STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G090	A. BUILDING ______ B. WING ______	01/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC OAKDALE HOME	**907 OAKDALE AVE NEW BERN, NC 28560**

(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 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to have an accurate information in client #5's record concerning his modified diet and adaptive equipment. This affected 1 of 3 audit clients. The finding is: Client #5's record included conflicting information regarding his appropriate diet consistency and use of adaptive equipment. During meal observations in the home on 1/22/20, client #5 was served pureed ham and cinnamon raisin toast with small food particles. When served fluids, staff added thick-it to beverages but did not always achieve a honey thickened consistency. Client #5 drank all beverages from an 8 or 16 ounce cup. No adaptive cup was utlilized at the meal. Review on 1/22/20 of client #5's diet orders posted on refrigerator dated 4/7/19 and in the Individual Program Plan (IPP) dated 11/5/19 indicated a regular diet, pureed to pudding texture, Provale cup. Additional review on 1/22/20 of client #5's Occupational Therapy assessment dated 10/9/19, indicated a Level II Dysphagia Mechanically Altered diet was prescribed and foods should be processed so that pieces are uniform, with pieces	W 111	W111 The QP and the team will review all charts/written communication regarding the clients and delivery of services to ensure that there is no inaccurate information in clients record concerning their modified diet and adaptive equipment. Any needed corrections will be made by the QP. There will be thorough proof-reading of all new written information going into the clients' charts along with random observations to ensure accuracy of written information in client charts is maintained. DHSR - Mental Health FEB 24 2020 Lic. & Cert. Section	3-21-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Barbara W Park   TITLE: Director/FEID   (X6) DATE: 2-21-2020

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 111	Continued From page 1 approximately 1/8" or smaller in size. Liquids should be thickened to honey consistency with a commercial thickener. Lastly, the January 2020 physician's order reviewed on 1/22/20 for client #5 prescribed a National Dysphagia Diet (NDD1) pureed diet with thin liquids; alternating small bites with sips. Adaptive cup to control bolus size. Interview on 1/22/20 with Staff D revealed that client #5 no longer used a Provale cup and she had attempted to fix a pureed meal for him today. She acknowledged that there were small food chunks in the blended cinnamon raisin toast. Interview on 1/22/20 with the qualified intellectual disabilities professional (QIDP) and QIDP II revealed that client #5 did not like to use the Provale cup since he had a tendency to drink fluids quickly, therefore last Fall, the cup was discontinued by the occupational therapist (OT) and he was put on honey thickened. It was also shared that the team did not agree with the OT's recommendation for a modified diet with 1/8" pieces, and a pureed diet was prepared instead. His diet orders had not been updated to reflect the current consistency for food, drinks and adaptive equipment.	W 111		
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:	W 240		

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W 240	Continued From page 2 Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included information to support his independence. This affected 1 of 3 audit clients. The finding is: Client #2's IPP did not include information to support him in wearing his eyeglasses. During observations throughout the survey on 1/21/20, client #2 wore eyeglasses. The client was noted to frequently wear the eyeglasses on the end of his nose or take them off and hold them in his hand. During additional observations in the home on 1/22/20 from 6:35am - 8:10am, client #2 did not wear eyeglasses. The client was not prompted or assisted to wear eyeglasses during this time. Interview on 1/22/20 with Staff A revealed client #2 began wearing eyeglasses in recent months and should wear them "all day". Review on 1/22/20 of client #2's vision examination report dated 8/1/19 revealed "blurred vision" was reported at "distance and near" and "changes in vision have occurred gradually". The report also noted bilateral myopia and glasses were prescribed. Additional review of client #2's IPP dated 2/28/19 did not reveal any information regarding eyeglasses or directions for the use of his eyeglasses. Interview on 1/22/20 with the Habilitation Specialist (HS) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 began wearing eyeglasses after a eye examination in August '19. Additional interview confirmed no information regarding the use of his	W 240	W240 Facility will ensure residents' individual program plans will describe relevant interventions to support the individual toward independence. Written procedures for the use of eyeglasses will be included in the client's IPP. Staff will be in-serviced regarding use of wearing eyeglasses by client. This in-service will be conducted by QP and HC. Monitoring will occur four times a month using QA/QI forms.	3-21-2020

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W 240	Continued From page 3 eyeglasses was included in the IPP.	W 240		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3 was afforded opportunities for choice at meals. This affected 1 of 3 audit clients. The finding is: Client #3 was not provided alternative food choices for refusals. During dinner observations in the home on 1/21/20 at 6:25pm, client #3 served himself diced ham, collard greens, lima beans and a whole roll. The client consumed his roll and most of his ham. The client refused to eat the collard greens and lima beans. Staff prompted the client to eat the vegetables; however, he refused. At the meal, Staff B commented that the client does not like vegetables and will not eat them. Client #3 was not provided with other food choices after refusing foods served to him. Interview on 1/22/20 with Staff A revealed clients are offered choices of other foods if they do not like certain items on the menu. The staff indicated client #3 does not like sliced cheese and vegetables. Review on 1/22/20 of client #3's Individual Program Plan (IPP) dated 2/28/19 revealed, "I am capable of making basic choices and should be encouraged to do so...I am able to make simple	W 247	W247 Staff will be in-serviced on IPP's for all clients in the facility. In-service will be specific to clients' choice and self-management, to ensure clients will be afforded opportunities for choice at meals. QP and HC will monitor meals at least 4 times a month to ensure future compliance with this regulation. This monitoring will be recorded using QA/QI forms.	3-21-2020

