PRINTED: 05/12/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G202	B. WING _		05/	11/2021
	PROVIDER OR SUPPLIER  C LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE  102 MIDWAY LANE  ROANOKE RAPIDS, NC 27870		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 189	CFR(s): 483.430(e)  The facility must preinitial and continuing employee to perfor efficiently, and com  This STANDARD is Based on observat failed to ensure all sthe facility's process administration. The During observations administering client medication administering client medication administering her 4 was observed to putablet, used PRN for full container of yog spoon feed the yog refused to take the was observed to that the trash can.  Interview on 5/11/2 pill falls on the floor medication that has applesauce, etc., state toilet and notify narcotic. If the pill i should secure the plock it and notify the	ovide each employee with g training that enables the m his or her duties effectively, petently.  Is not met as evidenced by: tions and interview, the facility staff were sufficiently trained in s for medication e finding is:  Is in the home of medication /10/21 at 4:17pm, Staff D was with a training and vomiting. After: 00pm medications, Staff D at one Ondansetron ODT 4mg or nausea and vomiting, into a purt. Staff D attempted to urt to client #2. Client #2 yogurt. At 4:31pm, Staff D row the container of yogurt in 1 with Staff B revealed when a for if a client refuses a s been mixed into yogurt, taff should flush the pill down the nurse, unless the pill is a s classified as a narcotic, staff bill in the narcotics box, double enurse.	W 18	·		
L ABORATOR)		does not have a policy that  DER/SUPPLIER REPRESENTATIVE'S SIGN	JATI IRE	TITLE		(X6) DATE

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

(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 189 W 249	refuses medication yogurt, applesauce medication administion administion annually with confirmed the yogu 4mg tablet should rash, but should have	that has been mixed into , etc., but this is part of the stration training and testing staff. The facility Nurse art with the Ondansetron ODT not have been thrown in the expense of the stration training and testing staff. The facility Nurse art with the Ondansetron ODT not have been thrown in the expense of the strategies and the strategies are strategies.	W 18			
	formulated a client' each client must re treatment program interventions and s and frequency to su	erdisciplinary team has a sindividual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the d in the individual program				
	Based on observa interview, the facilit clients (#1, #2 and active treatment pro interventions and s Individual Program	s not met as evidenced by: tions, record review and y failed to ensure 3 of 6 audit #4) received a continuous ogram consisting of needed ervices as identified in the Plan (IPP) in the area of t and devices. The findings				
	through 5/11/21, cli socks, but no shoe observations, client	ons in the home on 5/10/21 ent #2 was observed to wear s. Throughout the t #2 was observed to ambulate r stand in various locations in				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JER/CLIA

