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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G254	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC RAVEN RIDGE GROUP HOME	4105 RAVEN RIDGE DR WILSON, NC 27893

(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 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that 1 of 4 clients (#6) had specific information in individual program plan (IPP) to address using appropriate material to wipe nose. The finding is: Client #6's IPP did not include information for staff to assist him to appropriately wipe his nose. During observations on 12/9/19 from 10:30 am to 12:00 pm at the day program, client #6 constantly used the back of his hand or the material on his shirt, to wipe his runny nose. Staff A did not redirect client #6 from wiping mucous on shirt. Occasionally, Staff A would ask client #6 if he needed a tissue to blow his nose and assisted him. An additional observation on 12/9/19 at the lunch table revealed that when Staff B placed a short stack of napkins on the table in front of client #6, intending to pass to all of the clients, client #6 grabbed the pile of napkins and used it twice, to wipe his nose. Review on 12/10/19 of client #6's adaptive behavior inventory (ABI) dated 6/27/19, recognized that client #6 was totally independent of blowing nose with handkerchief/tissue yet it was non applicable that he carried a handkerchief.	W 240	W240 The facility will ensure a sanitary environment is provided to avoid possible transmission of infection. All precautions will be taken to promote client health. Staff will provide consumers with tissue to blow/wipe their noses and provide prompting/redirection as needed. Staff will be in-serviced by the QP and the nurse on infection control/universal precautions and ways to avoid transmission of infection. This will include, and not be limited to, ensuring consumer has access to tissue at all times, ensuring that consumer sanitizes/washes his hands before touching surfaces after blowing/wiping nose, and ensuring that staff sanitizes surfaces touched by consumer or disposes of items touched by consumer after he blows/wipes his nose. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines for staff to assist consumer to appropriately blow/wipe his nose. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator when they complete QA/QI inspections, camera observations, and on-site monitoring a minimum of 3 times monthly. Findings will be documented on the camera observation form and in the Inspection App. DHSR - Mental Health JAN 3 2020 Lic. & Cert. Section	2-7-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Barbara W Park — TITLE: D.O.N. ICF/IID — (X6) DATE: 12-30-19

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 240	Continued From page 1 During an interview on 12/10/19 with Staff A, she stated that client #6 could not blow his nose "normally" and sometimes she saw him use his hand or shirt to wipe his nose. Staff A would offer to assist client #6 to wipe or blow his nose. Staff A was not aware of any program to assist client #6 with skills to be independent in wiping his nose. During an interview on 12/10/19 with the home supervisor, he revealed that he had been bothered seeing client #6 wipe nose on linens but was not aware of any program to assist him with wiping nose.	W 240		
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 review and interviews, the facility failed to ensure 2 of 4 audit clients (#1, #2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and food preferences. The findings are:	W 249	Each client will receive a continuous active treatment program in accordance with their needs, strengths and objectives identified in the individual program plan. This will include, but not be limited to, the area of mealtime/meal preparation. Staff will be in-serviced on individuals' strengths in the areas of domestic/independent living as it relates t o mealtime/meal preparation, and engaging consumers in active treatment at mealtimes. Mealtime/meal preparation procedures to ensure consumers are engaged in active treatment at mealtimes will be monitored by the QP and the Habilitation Coordinator when they complete QA/QI inspections, camera observations, and on-site mealtime monitoring a minimum of three times monthly. Findings will be documented on camera observation form, mealtime monitoring form, and in the Inspection App.	2-7-2020