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W 247	Continued From page 4 daily choices such as snack,..." Additional review of the plan under other important things to know about me indicated, "I do not like milk products or vegetables." Interview on 1/22/20 with the Habilitation Specialist (HS) confirmed clients are offered alternative food choices for items they do not like. The HS indicated this was difficult to do for client #3 since he will not eat any vegetables. The HS did not indicate if the dietitian had been consulted for food alternatives to offer.	W 247		
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, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#3, #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of implementation of mealtime guidelines. A. Client #3's mealtime guidelines were not followed as written	W 249	W249 Facility will ensure that each client receives continuous active treatment to include the needed interventions to support the achievement of the specific objectives, independence in relations to strengths, and assistance in regards to needs as outlined in their IPP. This will specifically include ensuring that all residents have a continuous active treatment plan consisting of needed interventions and services identified in IPP in the areas of self-help, cutting food and choice management. All staff will receive updated in-service specific to needs of each client, including but not limited dining skills, self-help, cutting food and choice management. Monitoring will occur no less than 4 times monthly by facility managers as a part of their monthly inspections to ensure all IPP's are being implemented as outlined. Findings will be documented on the inspection App.	3-21-2020

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W 249	Continued From page 5 During dinner observations in the home on 1/21/20 at 6:25pm, client #3 served himself diced ham, collard greens, lima beans and a whole roll. The roll was cut up at the table. During breakfast observations in the home on 1/22/20 at 7:45am, client #3 served himself pre-cut toast, a whole boiled egg and a whole banana. The client was prompted to cut his egg at the table and was provided assistance to cut up his banana at the table. Review on 1/21/20 of client #3's IPP dated 2/28/19 and diet orders posted in the kitchen of the home revealed foods should be cut into bite size pieces "before being served" or "prior to being served". Interview on 1/22/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's food should be cut into bite size pieces before serving it. B. Client #5's mealtime guidelines were not followed as written. During breakfast observations in the home on 1/22/20 at 7:10 am, client #5 scooped his food and ate it at a rapid pace, without alternating sips of beverage. Client #5 was noted to do a lot of chewing before swallowing his food and would drink quickly. Staff D remained in the dining room to supervise clients during meals, but did not prompt client #5 to alternate sips, but would prompt him to rest his spoon between bites. Review on 1/22/20 of client #5's diet orders dated 4/7/19 recommended the following: 2 spoonfuls	W 249		

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W 249	Continued From page 6 of food; pause; 2 spoonfuls of food; pause; this was to allow food to go down between bites. A Provale cup 10cc cups to be used for beverages. Additional review on 1/22/20 of client #5's Occupational Therapy assessment dated 10/9/19 indicated that he should be encouraged to eat and drink slowly, alternating small bites of food with sips of liquid. Interview on 1/22/20 with Staff D explained that she was trained to have client #5 to rest after eating 2 scoops of food, to allow his food to digest. Staff D was not aware that she needed to instruct client #5 to alternate sips in between bites. During an interview on 1/22/20 with the QIDP II, she stated client #5 used to drink from a Provale cup to prevent him from drinking his fluids too rapidly. But it was discontinued last year and he should take sips from a regular cup at meals.	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 objectives was documented. This affected 1 of 3 audit clients (#3). The finding is:	W 252		

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W 252	Continued From page 7 Client #3's behavior incident was not documented. During observations in the home from 6:35am - 6:41am, client #3 became upset and began hitting himself on the forearm, hitting the wall and attempting to bite himself. The client was told to calm down by Staff E and the staff provided the client with an activity. At 6:38am, Staff D arrived in the home and also provided prompts and redirection for client #3. At 6:43am, Staff D called the nurse regarding the client's behavior. By this time, client #3 had calmed down. Review on 1/21/20 of client #3's Behavior Support Plan (BSP) dated 9/15/19 revealed an objective to address aggression/self-injurious behavior, vocal agitation/disruption, and food stealing. Additional review of the client's behavior documentation form for 1/22/20 did not indicate the observed behaviors had been documented. Interview on 1/22/20 with the Qualified Intellectual Disabilities Professional II (QIDP) confirmed all behaviors should be documented as they occur.	W 252	W252 The facility will ensure that all data relative to accomplishment of the criteria specified in client individual program plan objectives is documented in measurable terms. Staff will receive additional training on documentation of behaviors. This plan of correction will be monitored by the QP and HC on an ongoing basis through monthly inspections, a minimum of four times per month. Findings will be documented in the inspection App.	3-21-2020
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 when not in use.	W 382		

