

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

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

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| 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 |
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| NAME OF PROVIDER OR SUPPLIER LIFE, INC MINUTE MAN GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889 |
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| (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 |
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| 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 | <p>W 249</p> <p>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 regard to needs as outlined in their IPP specifically in the area of dining. The strengths and needs of each client will be reviewed as outlined in their skills assessment that is completed annually. Any changes agreed upon by the team after review of these assessments, will be added to each person's IPP in the form of an addendum to the current plan. These findings will be shared with all staff members as they will receive updated in-service specific to the needs of each client, including but not limited dining skills. This will include specific strengths and needs and assurance of active treatment over all aspects of daily living. Monitoring will occur at least weekly during scheduled observations outings in the home or community/workshop by facility managers as a part of their monthly QA/QI inspections including meal observations. This will help to ensure all IPPs are implemented/followed to include such strengths and needs as specified.</p> <p style="text-align: right;">DHSR-Mental Health APR 07 2020 Lic. & Cert. Section</p> <p style="text-align: right;"><i>Barbara W. Parker - ANW</i></p> | 4/30/2020 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| | | 4/2/2020 |

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 249 | <p>Continued From page 1</p> <p>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."</p> <p>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</p> | W 249 | | |
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April 2, 2020

Wambui Karanu, RN
Nurse Consultant I
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

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

Dear Ms. Karanu,

Enclosed please find our written plan of correction for the recent survey at our Minuteman 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 - Anw

Barbara W. Parker
Director ICF/IID Services

anw
Enclosure