

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

PRINTED: 03/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area slowing down during meal and using napkin during meal. The finding is:</p> <p>Staff failed to prompt client #2 to slow down eating and wipe mouth during meals.</p> <p>During dinner observations in the home on 3/12/2020, client #2 was observed scooping her food with a spoon then used her left hand to fill the spoon and would lick her left hand several times. Making her face dirty with food particles. At no time was the client prompted to slow down, stop using her left hand or use a napkin to wipe her face.</p> <p>Interview on 3/13/2020 with Staff D revealed clients #2 slows down and uses her napkin during meal but she requires constant prompting.</p>	W 249			

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

TITLE

(X6) DATE

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 249	Continued From page 1 Review on 3/13/2020 of client #2's IPP dated 9/5/19 revealed, " I am reminded from staff to utilize the appropriate utensils during mealtime as I lack appropriate table manners and have a tendency to eat too fast and eat with my fingers. I will use napkin with prompt." Interview on 3/13/2020 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) confirmed client #2 can eat at a safe pace and use her napkin to clean the face with prompting	W 249			