

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

PRINTED: 01/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>01/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC ALBEMARLE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>243 COKE AVENUE EDENTON, NC 27932</b>		
(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 000  {W 368}	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 1/30/2020 for all previous deficiencies cited on 10/22 - 22/2019. All deficiencies have not been corrected. The facility is not in compliance with all regulations surveyed.</p> <p><b>DRUG ADMINISTRATION</b> 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 record review and interview, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 1 of 4 audit clients (#2) The finding is:</p> <p>Client #4 did not receive his Meloxicam as ordered.</p> <p>Review on 1/30/2020 of the facility's plan of correction (POC) there was no information regarding correcting this citation.</p> <p>During an interview on 1/30/2020, the qualified intellectual disabilities professional (QIDP) confirmed there was no documentation regarding this citation. Further interview revealed the citation was not monitored as indicated in the facility's POC.</p>	W 000  {W 368}	<p>W 368</p> <p>The facility will ensure the system for drug administration are administered in compliance with the physician orders. All staff were in-serviced will receive additional training on February 14, 2020, in the area of medication through LIFE, Inc. medication administration review packet. This will be monitored by the QP, Habilitation Coordinator, 3 times monthly. A record of this monitoring will be recorded on a QA/QI form.</p> <p><b>DHSR - Mental Health</b></p> <p><b>FEB 14 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	2-29-2020	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Barbara W. Parker*

*Dir of ICF/IID*

*2-12-2020*

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.



February 12, 2020

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

DHSR - Mental Health

FEB 14 2020

Lic. & Cert. Section

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

Dear Ms. Barnes:

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