensure the bathroom door is	W 130		

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

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W 130	Continued From page 1 closed during toileting.	W 130		
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 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#2, #3, #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure activities, implementation of meal time guidelines, domestic skills, and adaptive equipment use. The findings are: 1. Client #6 was not provided a variety of choices and leisure activities. During observations throughout the survey in the home on 1/27 - 1/28/20, client #6 sat on the couch manipulating marbles or small beads between her fingers and sporadically tossing them into a bin. On 1/27/20, the client was asked on one occasion if she wanted to color. Client #6 ignored the prompt and continued to toss the beads. Throughout the observations, client #6 was not offered any choices of activities.	W 249		

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W 249	Continued From page 2 Interview on 1/28/20 with Staff E revealed client #6 mainly likes "just the beads" and she gets agitated with other things that are offered to her. The staff noted she will color for "a split second" sometimes. Review on 1/28/20 of client #6's IPP dated 9/9/19 revealed, "[Client #6] enjoys play with small objects (marbles/blocks, etc.). She continues to be intrigued by sound and enjoys classical music. She likes the sound of her tapping on various surfaces and does this from time to time. She becomes engrossed in such things but is easily redirected and will usually participate in chores and group activities which is a vast difference from previous years." The plan also noted she "enjoys most 1 to 1 attention directed at her." Interview on 1/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) indicated client #6 mainly likes her beads and will only color very briefly if offered to do so. The QIDP acknowledged the client often refuses activities; however, staff should continue to offer a variety of leisure choices. 2. Client #3's Occupational Therapy (OT) recommendations were not implemented as indicated. During breakfast observations in the home on 1/28/20 from 6:56am - 7:31am, Staff E sat on client #3's left side throughout the meal. The client ate his food slowly taking various sized bites of food from a small spoon. Although three drinks were located at client #3's place setting, he only drank three times throughout the meal. The client took large gulps of liquid and drank quickly.	W 249		

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W 249	Continued From page 3 Staff E made the comment, "You must be thirsty." Client #3 was not provided with any prompts at the meal. During an interview on 1/28/20 with Staff E, when asked if they have been given any specific instructions to follow with client #3 at meals, the staff indicated they only need to sit next to him and make sure he does not put too much food on his spoon. The staff stated, "That's about it." Review on 1/27/20 of client #3's adaptive equipment/ OT recommendations posted on a refrigerator in the kitchen of the home revealed, "Staff should sit to [Client #3's] left side and provide 1:1 assistance...Staff should intervene with verbal prompts to prevent [Client #3] from overfilling his spoon...Amount of food should be no larger than a teaspoon...Ensure that all food is swallowed and palate is clear before he puts more food into his mouth...Take small sips of liquid intermittently throughout the meal do not allow him to gulp large amounts at any time..." Interview on 1/28/20 with the QIDP confirmed the OT recommendations should be followed as written at all meals. 3. Client #2's adaptive spoon was not utilized throughout the meal. During dinner observations in the home on 1/27/20 from 5:50pm - 6:10pm, client #2 picked up pieces of food using his hands or used a regular spoon. Although a built-up handled spoon was located at his place setting, the client was not prompted or assisted to utilize it until the end of the meal after approximately 3/4 of his food had been consumed.	W 249		

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W 249	Continued From page 4 Review on 1/27/20 of adaptive equipment/OT recommendations for client #2 posted on the refrigerator in the kitchen and an OT addendum dated 11/22/17 revealed, "Use unweighted Good Grip Teaspoon with shaft of spoon arched to the right." Interview on 1/28/20 with Staff C revealed staff should be following the guidelines posted on the refrigerator. Interview on 1/28/20 with the QIDP confirmed client #2 should be using a Good Grip teaspoon as recommended by the Occupational Therapist OT. 4. Client #2's plate guard was not utilized as indicated. During dinner observations in the home on 1/27/20 from 5:50 - 6:21pm, client #2 consumed his meal with a plate guard positioned on his plate with the opening facing outward directly in front of him. During the meal, the guard popped off the plate on two occasions. Review on 1/27/20 of adaptive equipment/OT recommendations for client #2 posted on the refrigerator in the kitchen and client #2's IPP dated 7/23/19 revealed his plate guard should be used with the opening oriented to the left. Interview on 1/28/20 with Staff C revealed staff should be following the guidelines posted on the refrigerator. Interview on 1/28/20 with the QIDP confirmed client #2 should be using his plate guard as	W 249		

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W 249	Continued From page 5 recommended by the Occupational Therapist (OT). 5. Client #2 was not prompted or assisted to clear his place setting after breakfast. During breakfast observations in the home on 1/28/20 at 7:25am, Staff C cleared client #2's dishes for him after the meal. Client #2 was not prompted or assisted to clear his dishes after eating. Interview on 1/28/20 with Staff C revealed client #2 usually does not clear his dishes but he can stack them. Review on 1/28/20 of client #2's IPP dated 7/23/19 revealed he will occasionally clear his place setting. Interview on 1/28/20 with the QIDP indicated they had not considered how client #2 could assist with clearing his place; however, she agreed he could complete the task with some level of assistance. 6. Client #6 was not prompted or assisted to complete necessary hygiene tasks after toileting. During observations in the home on 1/28/20 at 8:05am, client #6 walked into a bathroom located along a back hallway of the home and proceeded to use the bathroom with the door open. At this time, Staff E observed the client go into the back hallway and mentioned she was likely going to the bathroom. The client exited the bathroom pulling up her pants in the doorway. Client #6 was not observed to wash her hands or wipe herself after toileting.	W 249		

