

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

PRINTED: 03/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2021
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILSON STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1116 WILSON STREET EXTENSION PLYMOUTH, NC 27962	
(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 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 3 of 3 audit clients (#2, #4 and #5) received a continuous active treatment program consisting of needed interventions and services to support objectives 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 3/8 - 3/9/21, 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 on 3/9/21 with Staff A revealed staff are preparing all of the meals due to the COVID-19 virus and potential cross-contamination. Additional interview indicated this a directive from management.</p> <p>Review on 3/9/21 of client #2's IPP dated 3/24/20 revealed, "I enjoy helping staff with meals." The plan also indicated the client could prepare a powdered beverage.</p>	W 249	<p>W249 Facility managers will ensure each client receive a continuous active treatment program consisting of needed interventions and services in the area of meal preparation. On 3/17/2021 a core team meeting will be scheduled to discuss all client's strengths and needs specific to the area of meal preparation. All staff will be in serviced on 3/18/2021, this Inservice will provide training specific to all clients' needs and capabilities with regards to a continuous active treatment plan consisting of needed interventions and services as identified in each individual IPP specific to the area of meal preparation. 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 CRT inspections including meal observations. This will help to ensure all IPPs are implemented/followed to include such strengths and needs as specified.</p>	4-30-2021

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 249	Continued From page 1 Review on 3/9/21 of client #4's IPP dated 12/8/20 noted, "I can assist staff in meal preparation...Staff still continue to offer and encourage me. I attempt to use kitchen appliances with staff direction." Review o 3/9/21 of client #5's IPP dated 4/28/20 indicated, "I need assistance from staff in meal preparation..." Interview on 3/9/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) indicated there were no current COVID-19 cases in the home. Additional interview confirmed none of the clients are assisting with meal preparation tasks due to the COVID-19 virus and the potential for cross-contamination. The QIDP and HC acknowledged clients could be assisting with some meal preparation tasks individually and with the implementation of sanitary practices (i.e. Handwashing).	W 249			
W 340	NURSING SERVICES 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, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitor screening process. The	W 340			

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W 340	<p>Continued From page 2 finding is:</p> <p>Upon arrival to the home on 3/8/21 at 9:50am and 3/9/21 at 6:15am, staff invited the surveyor into the home. The surveyor's temperature was not taken and no forms were presented for completion.</p> <p>Interview on 3/9/21 with Staff A revealed the COVID-19 visitor screening consisted of a temperature check and completion of questions regarding COVID-19.</p> <p>Review on 3/9/21 of the facility's COVID-19 screening form revealed the following required information and questions to be completed:</p> <p>Name: Date: Temp:</p> <p>1. Do you have symptoms of fever, dry cough, shortness of breath, body aches? 2. In the past 14 days, have you had contact with any of the following: - Someone with confirmed or presumed COVID19 - Someone under investigation of COVID19 - Someone who has been asked to quarantine themselves</p> <p>Interview on 3/9/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) confirmed all visitors into the home should be screened for COVID-19 as indicated on the screening form.</p>	W 340	<p>W340 Facility managers will ensure nursing services are implemented with other members of the interdisciplinary team, appropriate protective and preventive health measures that include but not limited to training clients and staff as needed in appropriate health and hygiene methods. On 3/18/2021 all staff and clients will be in serviced on implementing the facility's current COVID-19 visitor screening process. QP II, QPI, Habilitation Coordinator or nurse will monitor once a week to ensure future compliance with this regulation by review of the monitor form provided during daily observation while in the facility and during weekly inspections to be included during the random CRT inspections that are completed in the homes.</p>	4-30-2021	



March 15, 2021

Ms. Wilma Worsley-Diggs, M.Ed., QDDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

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

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Wilson Street 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,

A handwritten signature in black ink that reads 'Susan P. Ayres'.

Susan P. Ayres
Director of ICF/IID Services

ART
Enclosure