

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G100 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2021 |
|--|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER LIFETIME RESOURCES, INC ECHO FARMS GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 DORCHESTER PLACE WILMINGTON, NC 28412 | |
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| W 195 | <p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to: ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249), ensure preliminary evaluations were completed for a client who was recently admitted to the facility (W210), ensure the individual program plan stated the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment (W227) and failed to develop training to address basic needs (W242).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.</p> | W 195 | <p>W195 Failure to ensure active treatment services requirements are met</p> <ul style="list-style-type: none"> - An IPP will be formulated and implemented for Client #6 to ensure active treatment is in place - New objectives and service goals indicated on the IPP to address Client #6's needs will be implemented as soon as possible - Preliminary evaluations will be scheduled and/or completed as soon as possible. These appointments were delayed due to doctor's offices still trying to make up cancelled appointments for other patients due to the Covid Pandemic. - Client #6's IPP will include objectives and service goals to meet clients' current needs - Training goals will be developed and implemented to address all needs identified in the IPP. <p>To ensure this does not reoccur, QIDP will monitor to ensure, that following all new admissions, all preliminary assessments are completed (or at least scheduled in a timely manner if completion is not possible). QIDP will also monitor client records once a month to ensure that an IPP is developed and implemented in a timely manner to provide active treatment and address each clients' needs including new admissions and that each IPP includes objectives and service goals to meet those needs.</p> | 04/29/21 |
| W 196 | <p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for</p> | W 196 | | |

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



TITLE
QIDP

(X6) DATE
03/26/21

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 60 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.

DHSR - Mental Health
APR 06 2021

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| W 196 | Continued From page 1 the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 1 of 3 audit clients (#6) in the area of communication, bathing, dressing, grooming and leisure. The findings are: A. Cross reference W210. The interdisciplinary team failed to complete preliminary accurate assessments within 30 days after admission for 1 newly admitted client (#6). B. Cross reference W227. The interdisciplinary team failed to ensure the individual program plan (IPP) for 1 of 3 sampled clients (#6) included objective training to address needs relative to communication. C. Cross reference W242. The facility failed to develop training to address basic needs such as bathing, dressing and grooming for 1 of 3 audit clients (#6). D. Cross reference W249. The facility failed to ensure 1 of 3 audit clients (#6) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of program implementation and meal preparation. | W 196 | W196 Failure to provide active treatment program to help clients function with self-determination and independence and prevent regression or loss of optimal functional status. - New objectives and service goals indicated on the IPP to address Client #6's needs will be implemented as soon as possible - Preliminary evaluations will be scheduled and/or completed as soon as possible (Follow-up with PCP to schedule labwork and complete physical, Speech Evaluation, OT Evaluation, PT Evaluation, Dental, Vision). These appointments were delayed due to doctor's offices still trying to make up cancelled appointments for other patients due to the Covid Pandemic. - Client #6's IPP will include objectives and service goals to meet clients' current needs - Training goals will be developed and implemented to address all needs identified in the IPP. | 04/29/21 |
| W 210 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) | W 210 | | |

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| W 210 | Continued From page 2 Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary accurate assessments within 30 days after admission. This affected 1 of 2 newly admitted audit clients (#6). The finding is: Review on 3/15/21 of client #6's individual program plan (IPP) dated 2/4/21 revealed she was admitted to the facility on 1/6/21. Further review of the IPP dated 2/4/21 revealed there were several preliminary evaluations that were not included in her record which included: physical therapy, speech and occupational therapy. Interviews on 3/15/21 with the qualified intellectual disabilities professional (QIDP) and facility nurse confirmed these evaluations had not been completed within 30 days of client #6's admission. Further interview confirmed there were not dates scheduled for these evaluations to be completed for client #6 as of 3/15/21. | W 210 | (W196 Continued) To ensure this does not reoccur, QIDP will monitor to ensure, that following all new admissions, all preliminary assessments are completed (or at least scheduled in a timely manner if completion is not possible). QIDP will also monitor client records once a month to ensure that an IPP is developed and implemented in a timely manner to provide active treatment and address each clients' needs including new admissions and that each IPP includes objectives and service goals to meet those needs. W210 Failure to complete accurate assessments or reassessments - Preliminary evaluations will be scheduled and/or completed as soon as possible (Follow-up with PCP to schedule labwork and complete physical, Speech Evaluation, OT Evaluation, PT Evaluation, Dental, Vision). These appointments were delayed due to doctor's offices still trying to make up cancelled appointments for other patients due to the Covid Pandemic. | 04/29/21 |
| W 227 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, | W 227 | To ensure this does not reoccur, QIDP will monitor to ensure, that following all new admissions, all preliminary assessments are completed (or at least scheduled in a timely manner if completion is not possible). | |