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W 249	Continued From page 2 1. Client #2 was not actively involved with cooking tasks. During meal preparation observations in the home on 12/10/19 from 6:30am - 7:35am, client #2 was prompted to place biscuits on a pan, fill two pitchers with drinks and briefly stir eggs in a pan. During this time, Staff E obtained needed items, lined two pans with foil, placed sausages on a pan, placed biscuits in the stove and removed them, put the biscuits on a plate, and cracked the eggs into a bowl. Staff B arrived at 7:12am and proceeded to remove sausages from the oven and placed them on a plate. The staff then stirred and cooked the eggs on the stove. Once the eggs were cooked, Staff B prompted client #2 stir them briefly. Throughout the observations, client #2 stood nearby watching the staff while another client sat on a stool in the kitchen area unengaged. Interview on 12/10/19 with Staff B revealed client #2 likes to help in the kitchen and usually checks the menu and retrieves the necessary items. The staff stated, "I let him do just about everything...he's a big help with me." Review on 12/10/19 of client #2's IPP dated 10/29/19 revealed, "I enjoy helping with domestic chores, such as cleaning, cooking...Staff must remind me to use mittens while cooking...I especially like helping in the kitchen. I need assistance to...make a sandwich and use appliances. I can operate the can opener independently but I need assistance operating the coffee maker...I need need staff assistance when using the microwave and stove." Additional review of client #2's Adaptive Behavior Inventory (ABI) dated 11/29/18 revealed he is partially	W 249	W 249 Each client will receive a continuous active treatment program in accordance with their needs, strengths and objectives identified in the individual program plan. This will include, but not be limited to, the area of mealtime as it relates to consumer's food preference/consistency. Staff will be in-serviced on pureed food (consistency, texture, blend food items individually) and on recommendations for adaptive mealtime equipment, specifically sectioned plate. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines for pureed food and use of adaptive mealtime equipment, specifically sectioned plate. Mealtime procedures will be monitored by the QP and the Habilitation Coordinator when they complete QA/QI inspections, camera observation, and on-site mealtime monitoring, a minimum of three times monthly. Findings will be documented on camera observation form, mealtime observation form, and in the Inspection App.	2-7-2020

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W 249	Continued From page 3 independent with preparing a breakfast, lunch or dinner meal. Interview on 12/10/19 with the Home Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 can complete various tasks during meal preparation with staff supervision. 2. Client #1's food preference was not honored when pureeing food. During dinner observations on 12/9/19 at 5:25 pm, Staff F assisted client #1 with pureeing broccoli, beets, macaroni and cheese, dinner roll and jello. The texture of the food was soupy with the beets running over the dividers in the section plate, mixing with the broccoli and macaroni. An additional observation of breakfast on 12/10/19 at 7:30 am, Staff A helped client #1 blend his food. The sausage patty, scrambled egg and biscuit were all blended together and served in one section of the divided plate. Review on 12/10/19 of the IPP dated 6/27/19, for client #1 revealed that a 10" sectioned plate to prevent foods from being mixed together and to support appearance and enjoyment of food was recommended. During interview on 12/10/19 with Staff A, she shared that because the breakfast portions were small, she decided to blend all of the food together, despite being trained to blend each food individually. During interview on 12/11/19 with the home manager he mentioned that he thought pureed	W 249		

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W 249	Continued From page 4 food should resemble a honey thickened texture and that it should not be blended together.	W 249		
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 observation, record review and staff interview, the facility failed to ensure that only authorized persons had access to the key to the medication room. This had the potential to affect all clients. The finding is: The key to the medication room was accessible to anyone at the day program. During observations at the day program on 12/9/19 at 11:05 am, Staff A walked client #6 to the medication room to give him medication for pain. The door to office of Staff G was opened and inside of the office was a room, with a bed and the medication cabinet. Staff A walked out of the room and asked Staff H where the key to the medication cabinet was located and was told to look inside of the top drawer in Staff G's office. The drawer was unlocked and enabled Staff A to retrieve the key and unlock the cabinet to give client #6 Acetaminophen. Review on 12/10/19 of the facility's undated policy on storage of medications commented that "All medications, prescription and non-prescription, administered by facility staff, including those requiring refrigeration, will be kept locked except when staff responsible for medication	W 383	W 383 The facility will ensure that only authorized persons have access to keys to the drug storage area. The medication room key, which was kept in an unlocked desk drawer in the nurse's office with the door open, will be kept in a locked box, and only authorized staff will have the key/code to the locked box. Authorized staff will be in-serviced on the location of the med room key and the key/code to the locked box. QP and Day Program Coordinator will ensure compliance with this regulation through observing a minimum of 3 medication passes per month and on day program coordinator's QA/QI inspections a minimum of three times monthly. Findings will be documented on Medication Observation Checklist and in the Inspection App.	2-7-2020