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
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W 249	Review on 5/10/21 12/7/20 revealed clashoe to stabilize state Interview on 5/11/2 #5 does wear a built revealed that staff is she is getting dress #2 kicks the shoe chappens, staff shouthe shoes throughout Interview on 5/11/2 Disabilities Profess Coordinator (HC) reschedule for when shoe. The QIDP as should prompt her ambulating or standard built property and prompt in the company observations of brewas observed to eacurved spoon. Duradministration on 5 was given her med yogurt. Client #2 with spoon to eat the your Review on 5/10/21 12/7/20 revealed clequipment when eabuilt-up handled, controlled the shoes of the state of	of client #2's IPP dated lient #5 wears a built-up left anding and ambulating.  1 with Staff G revealed client lift up left shoe. Staff G put the shoe on client #2 when sed in the morning, but client off. Staff G revealed when this uld prompt client #2 to wear out the day.  1 with the Qualified Intellectual sional (QIDP) and Habilitation evealed there is no set client #2 wears the build up and HC confirmed that staff to wear the shoe when ding as the IPP indicates.  ions in the home on 5/10/21 at eack and dinner, and additional eakfast on 5/11/21, client #2 at with a built-up handled, ring observations of medication in a container of eas provided a white, plastic egurt with.  of client #2's IPP dated lient #2 uses adaptive eating that includes a small,	W2	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  LIFE, INC LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CO 102 MIDWAY LANE ROANOKE RAPIDS, NC 27870	<b>.</b>		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION :	SHOULD BE	(X5) COMPLETION DATE	
revealed client #2 s spoon to take her m  Interview on 5/11/2 confirmed client #2 adaptive spoon durif she is taking her m  C. During observati 3:15pm, client #4 w Client #4 was eating served in a regular  Review on 5/10/21 11/3/20 revealed cliequipment which in  Interview on 5/11/2 confirmed client #4 should have been showl and not a regular  D. During observati 3:32pm, Staff C was serving bowl of stratable for client #1. her snack from the  Review on 5/10/21 revealed client #1 unequipment which in  Interview on 5/11/2 confirmed client #1 unequipment which in  Interview on 5/11/2 confirmed client #1 should have been showl and not a regular.	hould have used her adaptive hedication with in the yogurt.  I with the facility Nurse should have used her ing medication administration medication with food.  ons in the home on 5/10/21 at as observed eating snack. g yogurt and strawberries, serving bowl.  of client #4's IPP dated ent #4 uses adaptive dining cludes a scoop bowl.  I with the QIDP and HC is yogurt and strawberries served in her adaptive scoop ular serving bowl.  ons in the home on 5/10/21 at sobserved to put a regular wberries and yogurt on the Client #1 was observed to eat bowl.  of client #1's IPP dated 6/4/20 ses adaptive dining cludes a scoop bowl.  I with the QIDP and HC is yogurt and strawberries eat yogurt and strawberries erved in her adaptive scoop ular serving bowl.					
		, ,,				
	Continued From parevealed client #2 sapoon to take her multiple she is taking her in the confirmed client #4 was eating served in a regular Review on 5/10/21 for confirmed client #4 was eating served in a regular Review on 5/10/21 for confirmed client #4 was eating served in a regular Review on 5/10/21 for confirmed client #4 should have been showl and not a regular serving bowl of stratable for client #1 her snack from the Review on 5/10/21 for confirmed client #1 for confirmed cl	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  revealed client #2 should have used her adaptive spoon to take her medication with in the yogurt.  Interview on 5/11/21 with the facility Nurse confirmed client #2 should have used her adaptive spoon during medication administration if she is taking her medication with food.  C. During observations in the home on 5/10/21 at 3:15pm, client #4 was observed eating snack.  Client #4 was eating yogurt and strawberries, served in a regular serving bowl.  Review on 5/10/21 of client #4's IPP dated 11/3/20 revealed client #4 uses adaptive dining equipment which includes a scoop bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #4's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  D. During observations in the home on 5/10/21 at 3:32pm, Staff C was observed to put a regular serving bowl of strawberries and yogurt on the table for client #1. Client #1 was observed to eat her snack from the bowl.  Review on 5/10/21 of client #1's IPP dated 6/4/20 revealed client #1 uses adaptive dining equipment which includes a scoop bowl.  Interview on 5/10/21 of client #1's IPP dated 6/4/20 revealed client #1 uses adaptive dining equipment which includes a scoop bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  INFECTION CONTROL	A BUILDING  34G202  ROVIDER OR SUPPLIER  C LAKEVIEW  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 3  revealed client #2 should have used her adaptive spoon to take her medication with in the yogurt.  Interview on 5/11/21 with the facility Nurse confirmed client #2 should have used her adaptive spoon during medication administration if she is taking her medication with food.  C. During observations in the home on 5/10/21 at 3/15pm, client #4 was observed eating snack.  Client #4 was eating yogurt and strawberries, served in a regular serving bowl.  Review on 5/10/21 of client #4's IPP dated 11/3/20 revealed client #4's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  D. During observations in the home on 5/10/21 at 3/32pm, Staff C was observed to put a regular serving bowl of strawberries and yogurt on the table for client #1' uses adaptive dining equipment which includes a scoop bowl.  Review on 5/10/21 of client #1's IPP dated 6/4/20 revealed client #1 uses adaptive dining equipment which includes a scoop bowl.  Review on 5/10/21 of client #1's IPP dated 6/4/20 revealed client #1. Client #1 was observed to eat her snack from the bowl.  Review on 5/10/21 of client #1's IPP dated 6/4/20 revealed client #1 uses adaptive dining equipment which includes a scoop bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  INFECTION CONTROL  W 454	A BUILDING ON BUPPLIER  34G202  B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 102 MIDWAY LANE ROANOKE RAPIDS, NC 27870  SUMMARY STATEMENT OF DEFICIENCIES (EACH ODEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  revealed client #2 should have used her adaptive spoon to take her medication with in the yogurt. Interview on 5/11/21 with the facility Nurse confirmed client #2 should have used her adaptive spoon during medication administration if she is taking her medication with food.  C. During observations in the home on 5/10/21 at 3:15pm, client #4 was observed eating snack. Client #4 was eating yogurt and strawberries, served in a regular serving bowl.  Review on 5/10/21 of client #4's IPP dated 11/3/20 revealed client #4's yogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  D. During observations in the home on 5/10/21 at 3:32pm, Staff C was observed to put a regular serving bowl of strawberries and yogurt on the table for client #1's IPP dated 6/4/20 revealed client #1 uses adaptive dining equipment which includes a scoop bowl.  Review on 5/10/21 of client #1 uses observed to eather snack from the bowl.  Review on 5/11/21 with the QIDP and HC confirmed client #1's vogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's vogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  Interview on 5/11/21 with the QIDP and HC confirmed client #1's vogurt and strawberries should have been served in her adaptive scoop bowl and not a regular serving bowl.  INFECTION ONNTROL  W 454	