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| W 227 | <p>Continued From page 3 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 observations, record review and interview, the team failed to ensure the individual program plan (IPP) for 1 of 3 sampled clients (#6) included objective training to address needs relative to communication. The findings are:</p> <p>Throughout observations on 3/15/21 from 3:30pm-3:40pm, staff A and B asked client #6 if she would like to choose a leisure activity. At 3:40pm, she was given a wooden multi-piece puzzle and she sat down briefly to complete this activity. She got up and returned the activity to the shelf at 3:50pm when she went with staff B to the bathroom and shut the door. At 4:03pm, staff B and client #6 returned to the activity room. Staff A and the qualified intellectual disabilities professional (QIDP) asked her what she would like to do. The QIDP located several strings of multi colored beads that were twisted together as necklaces and client #6 held these for about 5 minutes. At 4:06pm, staff A handed her a slinky toy that she briefly manipulated in her hands. Between 4:30pm-5:30pm staff A and the QIDP offered client #6 several leisure items that she engaged in briefly and then returned each one to the shelf. At 5:40pm, staff B prompted clients to go wash their hands for supper. Staff A motioned to client #6's hands and offered her hand to indicate it was time to go to the bathroom to wash her hands.</p> <p>During morning observations on 3/16/21 at 6:55am staff C was working in the kitchen. Client</p> | W 227 | <p>W227 Failure to ensure IPP addressed Client #6's needs related to communication.</p> <p>- New objectives and service goals indicated on the IPP to address Client #6's needs, including communication needs, will be implemented as soon as possible</p> <p>To ensure this does not reoccur, QIDP will monitor client records once a month to ensure that client objectives and service goals are being implemented in a timely manner to provide active treatment and address each clients' needs including communication needs.</p> | 04/29/21 |

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| W 227 | Continued From page 4 #6 wandered around the door to the kitchen while client #1 helped with meal preparation. Staff C asked client #6 what she needed. Client #6 did not respond. The QIDP offered her an activity in the activity room where she sorted yellow and black cards into sorting boxes. She engaged in that activity until 7:30am when she was prompted by staff D to go wash her hands for breakfast. Review on 3/15/21 of client #6's IPP dated 2/4/21 revealed she was admitted to the facility on 1/6/21 and her IPP meeting was held on 2/4/21. Further review of the IPP revealed no formal training objectives in the area of communication. Review on 3/15/21 of her habilitation evaluation dated 1/30/21 identified needs that were recommended to be addressed by formal training. These recommendations included: "Exhibits increased receptive and expressive language skills (identifies additional communication pictures, identifies community facility logos, identifies survival signs, identifies pictures of holidays)." Interview with the QIDP on 3/16/21 revealed needs to improve receptive and expressive language were identified in the habilitation evaluation. Subsequently, the QIDP confirmed however, formal training was not developed for client #6 in the area of communication. | W 227 | | | |
| W 242 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, | W 242 | W242 Failure to implement training in personal skills essential for privacy and independence. (see next page) | 04/29/21 | |

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| W 242 | <p>Continued From page 5</p> <p>personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interview, the facility failed to develop training to address basic needs such as dining, bathing, dressing, toileting, toothbrushing and privacy for 1 of 3 audit clients (#6). The finding is:</p> <p>During observations in the facility on 3/16/21 at 7:30am, client #6 had a sausage egg biscuit that was precut in half on her plate for breakfast with a cup of applesauce, a small glass of orange juice and milk. Client #6 had a fork, spoon and napkin at her place setting. She began to dismantle the biscuit and eat pieces of the biscuit with her fingers. She ate the egg by tearing it and eating pieces of it with her fingers. She did not use a fork to pierce the egg or sausage. She was prompted to wipe her face with a napkin by staff C who was sitting next to her.</p> <p>After breakfast on 3/16/21 at 8:01am, staff C took her to the bathroom to brush her teeth. She was given verbal reminders to go in her bedroom to get her toothbrush and toothpaste. Staff C went with her into the bathroom and reminded her to shut the door for privacy.</p> <p>During observations on 3/16/21 at 8:20am staff C reminded client #6 to get ready to leave for the vocational program. Staff C observed that client #6 had a visible stain on the front of her shirt and</p> | W 242 | <p>(W242 Continued)</p> <p>New objectives and service goals indicated on the IPP to address Client #6's needs, including personal skills/basic needs, will be implemented as soon as possible.</p> <p>Recommendations from Habilitation Evaluation will be reviewed by IDT and will be included in the IPP.</p> <p>To ensure this does not reoccur, QIDP will monitor client records once a month to ensure that client objectives and service goals are being implemented in a timely manner to provide active treatment and address each clients' needs including personal skills/basic needs.</p> | 04/29/21 |