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W 383	Continued From page 5 administration are in close proximity and can see the medication. Accessibility to locked storage areas will be allowed only to persons responsible for medication administration, the administrator or the person in charge." During interview on 12/10/19 with Staff A, she acknowledged that she needed to ask Staff H for the location of the key to the medication cabinet and that she retrieved it from the unlocked desk of Staff G. During interview on 12/10/19 with the home supervisor he expressed that the medication key should stay with that staff giving medication.	W 383		
W 454	INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to enforce universal precautions procedures to maintain sanitation on shared surfaces. This had the potential to affect all clients. The findings are: Facility did not sanitize contaminated areas in environment. a. During observations on 12/9/19 from 10:30 am to 12:00 pm at the day program, client #6 was observed with reddened areas on his left finger and wrist that also exposed his open skin. Client #6 randomly touched furniture with left hand, visiting different areas on the work floor and also	W 454	W 454 The facility will ensure a sanitary environment is provided to avoid possible transmission of infection. All precautions will be taken to promote client health. Staff will provide consumer with tissue to blow/wipe his nose, and provide prompting/redirection as needed. Staff will be in-serviced by the QP and the nurse on infection control/universal precautions and ways to avoid transmission of infection. This will include, and not be limited to, ensuring consumer has access to tissue at all times, ensuring that consumer sanitizes/washes his hands before touching surfaces after blowing/wiping nose, and ensuring that staff sanitizes surfaces touched by consumer or disposes of items touched by consumer after he blows/wipes his nose. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines for staff to assist consumer to appropriately blow/wipe his nose. Ongoing compliance with this regulation will be monitored by the QP and Habilitation Coordinator when they complete QA/QI inspections, via camera observations, and on-site monitoring a minimum of 3 times monthly. Findings will be documented on the camera observation form and in the Inspection App.	2-7-2020

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W 454	Continued From page 6 flipped through pages of magazines presented by Staff A. Staff A offered client #6 hand sanitizer to clean hands, but did not sanitize the materials or furnishings that client #6 touched with his left hand. b. Additional observations on 12/9/19 from 10:30 am to 12:00 pm at the day program, revealed client #6 constantly used the back of his hand to wipe his runny nose, then touched a magazine and folded t-shirts at a work station with other clients. Staff A was observed offering hand sanitizer to client #6 after he made multiple contact with the magazine and clothing. Review on 12/9/19 of client #6's individual program plan (IPP), dated 6/27/19 revealed that he had a history of skin picking open sores and his fingers. A further review on 12/10/19 of the facility's undated DHHS' guidelines for handling body fluids bloodborne pathogens, described possible transmission through contact with open wound, non-intact skin or with mucous membranes. The guidelines revealed that universal precautions should be taken as an approach in infection control in all cases regardless of whether or not the source is known or appears to be infected. Universal precaution included wearing gloves when there was contact with body fluids, thorough hand washing and the use of household bleach diluted with water to clean contaminated surfaces. During an interview on 12/10/19 with Staff B, she revealed that client #6 did not permit staff to cover open wounds to skin.	W 454		