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W 249	Continued From page 6 Interview on 1/28/20 with Staff E revealed client #6 needs to be monitored and supervised ensure she closes the door for privacy and completes hygiene tasks (i.e. hand washing, wiping, etc.) while using the bathroom. Review on 1/28/20 of client #6's IPP dated 9/9/19 indicated, "I toilet independently and is monitored to ensure privacy in closing the door, wiping properly and washing he hands." Interview on 1/28/20 with the QIDP and Habilitation Coordinator (HC) revealed client #6 needs to be monitored by staff to ensure the bathroom door is closed during toileting.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure data relative to the accomplishment of objective criteria was documented as indicated. This affected 1 of 3 audit clients (#6). The finding is: A behavior incident involving client #6 was not documented. During observations in the home on 1/28/20 at 6:50am, Staff F prompted client #6 to the kitchen	W 252		

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W 252	Continued From page 7 to assist with chopping food in a food processor. After assisting to grind up a muffin in the processor, the client grabbed another muffin from a bowl and took a bite of it. Interview on 1/28/20 with Staff F confirmed client #6 had grabbed the muffin and took a bite. Review on 1/28/20 of client #6's Behavior Intervention Plan (BIP) dated 12/15/19 revealed an objective to address defiant behavior, vocal agitation, self-injurious behavior, clothes tearing, food stealing and inappropriate wetting. The plan indicated, "...data will be recorded by all staff working with [Client #6] across her waking day." Interview on 1/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's behavior episode should have been documented by staff.	W 252		
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, record review and interviews, the facility failed to ensure all medications were kept locked except during administration. The finding is: Medications were not kept locked. During observations in the home on 1/27/20 at 5:11pm, Staff C, the medication technician, exited	W 382		

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W 382	Continued From page 8 the medication room leaving the door to the room open and a client seated inside. Closer observation of the room revealed an unlocked cabinet containing medications and an unlocked refrigerator containing insulin. During this time, medications in the area were accessible to anyone in the home. During observations in the home on 1/28/20 from 6:18am - 6:33am, Staff C left the door to the medication room open while cabinets containing medications were unlocked. During this time, the staff exited the room on three separate occasions to retrieve clients for medication administration, leaving the medications unlocked and accessible to anyone in the home. Interview on 1/27/20 with Staff C revealed the medication room should be kept locked unless a staff is in the room dispensing medications. Review on 1/28/20 of facility policy for "Storage of Medications" (no date) revealed, "All medications, prescription and non-prescription, administered by facility staff, including those refrigeration, will be kept locked except when staff responsible for medication administration are in close proximity and can see the medications." Interview on 1/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the door to the medication room should be kept locked by the medication technician as they enter/exit the area.	W 382		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing,	W 460		

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W 460	Continued From page 9 well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#3, #6) received their modified diets as indicated. The findings are: 1. Client #3's liquids were not provided at the appropriate consistency. During breakfast observations in the home on 1/28/20 at 7:08am, client #3 was assisted to add Thick-it to a glass of milk. He then added most of the milk to his cereal. Client #3 was then assisted to pour a glass of juice, water and coffee. Although Staff E was seated next to the client throughout the meal, no Thick-it was added to client #3's three remaining drinks prior to consumption. Interview on 1/28/20 with Staff E confirmed client #3's liquids should have Thick-it added, noting his drinks should be like "a milkshake". The staff acknowledged no Thick-it was added to the client's remaining drinks at the meal. Review on 1/28/20 of client #3's physician's orders dated 12/1 - 12/31/19 revealed,"...nectar thickened liquids..." Interview on 1/28/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all of client #3's liquids should be a nectar thick consistency. 2. Client #6's food was not served at the	W 460		

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W 460	Continued From page 10 appropriate consistency. During breakfast observations in the home on 1/28/20 at 7:12am, client #6 was assisted to serve herself a pureed muffin and Rice Krispies cereal in milk. The cereal was not served at a pureed consistency. The client consumed the food items without difficulty. Interview on 1/28/20 with Staff F revealed client #6 consumes her foods at a pureed consistency. Review of client #6's Individual Program Plan (IPP) dated 9/9/19 revealed, "Regular diet, with all foods pureed consistency in response to my being edentulous and having difficulty chewing my food and staff are to provide assistance to ensure that all foods are pureed." Interview on 1/28/20 with the QIDP confirmed client #6's cereal should have been provided at a pureed consistency.	W 460		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. This potentially affected all of the clients residing in the home. The finding is: Food was not served at an appropriate temperature.	W 473		

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W 473	Continued From page 11 Upon arrival to the home on 1/28/20 at 5:40am, a bowl of previously cooked muffins was noted on the kitchen counter covered with aluminum foil. The muffins were served with other breakfast items at 7:03am. The muffins were not reheated. Review of information posted on the refrigerator in the kitchen indicated, "All hot food should be kept at 140 degrees or warmer when served...Hot food must be served within 15 minutes after removing from heat. If not they have to be rewarmed." Interview on 1/28/20 with Staff C confirmed the muffins had been cooked during third shift. The staff acknowledged the muffins had not been reheated prior to serving. Additional interview confirmed staff should be following the food temperature instructions posted on the refrigerator. Interview on 1/28/20 with the Habilitation Coordinator confirmed staff should be following the information posted on the refrigerator regarding food temperatures.	W 473		