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| W 242 | <p>Continued From page 6</p> <p>verbally cued client #6 to follow her to the bedroom to change her shirt. At 8:27am, client #6 and staff C emerged from her bedroom and her clothing had been changed.</p> <p>Interviews on 3/16/21 with the qualified intellectual disabilities professional (QIDP) and staff C confirmed client #6 needs verbal cues and physical prompting to assist her in using her utensils, using her napkin, bathing, brushing her teeth, changing her clothing as well as assistance with toileting. Additional interview confirmed client #6 also needs reminders to ensure her privacy during toileting and dressing.</p> <p>Review on 3/15/21 of client #6's record revealed she was admitted to the facility on 1/6/21 and her individual program plan (IPP) meeting was held on 2/4/21, however, there were no goals and objectives identified for client #6 except for a behavior support program dated 2/10/21 to decrease inappropriate behavior.</p> <p>Review on 3/16/21 of client #6's habilitation evaluation dated 1/30/21 identified needs that were recommended to be addressed by formal training. These recommendations included:</p> <p>A. Improved self skills (wash face with gestures, wash hands with gestures, uses deodorant, choose proper utensils with gestures, use rocker knife).</p> <p>B. Develops food preparation skills (packs lunch with gestures, makes toast).</p> <p>C. Staff will follow established guidelines to help client #6 right to privacy while in bedroom and the bathroom.</p> | W 242 | (See previous page) | |

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| W 242 | Continued From page 7 D. Staff will assist client #6 with toothbrushing as needed to ensure thoroughness and improve hygiene. | W 242 | | | |
| 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 audit clients (#6) received a continuous active treatment program consisting of needed interventions and services to support the achievement of needs identified in the Individual Program Plan (IPP) in the areas of program implementation. The findings are: Throughout observations on 3/15/21 from 3:30pm-3:40pm, staff A and B asked client #6 if she would like to choose a leisure activity. At | W 249 | W249 Failure to provide continuous active treatment program. New objectives and service goals indicated on the IPP to address Client #6's needs, including self-help skills, communication, privacy, bathing, dressing, teethbrushing, food prep, making choices for leisure IAs, will be implemented as soon as possible. Recommendations from Habilitation Evaluation will be reviewed by IDT and will be included in the IPP. To ensure this does not reoccur, QIDP will monitor client records once a month to ensure that client objectives and service goals are being implemented in a timely manner to provide active treatment and address each clients' needs including personal skills/basic needs. | 04/29/21 | |

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| W 249 | <p>Continued From page 8</p> <p>3:40pm, she was given a wooden multi-piece puzzle and she sat down briefly to complete this activity. She got up and returned the activity to the shelf at 3:50pm when she went with staff B to the bathroom and shut the door. At 4:03pm, staff B and client #6 returned to the activity room. Staff A and the qualified intellectual disabilities professional (QIDP) asked client #6 what she would like to do. The QIDP located several strings of multi colored beads that were twisted together as necklaces and client #6 held these for about 5 minutes. At 4:06pm, staff A handed her a slinky toy that she briefly manipulated in her hands. During this time, staff A and staff B took individual clients aside and conducted formal training on goals and objectives. Client #6 continued to sit and manipulate the slinky toy in her hands or tuck her hands in her overalls while sitting in a chair. Between 4:30pm-5:30pm staff A and the QIDP offered client #6 several leisure items that she engaged in briefly. After several minutes, she returned each activity to the shelf. At 5:40pm, staff B prompted clients to go wash their hands for supper. Staff A offered her hand to indicate it was time to go to the bathroom to wash her hands.</p> <p>During morning observations on 3/16/21 at 6:55am, staff C was working in the kitchen. Client #6 wandered around the door to the kitchen while client #1 helped with meal preparation. Staff C asked client #6 what she needed. Client #6 did not respond. The QIDP offered her an activity in the activity room where she sorted yellow and black cards into sorting boxes. She engaged in that activity until 7:30am when she was prompted by staff D to go wash her hands for breakfast.</p> <p>During observations on 3/16/21 after breakfast at</p> | W 249 | (See previous page) | |

