

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

PRINTED: 03/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/02/2021
NAME OF PROVIDER OR SUPPLIER LIFE, INC NINE FOOT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1229 NINE FOOT ROAD NEWPORT, NC 28570		
(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 000 {W 249}	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 3/2/2021 for all previous deficiencies cited on 1/28/2020. The following deficiencies have been corrected; W130, W252, W382, W460 and W473. The facility remained out of compliance in W249.</p> <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 1 of 3 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of implementation of meal time guidelines and domestic skills. The findings are:</p> <p>A. During observations in the home on 3/2/21 from 8:30am - 9:00am, staff E sat with client #3's at breakfast. After client #3 completed his meal, staff E stood up and instantly started to clear client #3's dishes and rinsed them in the sink before loading the dishwasher. Staff E did not ask client #3 to participate. After client #3 left the dining room, staff E took a spray bottle and towel</p>	W 000 {W 249}	<p>W 249 Facility will ensure that each client receives continuous active treatment to include the needed interventions and services to support the achievement of the specific objectives, independence in relations to strengths, and assistance in regard to needs as outlined in their IPP. This will specifically include ensuring that all clients have the adaptive equipment needed, a variety of choice of leisure activities, mealtime strategies, and dining skills to include meal prep/clean up. Staff will receive updated in-service specific to the needs of each client, including but not limited to adaptive equipment utilization, mealtime strategies, and dining skills. Facility managers will monitor at least four times monthly, and documentation will occur via LIFE, Inc.'s QA/QI inspection forms currently being utilized to ensure all IPP's are implemented/followed to PCP onsite include strengths/needs identified.</p> <p>DHSR - Mental Health</p> <p>MAR 12 2021</p> <p>Lic. & Cert. Section</p>	4-30-2021	

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

Susan P. [Signature]

TITLE

Director of ICE/UP **3/2/2021**

(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}	<p>Continued From page 1 and began to clean the dining room table surface.</p> <p>Review on 3/2/21 of client #3's individual program plan (IPP) dated 10/1/20 revealed that following mealtime, client #3 is encouraged to help clear his place setting, wash dishes and to wipe the table clean.</p> <p>Review on 3/2/21 of a staff inservice on 2/2/20, staff were instructed if a client had a walker or limited ability to walk, then staff should make every effort to ensure that they are still able to participate.</p> <p>Interview on 3/2/21 with staff G revealed client #3 was capable of clearing his dishes but was unsteady on his feet. Staff G did acknowledged that they used an utility bin to help client, with mobility concerns to gather their dishes at the table, to place in bin and allow staff to take into the kitchen. Staff E had left the home to pick up groceries and was not available for interview.</p> <p>Interview on 3/2/21 with the qualified intellectual disabilities professional (QIDP) confirmed that client #3 was capable of assisting with clearing his dishes and cleaning the dining room table.</p> <p>B. During observations in the home on 3/2/21 from 10:00-10:30 am, staff G cut up a vegetable into small pieces, then blended the food in a blender. Staff G also prepared a pitcher of beverage. Client #3 was sitting in the living room watching television and was not asked to participate in processing his food.</p> <p>Review on 3/2/21 of client #3's IPP dated 10/1/20 revealed that he tried to be independent. Client #3's diet was listed as ground texture.</p>	{W 249}			

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{W 249}	Continued From page 2 Review on 3/2/21 of a staff inservice on 2/2/20, staff were instructed to allow clients to assist with meal prep of their food to the correct consistency. If their food is to be grounded, they should be assisting in doing this. Interview on 3/2/21 with staff G revealed that client #3 was capable of assisting with his meal, but since the facility bought a new blender, it was not easy for the clients to use since pressure must be applied to keep the blender operating. Interview on 3/2/21 with the QIDP#1 and habilitation coordinator confirmed that client #3 was capable of assisting with meal preparation.	{W 249}			



March 23, 2020

Esther Moore, BSW, QIDP
Facility Compliance Consultant I
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

MAR 12 2021

Lic. & Cert. Section

Re: Plan of Correction
LIFE, Inc. Nine Foot Group Home

Dear Miss. Moore,

Enclosed please find our written plan of correction for the recent survey at our Nine Foot 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 Ayers'.

Susan Ayers
Director of ICF/IID Services

art
Enclosure