

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2021
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NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462
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E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>*[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RHC/FQHC at §491.12, ESRD Facilities at §494.62]:</p> <p>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or</p> <p>(A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or</p> <p>(B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>	E 039		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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E 039	<p>Continued From page 1</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p> <p>*[For Hospices at 418.113(d):]</p> <p>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community based every 2 years; or</p> <p>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d) (2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>	E 039			

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E 039	Continued From page 2 (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):]	E 039			

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E 039	<p>Continued From page 3</p> <p>(2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.</p> <p>*[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to</p>	E 039			

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E 039	<p>Continued From page 4</p> <p>test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.</p> <p>*[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises</p>	E 039			

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E 039	<p>Continued From page 5</p> <p>to test the emergency plan at least twice per year. The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or.</p> <p>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p> <p>*[For OPOs at §486.360]</p> <p>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise</p>	E 039			

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E 039	Continued From page 6 is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure facility/community-based or tabletop exercises to test their Emergency Preparedness (EP) plan were conducted. This potentially affected clients #1, #2, #3, #4, #5 and #6. The finding is: Review on 3/15/21 of the facility's EP plan dated January 2021, did not include a full-scale community-based or tabletop exercise for 2020. During an interview on 3/15/21, the qualified intellectual disabilities professional (QIDP) revealed the facility did not perform a tabletop exercise for 2020.	E 039			
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	W 249			

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W 249	<p>Continued From page 7 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 3 of 4 audit clients (#2, #3 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of self help skills. The finding is:</p> <p>During lunch and dinner observations in the home on 3/15/21, all the staff served the food, passed the food and poured the drinks for clients #2, #3 and #6. At no time were clients #2, #3 and #6 prompted to serve/pass their own food and pour their own drinks.</p> <p>During an interview on 3/15/21, Staff C revealed because of COVID-19 no clients were being allowed to serve, pass or pour during meals.</p> <p>Review on 3/15/21 of clients #3, #3 and #6 skill assessments revealed all three are totally independent in the following, "pours, serves self from bowl/platter, serves self appropriate portions, passes bowl/platter and asks that bowl/platter be passed."</p> <p>During an interview on 3/15/21, the qualified intellectual disabilities professional (QIDP) stated, clients #2, #3 and #6 should have been given the opportunity to serve, pass and pour during meals. Further interview revealed during the being of COVID-19 staff were doing all the passing,</p>	W 249			

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W 249	Continued From page 8	W 249			
W 263	pouring and serving; but are no longer doing it. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263			
	The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.				
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6's written informed consents were obtained from both co-guardians. This affected 1 of 4 audit clients. The finding is:				
	Review on 3/15/21 of client #6's record revealed guardianship paperwork identifying co-guardians. Further review of client #6's record revealed all consents were signed by one guardian. Further review revealed client #6 has a behavior support plan (BSP) which includes the medications for Ativan and Elavil.				
W 340	During an interview on 3/15/21, the qualified intellectual disabilities professional (QIDP) confirmed only one of client #6's co-guardians had signed her consents, including her BSP consents. NURSING SERVICES CFR(s): 483.460(c)(5)(i)	W 340			
	Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.				

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W 340	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking the temperature in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #4 and #6).. The finding is:</p> <p>During morning observations in the home on 3/15/21 at 8:57am, the surveyor entered the home. Further observations revealed Staff B who opened the door asked the surveyor to spray the bottom of her shoes, with a bottle of disinfectant which was outside on the porch. Further observations revealed Staff B sitting on a chair right within view of the surveyor. At no time did either Staff A or Staff B ask the surveyor if they took their temperature or what their temperature was. Additional observations revealed there was a sign on the which stated: "STOP sanitize hands Check your temperature." Further observations revealed there was no sign or directions about where to locate a thermometer to check your temperature before entering the house.</p> <p>During and interview on 3/15/21, Staff C stated that everyone temperature is taken before they enter the home. Further interview revealed all staff have been trained to ensure people entering the home take their temperature.</p> <p>During an interview on 3/15/21, the qualified intellectual disabilities professional (QIDP) stated the surveyor should have known where the thermometer was to take their own temperature. Further interview revealed the thermometer was</p>	W 340			

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W 340	Continued From page 10 located inside of a drawer located outside on the porch.	W 340			
W 368	<p>DRUG ADMINISTRATION 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 observations, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 2 of 4 audit clients (#2 and #4) observed receiving medications. The findings are:</p> <p>A. During medication administration in the home on 3/15/21 at 6:32pm, client #4 consumed Lamotrigine 100mg with four other pills.</p> <p>Review on 3/16/21 of client #4's physician orders indicated, "Lamotrigine 100mg Take one tablet by mouth in the evening 8pm."</p> <p>B. During medication administration in the home on 3/16/21 at 7:45am, client #2 consumed his medications, including Janumet. Further observations revealed client #2 was finishing his breakfast at 7:15am.</p> <p>Review on 3/16/21 of client #2's physician orders indicated, "Janumet Take one tablet by mouth twice daily with meals."</p> <p>During an interview on 3/16/21, the management staff confirmed clients #4 and #2 physician orders</p>	W 368			

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W 368	Continued From page 11 were not followed as ordered.	W 368			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During afternoon observations in the home on 3/15/21 at 12 noon, Staff A reached behind the refrigerator and took out an unlocked black box and removed a key. Further observations revealed Staff A then walked to the medication room door and unlocked it with the key. Staff A went into the medication room and took out a box of gloves; Staff A then returned the key back to the unlocked black box and replaced it back behind the refrigerator. During an interview on 3/16/21, management staff confirmed the medication key was accessible to anyone in the home.	W 383			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills	W 441			

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NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462		
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W 441	<p>Continued From page 12</p> <p>were conducted at varied times. This affected all clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review of fire drill reports on 3/15/21 revealed the following:</p> <p>Five fire drills were conducted on first shift: 2pm; 1:49pm; 1:41pm; 1:29pm; and 2:40pm.</p> <p>During an interview on 3/15/21, the qualified intellectual disabilities professional (QIDP) revealed first shift hours are 7am - 3pm and 7:30am - 3:30pm. The QIDP confirmed the fire drills on first shift were not varied.</p>	W 441			