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| W 249 | <p>Continued From page 9</p> <p>8:01am, staff D motioned to client #6 to go to the bathroom to brush her teeth. Client #6 walked to her bedroom, got her grooming kit and walked to the bathroom to meet staff D who closed the bathroom door, once client #6 was inside.</p> <p>Immediately following this observation on 3/16/21, staff D was asked how much assistance client #6 needs with dining, grooming, bathing and making choices about leisure activities. Staff D stated client #6 requires verbal cues during dining to use appropriate utensils and a napkin. Further interview revealed she needs moderate assistance with dressing and grooming. Staff D also indicated client #6 will sometimes make choices about leisure activities. When asked if client #6 had any current objectives, staff D indicated she has a behavior support program (BSP) to address inappropriate behaviors. Staff D stated she was not aware of any other goals or objectives for client #6.</p> <p>Review of client #6's IPP dated 2/4/21 revealed client #6 was admitted to the facility on 1/6/21. Her individual program plan (IPP) meeting was held on 2/4/21. Review of her habilitation evaluation dated 1/30/21 identified needs that were recommended to be addressed by formal training. These recommendations included:</p> <ol style="list-style-type: none"> 1. Improved self skills (wash face with gestures, wash hands with gestures, uses deodorant, choose proper utensils with gestures, use rocker knife). 2. Develops food preparation skills (packs lunch with gestures, makes toast). 3. Exhibits increased receptive and expressive | W 249 | (See previous page) | | |

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| W 249 | Continued From page 10 language skills (identifies additional communication pictures, identifies community facility logos, identifies survival signs, identifies pictures of holidays). 4. Exhibits improved number and money use skills (match coins with jig, match bills using jig). 5. Develops domestic cleaning skills (wipes off place setting, sets one place setting with matching placemat, takes out trash, dishwasher use). 6. Exhibits laundry care skills (washer and dryer use). 7. Staff will follow established guidelines to help client #6 right to privacy while in bedroom and the bathroom. 8. Staff will assist client #6 with toothbrushing as needed to ensure thoroughness and improve hygiene. 9. Will be involved in meal preparation integrative activities to maintain skills in preparing a powdered drink mix and microwave popcorn. 10. Will be provided the opportunity to learn personal information. 11. Will provide the opportunity to walk in the community for exercise and participate in a community exercise program. Interview on 3/16/21 with the qualified intellectual disabilities professional (QIDP) revealed formal training goals had not been developed to address the needs identified on client #6's habilitation | W 249 | (See previous page) | |

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

PRINTED: 03/18/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G100 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2021 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LIFETIME RESOURCES, INC ECHO FARMS GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 DORCHESTER PLACE WILMINGTON, NC 28412 | | |
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| W 249 | Continued From page 11 evaluation. Further interview with the QIDP revealed the only formal program client #6 currently had developed was a behavior support program dated 2/10/21 to address inappropriate behavior. | W 249 | (See previous page) | | |

Lifetime Resources, Inc.

Robert T. Thacker, Jr., Ph.D.
Executive Director

1316 South 16th Street
Wilmington, NC 28401
(910) 762-1189

March 26, 2021

Mental Health Licensure and Certification Section
Division of Health Service Regulation
Attn: Kimberly McCaskill
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. McCaskill,

Thank you for your recent recertification survey of our Echo Farms Group Home. I have attached a copy of the deficiencies we received with the plan of correction.

I am requesting a revisit on or after April 29, 2021. I am credibly alleging that we project being in compliance with all ICF/IID regulations including the conditional deficiencies cited during our survey by 4/29/21. I look forward to your revisit.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Angela Carter, QIDP
angela.carter@lifetimeresourcesinc.com
910-470-3476