

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

PRINTED: 03/17/2021  
FORM APPROVED  
OMB NO. 0938-0391

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>
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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	<p>W 227</p> <p>Facility will ensure that all individual plans state specific objectives necessary to meet a consumer's needs as they are identified by the comprehensive assessments that are completed. All assessments will be reviewed and revised as needed. All strengths and needs will be prioritized by the team. Any needs deemed priority will be implemented as objectives and addendums to My Life Plans will be completed. All staff will be receiving updated training on the strengths and needs identified, as well as any changes made to the My Life Plan. Any adaptive equipment that is needed to obtain independence will also be trained and included in the training. This training will include any modifications that may be needed to assist consumers during evacuations needed during emergency drills in relations to compliance or behavior medication. All staff will be in -serviced on all changes and recommendations made by the team. Monitoring will occur at least monthly during the monthly drills in the home. Discussions to response will be held by managers during quarterly safety meetings that are held by the local team and bi-annually during the audits that are conducted by members of the QA/QI team.</p>	4-30-2021
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Susan Papp* TITLE *Director of UO* (X6) DATE *4/12/21*

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 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 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	W 340 Facility will ensure that nursing services will include the implementation of appropriate protective and preventive health measures are in place to train clients and staff as needed in appropriate health and hygiene. The nurse will ensure that staff are re in-serviced on the appropriate COVID-19 protocol to include but not limited to mask wear and handwashing. The nurse will post all instructions within the facilities. Monitoring will take place during all observations in the home as well as camera observations. These observations will be completed no less than weekly and documented as part as LIFE, Inc CRT random inspection forms in the FID app system as well as the camera report form. These will be reviewed by home managers on a monthly basis.	4-30-2021	

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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	Continued From page 3  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.  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.  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.  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.  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.  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.	W 369	W 369 The facility will ensure that all drugs are administered without error and in accordance with a physician's order. The facility nurse will ensure all medications received have accurate orders in place for proper administration. Following review and ensuring all medications have accurate orders, all staff will receive an in-service staff on the correct time to administer them as well clarification of all orders that indicate "take with meals". Any changes that are needed in the Therap system will be made as well as rescheduled for the times for the medication to be taken as close to mealtime as possible so as to not take the medication on an empty stomach per med orders. Monitoring will occur at least weekly during scheduled observations in the home by facility managers as a part of their monthly CRT inspections including med observations. This will help to ensure all med orders are implemented/followed. This information will be documented in the FID app system used by LIFE, Inc to record observations.	4-30-2021	

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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.  Interview on 3/9/21 with the nurse revealed that if the physician's order stated that the medication must be taken with food, and it was not given, then it was a medication error.	W 369			
W 440	<b>EVACUATION DRILLS</b> 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	<b>W 440</b> The facility will ensure that all fire drills have conducted quarterly for each shift. The facility A schedule will be developed to prevent the occurrence. Fire drills will be done in accordance with Life policy and will have one per shift, per quarter. Persons responsible for drills will receive training as to the fluctuating schedule. Monitoring will occur at least monthly during the safety inspections of the home and quarterly during the safety meetings that are held by the local team and bi-annually during the audits that are conducted by members of the QA/QI team.	4-30-2021	



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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	<p>W 441</p> <p>The facility will ensure that all fire drills will have varied times on each shift. The facility will ensure that all fire drills will not be at the same or close to the same times. A schedule will be developed to prevent the occurrence. Fire drills will be done in accordance with Life policy and will have fluctuating times per shift. Persons responsible for drills will receive training as to the fluctuating schedule. Monitoring will occur at least monthly during the safety inspections of the home and quarterly during the safety meetings that are held by the local team and bi-annually during the audits that are conducted by members of the QA/QI team.</p>	4-30-2021	



April 2, 2021

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

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

Dear Miss. Moore,

Enclosed please find our written plan of correction for the recent survey at our Lockwood 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 blue ink that reads "Susan Ayers".

Susan Ayers  
Director of ICF/IID Services

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Enclosure