

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

PRINTED: 01/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER LIFE, INC EDGEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 506 EDGEWOOD DR CHOCOWINITY, NC 27817		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitation protocols. The finding is:</p> <p>Upon arrival to the home on 1/11/21 at 10:17am, Staff B took the surveyor's temperature, sprayed a disinfectant spray on the bottom of the surveyor's shoes and the surveyor was asked to sign a form including name, date, time (in/out) and the reason for the visit. The surveyor was not asked any additional question prior to entering the home. On 1/12/21, after arriving at the home at 6:25am, the surveyor was invited into the home. The surveyor's temperature was not taken and no forms were presented for completion.</p> <p>Interview on 1/12/21 with Staff B revealed the COVID-19 visitation screening consisted of a temperature check, disinfecting shoes and completion of the form previously described.</p> <p>Review on 1/12/21 of the facility's COVID-19 Visitation Protocol (no date) revealed, "Prior to the beginning of the visit, visitors must be screened outside the entry way of the home. Screening will include temperature check as well as the completion of a COVID-19 questionnaire." Additional review of the protocol noted the</p>	W 189			

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 189	Continued From page 1 following required information and questions to be completed: Visitor Name Signature Temp Date Yes or No Questions: 1. Do you have symptoms of fever, dry cough, shortness of breath, body aches 2. In the last 14 days, have you had contact with any of the following: *Someone with confirmed or presumed COVID-19 Positive *Someone under investigation of COVID-19 *Someone who has been asked to quarantine themselves. Interview on 1/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all visitors should be prompted by staff to comply with the facility's current COVID-19 Visitation Protocol with each visit to the home.	W 189			
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.	W 249			

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W 249	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#1, #2, and #3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is:</p> <p>During observations throughout the survey in the home on 1/11 - 1/12/21, various staff prepared all food and drink items for 3 of 3 meals. No clients were prompted or encouraged to assist with meal preparation tasks.</p> <p>Interview with Staff B and Staff C revealed staff are preparing all of the meals due to the COVID-19 virus. Additional interview indicated this a directive from management.</p> <p>A. Review on 1/11 - 1/12/21 of client #1's IPP dated 3/12/20 revealed, "I enjoy helping in the kitchen and all areas of the house." The client's Habilitation Evaluation dated 3/10/20 noted she can prepare a simple snack, lunch, sandwich and beverages with staff assistance as well as use the microwave to assist with baking. Further review of client #1's Adaptive Behavior Inventory (ABI) dated 3/6/20 indicated she requires partial assistance to prepare combination dishes, use measuring cups/spoons, use a toaster, and to plan/prepare breakfast, lunch and dinner meals.</p> <p>B. Review on 1/11 - 1/12/21 of client #2's IPP dated 9/24/20 revealed, "I am able to do many tasks with prompting from staff...I enjoy helping in the kitchen and all areas of the home." Additional review of the client's Habilitation Evaluation dated</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>9/22/20 indicated she can prepare beverages/lunches, make toast, sandwiches, and snacks with staff assistance. Further review of client #1's ABI dated 9/22/20 noted she is independent or partially independent with planning/preparing breakfast, lunch and dinner meals, preparing fresh, frozen and canned foods in the microwave and making combination dishes as well as using measuring cups/spoons and using a toaster.</p> <p>C. Review on 1/11 - 1/12/21 of client #3's IPP dated 7/9/20 revealed, "I like to help with cooking...I enjoy helping in the kitchen and all areas of the house." Additional review of client #3's Habilitation Evaluation dated 7/7/20 indicated, "[Client #3] can cook with staff assisting" and prepare beverages/meals. The evaluation also identified a need to "Improve meal preparation skills." Further review of client #1's ABI dated 7/7/20 noted she is independent or partially independent with preparing fresh, frozen or canned foods in the microwave, and with planning/preparing breakfast, lunch and dinner meals. The ABI also identified a level of independence with using the microwave, blender, toaster and electric can opener.</p> <p>Interview on 1/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that due to issues with social distancing for COVID-19, clients had initially been removed from participation in meal preparation tasks; however, this recently had been changed and clients were now allowed to assist with preparing their own individual lunches and snacks.</p> <p>Review of a facility email dated 1/4/21 revealed, "A client may be in the kitchen to prepare</p>	W 249			

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W 249	Continued From page 4 something that only he/she will consume...A client can and should now be involved in doing simple things in the kitchen, such as turning the stove on and off or preparing their own lunch or snacks."	W 249			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 was taught to use and make informed choices about the use of her eye glasses. This affected 1 of 3 audit clients. The finding is: During observations throughout the survey in the home on 1/11 - 1/12/21, client #1 did not wear eye glasses. Throughout the observations, client #1 completed tasks such as playing video games on a handheld device, watching television and writing. Client #1 was not observed to be prompted or encouraged to wear eye glasses. Interview on 1/12/21 with Staff B revealed client #1 does wear eye glasses but needs to be encouraged to wear them. Additional interview indicated the client usually wears her eye glasses "daily" when completing training objectives. Review on 1/12/21 of client #1's Individual	W 436			

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W 436	<p>Continued From page 5</p> <p>Program Plan (IPP) dated 3/12/20 revealed under adaptive equipment, "Eye glasses once received after exam." Additional review of the client's vision exam report dated 4/26/19 indicated, "Myopia...Mild vision loss...Issued new Rx." Further review of the IPP did not include any information regarding the use of client #1's eye glasses or training to teach her to wear them appropriately.</p> <p>Interview on 1/12/21 the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 will often refuse to wear her eye glasses, saying she does not need them, and should be encouraged and prompted to wear them by staff. Additional interview also confirmed no training was currently in place to teach client #1 to wear her eye glasses appropriately and make informed choices about wearing them.</p>	W 436			