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W 382	Continued From page 8 This had the potential to affect all clients residing in the home. The finding is: Narcotics were not kept locked. During morning observations in the home on 1/22/20 at 8:30 am, Staff D removed the narcotics box from the closet to administer a crisis medication for a client. Afterwards the narcotics box remained on the dining room table, with the pad lock open while client #5 received his medications. Staff D walked client #5 to the living room. As Staff D left the area, the box containing narcotics remained unlocked. The box was locked at 9:05 am. Review on 1/22/20 of the facility's policy on Controlled Substances dated February 2018 indicated, "schedule II medications may be stored together in a common location but will be double locked." Interview with Staff D on 1/22/20 revealed that she thought she had clamped the padlock when she left the room. Interview on 1/22/20 with the qualified intellectual disabilities professional (QIDP) confirmed that narcotics should be locked at all times.	W 382	W382 The facility will ensure all drugs and biologicals remain locked except when being prepared for administration. Staff will be re-inserviced on the storage and securing of all medications, including topicals. Monitoring will occur by QP and HC at least 2 times a month using existing QA/QI forms.	3-21-2020
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:	W 460		

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W 460	Continued From page 9 Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#3. #5) received their modified diets as indicated. The findings are: A. Client #3 did not receive his modified diet consistency as indicated. During breakfast observations in the home on 1/22/20 at 7:45am, client #3 served himself 2 slices of raisin toast cut in 8 squares, a whole boiled egg and a whole banana. At the table, the client was prompted to cut up his egg. The client cut the egg in half and ate it both pieces quickly. Client #3 received hand-over-hand assistance to cut up his banana into smaller pieces about the size of a quarter. Review on 1/21/20 of client #3's IPP revealed, "Foods should be cut into bite-size pieces (1/2 " - 1")..." Additional review of a list describing appropriate sizes for cut food indicated 1/2 inch pieces would resemble the size of a bean. Interview on 1/22/20 with the Habilitation Specialist (HS) indicated client #3's food should be cut into bite size pieces and his bread should have been in at least nine pieces. The HS confirmed his food should be 1/2" - 1" in size. B. Client #5 did not receive his modified diet consistency as indicated. During dinner observations in the home on 1/21/20 at 5:55 pm, Staff B brought client #5 to the kitchen to operate blender, to puree his meal. On the menu was chopped ham which started out diced, 1/8" inch in size. The diced ham was	W 460	W460 Facility will ensure residents modified diets for any resident will be provided as indicated. Staff will be in-serviced about resident food consistency in regard to serving and cutting food. Ongoing compliance with this regulation will be ensured through QP and HC monitoring of mealtimes a minimum of 4 times monthly. Findings will be documented in the inspection App.	3-21-2020

PRINTED: 01/31/2020
FORM APPROVED
OMB NO. 0938-0391

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W 460	Continued From page 10 placed in the blender with added chicken broth. After blending, the ham still had visible chunks. Client #5 was then instructed to puree collard greens which had added juice from the pot it was cooked in. After the vegetable was pureed, it was transferred to the plate. The collards were spread over the plate, with loose juices touching the pureed ham and pureed lima beans. For beverage, Staff B used a 16 ounce cup and poured water to nearly the top and added 1 pack of honey thick-it. The thick-it was stirred in the cup but did not reach a honey consistency. The cup of water was cloudy, with the top portion clear since it appeared to separate from the thick-it. Client #5 consumed his entire meal and drank all of his water. During breakfast observations in the home on 1/22/20 at 7:10 am, Staff D brought client #5 to the kitchen to operate blender, to puree his meal. Cinnamon raisin bread had already been toasted and cut into smaller pieces. The pieces of bread were added to the blender with water added. The bread was blended, then transferred to a bowl. There were still small particles of food in the mixture, which was thin and loose. Before serving the bread to client #5, Staff D thickened the texture, by adding honey thick-it mix to it. Client #5 ate all of his toast. Review on 1/22/20 of client #5's diet orders posted in the kitchen dated 4/7/19 reflected that he needed a pureed diet and his food was too loose, it should be thickened to a pudding consistency. Additional review on 1/22/20 of client's #5's Occupational Therapy assessment dated 10/9/19 reflected that he should receive liquids thickened	W 460		

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W 460	Continued From page 11 to a honey consistency. During an interview on 1/22/20 with Staff D, she stated that she prepared a pureed diet for {client #5} with honey thick liquids. She acknowledged that there were still particles of food in the toast, after she attempted to thicken it. She further commented that client #5 did not have a problem swallowing his whole pills for seizure medication. During an interview on 1/22/20 with the Qualified Intellectual Disabilities Professional II (QIDP), she acknowledged that client #5 should receive a pureed diet with honey thickened liquids.	W 460		

February 21, 2020

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

DHSR - Mental Health
FEB 24 2020
Lic. & Cert. Section

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

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Oakdale 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

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