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W 454	Continued From page 7 During an interview on 12/10/19 with Staff A, she revealed that she had observed client #6 to use the back of his hand to wipe a runny nose and had only offered hand sanitizer. Staff A said that client #6 would not carry tissues in his pocket. She recognized that client #6 liked to hold paper and magazines, but was not always successful at isolating the touched materials to just client #6, because sometimes other clients would grab them too. During an interview on 12/10/19 with the home supervisor, he shared that besides offering client #6 hand sanitizer, staff could use bleach wipes to disinfectant other touched surfaces.	W 454		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to follow special diet orders for 2 of 4 audit clients (#1, #6). The findings are: 1. Staff did not consistently achieve the proper consistency when creating pureed food texture for client #1. During dinner observations on 12/9/19 at 5:25 pm, Staff F assisted client #1 with pureeing broccoli, beets, macaroni and cheese, dinner roll and jello. The texture of the food was soupy with	W 460	W460 Each client will receive a continuous active treatment program in accordance with their needs, strengths and objectives identified in the individual program plan. This will include, but not be limited to, the area of mealtime as it relates to consistency of pureed food. Staff will be in-serviced on pureed food (consistency, texture, blend food items individually) and on recommendations for adaptive mealtime equipment, specifically sectioned plate. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines for pureed food and use of adaptive mealtime equipment, specifically sectioned plate. Mealtime procedures will be monitored by the QP and the Habilitation Coordinator when they complete QA/QI inspections, camera observation, and on-site mealtime monitoring, a minimum of three times monthly. Findings will be documented on camera observation form, mealtime observation form, and in the Inspection App.	2-7-2020

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W 460	Continued From page 8 the beets running over the dividers in the section plate, mixing with the broccoli and macaroni. The roll and jello, were served in bowls and were spread thin. Client #1 needed a spoon to eat dinner and the food had evidence of dripping off the spoon. An additional observation of breakfast on 12/10/19 at 7:30 am, Staff A helped client #1 remove a biscuit, sausage patty and a scoop of scrambled eggs from the service bowls and placed on a plate. Staff A accompanied client #1 into the kitchen, where they blended his food. Client #1 returned to the dining room table with a small portion of a brown and cream runny food mixture. Client #1 used a spoon to eat his breakfast. Review on 12/10/19 of client #1's nutritional review on 3/27/19 revealed that client #1 was on a regular pureed diet. During interview on 12/10/19 with Staff A, she confirmed that there was no recipe in making food pureed and that she would visually monitor the texture while blending. During interview on 12/11/19 with the home manager he mentioned that he thought pureed food should resemble a honey thickened texture. 2. Staff did not cut up client #6's sandwich appropriately. During a lunch observation on 12/9/19 at 11:15 am at the day program, client #6 was served a sandwich that had been already cut up into multiple small pieces. Client #6 used an utensil to eat his sandwich.	W 460	W 460 Each client will receive a continuous active treatment program in accordance with their needs, strengths and objectives identified in the individual program plan. This will include, but not be limited to, the area of mealtime as it relates to consumers' diet orders and OT recommendations on size to cut food/sandwiches. Staff will be in-serviced on consumers' diet orders and OT recommendations on size to cut food/sandwiches. QP will have a core team meeting and complete an addendum to client's IPP defining guidelines on consumer's diet order and OT recommendations on size to cut food/sandwiches. Mealtime procedures will be monitored by the QP and the Habilitation Coordinator when they complete QA/QI inspections, camera observation, and on-site mealtime monitoring, a minimum of three times monthly. Findings will be documented on camera observation form, mealtime observation form, and in the Inspection App.	2-7-2020

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W 460	Continued From page 9 Review on 12/9/19 of the individual program plan (IPP) dated 6/27/19 revealed client #6 was on a regular diet, with food cut into 1" pieces and sandwich cut into quarters. During an interview on 12/10/19 with Staff A, she commented that she did not prepare client #6's lunch yesterday but she believed that his sandwich needed to be cut into 14 pieces, like client #3. During an interview on 12/10/19 with the qualified intellectual disabilities professional (QIDP) she revealed that client #6's sandwich needed to be cut into 16 pieces, then checked the order and stated that it should be cut into quarters.	W 460		

December 30, 2019

Ms. Wilma Worsley-Diggs, M.Ed., QDDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

Re: Plan of Correction
LIFE, Inc. / Raven Ridge Group Home

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Raven Ridge 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,

Barbara W. Parker

Barbara W. Parker
Director of ICF/IID Services

Anw
Enclosure

2609 Royall Avenue
Goldsboro, North Carolina 27534
Phone: (919) 778-1900 Fax: (919) 778-1911

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Email: info@lifeincorporated.com