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W 454		ge 4  ovide a sanitary environment and transmission of infections.	W 4	54			
	Based on observar failed to ensure the cross-contamination potentially affected (#1, #2, #3, #4, #5)  A. During observation from 4:40pm throug observed to prepare Throughout the observed to prepare food, touch kitchen, go to the lift game with three of kitchen to prepare tomatoes, flipping if the living room to p	s not met as evidenced by: tions and interviews, the facility potential for n was prevented. This all clients residing in the home and #6). The findings are: ons in the home on 5/10/21 gh 5:40pm, Staff C was e the evening meal. servations, Staff C would n various surfaces in the ving room and play a fishing the clients, return to the the food (for example, slicing namburgers), return back to lay the fishing game, etc. tions, Staff C did not wash or					
	Disabilities Profess Coordinator (HC) re	1 with the Qualified Intellectual ional (QIDP) and Habilitation evealed Staff C should have when transitioning from one					
	12:15pm, client #5 Several staff were s during this time. So fruit cup were on th feet. Client #5 was chair, pick some of	ons in the home on 5/10/21 at was observed eating lunch. standing in the dining room everal pieces of fruit from a e floor beneath client #5's observed to bend down in her the fruit up off the floor and s then observed to bend back					

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W 454		ge 5 eces of fruit up, looked around d shrug her shoulders, and eat	W 4	454			
W 460		TION SERVICES	W 4	460			
	Each client must re well-balanced diet i specially-prescribed	ncluding modified and					
	Based on observat interviews, the facili specially-prescribed	s not met as evidenced by: ions, record reviews and ity failed to ensure d diets for 3 of 6 audit clients re followed as indicated. The					
	5:41pm, client #1 w Client #1's meal con french fries and a b	ons in the home on 5/10/21 at as observed to eat dinner. nsisted of a hamburger, rownie for desert. Client #1's whie were served whole.					
	7:26am revealed cli	ions in the home on 5/11/21 at ient #1 eating breakfast, which Client #1's waffle was cut into s.					
	Program Plan (IPP)	of client #1's Individual dated 6/4/20 revealed client finely chopped into 1/4"					

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W 460	Review on 5/11/21 in the kitchen of the chopped into 1/4" Interview on 5/11/2 Disabilities Profess Coordinator (HC) of fries, brownie and chopped to 1/4" picindicates.  B. During observation 5:41pm, client #3 vidinner, which constries and a brownie vidinational observation 7:26am revealed of included a waffle, several large pieces. Review on 5/11/21 12/3/20 revealed of foods chopped.  Review on 5/11/21 in the kitchen of the cut into bite sized pieces as her diet. C. During observation 5:47pm, client #2 views of the cut into bite sized pieces as her diet.	of client #1's diet order posted e facility revealed, "finely pieces or smaller."  21 with the Qualified Intellectual sional (QIDP) and Habilitation confirmed client #1's french waffle should have been finely eces or smaller as her diet  ations in the home on 5/10/21 at was observed eating her sisted of a hamburger, french er for desert. Client #3's french were served whole.  ations in the home on 5/11/21 at elient #3 eating breakfast, which Client #3's waffle was cut into es.  of client #3's waffle was cut into es.  of client #3's diet order posted er facility revealed, "all foods pieces, 1" or smaller."  21 with the QIDP and HC 8's french fries, brownie and er been cut to 1" or smaller."	W 46	60		

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W 460	was observed to collarge pieces.  Additional observa 7:44am revealed concluded a waffle. Several large pieces Review on 5/10/21 12/7/20 client #2's into small 3/4 - 1" pieces Review on 5/11/21 in the kitchen of the cut into 3/4 - 1" pieces Interview on 5/11/21 in the kitchen of the cut into 3/4 - 1" pieces Interview on 5/11/21 confirmed client #2 waffle should have as her diet indicated D. During observation client #1 was obse #2 had two cups wand one filled with Review on 5/10/21 revealed client #1's fat milk daily with be Review on 5/11/21 from the facility Nu facility revealed, "Counces of milk even	vere served whole. Staff D at client #2's brownie into 2-3  tions in the home on 5/11/21 at lient #3 eating breakfast, which Client #3's waffle was cut into is.  of client #2's IPP dated diet as regular, all foods cut bieces.  of client #2's diet order posted in foods ces."  1 with the QIDP and HC is french fries, brownie and is been cut into 3/4 - 1" pieces is.  clions in the home on 5/11/21, rived eating breakfast. Client in the straws, one filled with tea water.  of client #1's IPP dated 6/4/20 is diet includes 4 ounces of low breakfast.  of a memo dated 10/15/20 rise posted in the kitchen of the client #1 should receive 4 ry morning with breakfast."	W 4	60		
		1 with Staff A revealed client nd water for breakfast, and choice of milk.				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 460	confirmed client #1 with her breakfast.  Interview on 5/11/2 revealed client #1 h The Nurse revealed each morning at bromedications for corwas doing to regula facility Nurse confir	ge 8  I with the QIDP and HC should have received milk  with the facility Nurse has issues with constipation. It that the 4 ounces of milk eakfast in addition to daily estipation is what the facility have client #1's bowels. The med client #1 should have es of milk at breakfast.	W 4	60			