

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC LOCKWOOD STREET GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>156 COUNTRYSIDE ROAD SW SUPPLY, NC 28462</b>		
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W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure 1 of 5 audit clients (#2) individual program plan (IPP) included training to meet the client's needs with complying with evacuating during fire drills. The finding is:</p> <p>Review on 3/9/21 of the IPP for client #2 dated 12/10/20 revealed that there was no identified program that addressed non-compliance specifically with fire drills. The IPP identified that client #2's gait and balance was unsteady and that he required a walker and could request a wheelchair for long distances. Client #2 received quarterly psychiatric supports to deal with targeted behaviors of agitation and was seen last in October, 2020.</p> <p>Review on 3/9/21 of the facility's monthly fire drill reports revealed multiple incidents of client #2 non-complying with evacuating from the home. Staff conducting the drills expressed repeatedly client #2's agitation and uncooperative in exiting the home during fire drills. Client #2 displayed resistive behaviors during the following drills: 4/27/20, 5/29/20, 6/26/20, 7/6/20, 8/26/20, 9/30/20, 10/28/20, 12/21/20, 1/31/21 and 2/22/21.</p> <p>Interview on 3/9/21 with the habilitation coordinator (HC) revealed that staff have been</p>	W 227			

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.

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

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W 227	Continued From page 1 trained that all clients must evacuate during a drill. The facility had not developed any formal plan to assist client #2 to be more willing to participate in fire drills. Currently staff either have to carry him out of the house, or put him in a wheelchair if he refuses to move or walks too slowly.	W 227			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  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.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that staff were sufficiently trained in wearing face masks and coughing etiquette. This potentially effected 6 of 6 clients (#1, #2, #3, #4, #5 and #6) in the home. The findings are:  A. During observations at the day program on 3/8/21 between 12:30-2:00 PM, the qualified intellectual disabilities professional (QIDP) was occasionally observed sitting at her desk and walking in the center with the face mask below her nostrils. Another observation on 3/9/21 from 8:00-8:30 AM, the QIDP sat in an office with the habilitation coordinator (HC) and nurse, wearing a face mask below her nostrils. After it was mentioned to the nurse, the manner the QIDP wore her mask, she pulled it over her nose.  An interview with the QIDP on 3/9/21 revealed	W 340			

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W 340	Continued From page 2 that she offered no explanation for wearing her mask beneath her nose.  An interview with the nurse on 3/9/21 regarding if the QIDP was wearing her face mask properly, the nurse responded no. The nurse stated that all staff were trained at the beginning of the pandemic how to wear their face masks. Since then, the nurse offered weekly training on COVID-19.  B. During observations in the home on 3/9/21 at 8:15 AM, the QIDP was sitting in the office with the HC and nurse and coughed into her left hand, then continued typing on her keyboard. The QIDP was not observed to sanitize or wash her left hand afterwards.  An interview with the QIDP on 3/9/21 revealed that she was unaware that she had coughed into her left hand.  An interview with the QIDP on 3/9/21 revealed that staff have been trained to cough into their elbows, instead of their hands.	W 340			
W 369	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to follow physician's orders for 2 of 5 audit clients (#2 and #5) during medication administration. The findings are:	W 369			

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W 369	<p>Continued From page 3</p> <p>A. During observations in the home on 3/9/21 at 7:30 AM during medication administration, staff D gave client #2 Tramadol 50 mg.</p> <p>Review on 3/9/21 of client #2's physician orders, dated 12/23/2020, covering January-March 2021 medications, did not contain an order for use of Tramadol 50mg twice a day.</p> <p>Interview on 3/9/21 with staff D revealed that after checking a medication log in the medication room, that client #2 started receiving Tramadol 50mg on 2/24/21. Staff D referred to an electronic medication administration record (EMAR), when giving medications.</p> <p>Interview on 3/9/21 with the nurse revealed that after carefully examining client #2's chart, she could not locate a written copy of a physician's order to give him Tramadol 50 mg. She stated that she would have to call her supervisor and investigate. The nurse was able to determine that they did not have a copy of the physician order for Tramadol before today.</p> <p>B. During observations in the home on 3/9/21 at 7:57 AM during medication administration, staff D gave client #5 Krill Oil 300mg softgel. Client #5 was not offered any food with his medications and had the pill poured into his mouth by staff E, then client #2 drunk thickened water.</p> <p>Review on 3/8/21 of the facility's daily schedule revealed that clients ate breakfast at 6:30 AM. In addition a review on 3/9/21 of client #5's physician orders signed on 12/23/20 read that Krill Oil 300 mg Softgell should be given in the morning with food.</p>	W 369			

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W 369	Continued From page 4  Interview on 3/9/21 with staff D revealed that she was unaware that client #2 should have received food with his medication. When staff D revealed the EMAR, it did not contain instructions to give the Krill Oil softgel with food. Staff D commented that she does not review the paper copy of the MAR, which did list instructions to take the medication with food.	W 369			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to vary the times of scheduled fire drills conducted on third shift. This had the potential to effect 6 out of 6 clients (#1, #2, #3, #4, #5 and #6) in the home. The findings are:  Review on 3/9/21 of the facility's 2020 fire drill records revealed that all drills conducted at night occurred at the end of third shift:  On 6/26/20 at 5:47 AM On 9/32/20 at 6:57 AM On 12/21/20 at 6:10 AM  Interview on 3/9/21 with the habilitation coordinator revealed that she was responsible for	W 440			

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W 440	Continued From page 5	W 440			
W 441	<p>scheduling the monthly fire drills. The HC commented that some of the clients were difficult to get up to participate in drills on third shift.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to conduct quarterly fire drills per shift, during a calendar year. This had the potential to effect 6 of 6 clients (#1, #2, #3, #4, #5 and #6) in the home. The findings are:</p> <p>Review on 3/9/21 of the facility's 2020 fire drill records revealed that quarterly drills were missed during the 1st quarter on 3rd shift and the 4th quarter on 1st shift.</p> <p>Interview on 3/9/21 with the habilitation coordinator revealed that she was responsible for scheduling the monthly fire drills. The HC offered no explanation for the reason these drills were omitted.</p>	W 441			