

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

PRINTED: 06/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2021
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NAME OF PROVIDER OR SUPPLIER LIFE, INC KING STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 117 KING STREET HALIFAX, NC 27839
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W 000	INITIAL COMMENTS A complaint investigation was completed during the recertification survey for intake #NC00177824. There were no deficiencies cited as a result of the complaint investigation; however, deficiencies were cited during the recertification survey.	W 000		
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, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #5's Individual Program Plan (IPP) included objectives to address her self-help needs. This affected 1 of 4 audit clients. The finding is: Review on 6/7/21 of client #5's IPP dated 8/11/20 revealed objectives to sign the word 'drink', match pennies, pause between bites of food, exercise and behavior intervention. Additional review of the plan identified needs to enhance her self-help skills. Further review of the client's IPP noted she needs help with choosing appropriate clothing for the weather and reminders to close the bathroom door or knock before entering. Review of client #5's Adaptive Behavior Inventory (ABI) dated 6/1/21 also included needs in the areas of grooming, dressing and clothing care. Client #5's IPP; however, did not identify formal objectives to meet her self-help/daily living needs.	W 227		

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 227	Continued From page 1	W 227			
W 240	<p>Interview on 6/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 continues the have needs in the area of self-help; however, no formal objectives have been implemented.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide relevant interventions to support 1 of 4 audit clients (#3) toward independence in the areas of medication administration; personal grooming and evacuation during fire drills. The findings are:</p> <p>A. During medication administration observations in a private medication room at the day program on 6/7/21 from 12:00 PM-12:35 PM, Staff B, Day Program Coordinator (DPC) and Qualified Intellectual Disabilities Professional (QIDP #2) were unsuccessful taking turns trying to get Client #3 to participate in medication administration with her noon medications. Client #3 would randomly allow hand over hand assistance, however, required a lot of verbal prompts to remain at the table, where the medications were being administered.</p> <p>Review on 6/8/21 of Client #3's IPP dated 10/20/20, revealed that hand assistance was needed with self-medication administration. If</p>	W 240			

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W 240	<p>Continued From page 2</p> <p>there were behavioral concerns, Client #3 could receive her medications in her room or private area. There was no formal instruction for staff to assist Client #3 to comply with assisting with medication administration when she became resistant.</p> <p>Interview on 6/7/21 with Staff B revealed that Client #3 had a pattern of resisting with medication administration, but once she participated in punching the pills out of the pack, she would take her medications. Staff B shared that she was successful in getting Client #3 to take her medications near 1:00 PM, by offering them in another substance.</p> <p>B. During medication administration observations in the home at 4:30 PM on 6/7/21, Staff A was unable to encourage Client #3 to take her medications in the private medication room. Staff A re-approached Client #3 again at 5:15 PM, but Client #3 still refused to take her evening medications. An additional observation on 6/8/21 at 7:30 AM, Staff D was unable to encourage Client #3 to take her morning medications in the private medication room.</p> <p>Review on 6/8/21 of Client #3's IPP dated 10/20/20, revealed there was no formal training that addressed Client #3's non-compliance when it was time to take medication. A further review of the June 2021 medication administration record (MAR) revealed Client #3 had refused medication on 6/1/21 at 8:00 AM, 6/7/21 at 5:00 PM and 6/8/21 at 8:00 AM.</p> <p>Interview on 6/8/21 with the QIDP revealed that Client #3 would benefit from training since she had incidents yesterday at the day program, last</p>	W 240			

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W 240	<p>Continued From page 3 evening and this morning, with taking her medications.</p> <p>C. During morning observations in the home on 6/8/21 from 6:45 AM-8:00 AM, Client #3 refused to go to the bathroom to take a shower, when given the opportunity by Staff A and Staff C. Staff A was heard telling the Habilitation Coordinator (HC) that Client #3 refused a shower on 6/6/21 and today.</p> <p>Review on 6/8/21 of Client #3's IPP dated 10/20/20, revealed that Client #3 had tantrum behaviors which did not include refusal in personal hygiene. There was no formal instruction for staff to assist Client #3 comply with hygiene needs.</p> <p>Interview on 6/8/21 with the QIDP revealed her suggestion to involve the Behavioral Specialist with addressing Client #3's oppositional behaviors and address them in her IPP.</p> <p>D. Review of the facility's safety reports indicated Client #3's sometimes refused to evacuate the house when conducting a fire drill.</p> <p>On 5/13/20 at 10:54 PM, Client #3 flopped on floor and refused to get up, during the drill. On 10/14/20 during unknown time on 3rd shift, Client #3 would not leave the home during a fire drill. On 12/11/20 at 12:10 PM, Client #3 was assisted out of the home by unknown staff, during a fire drill. On 1/14/21 at 3:21 PM, Client #3 would not leave the house during the fire drill. On 3/10/21 at 9:00 AM, Client #3 was assisted out of the home, by unknown staff during the fire</p>	W 240			

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W 240	Continued From page 4 drill. An additional review on 6/8/21 of Client #3's IPP dated 10/20/20 revealed that she required verbal and physical prompts to evacuate the premises during an emergency. Client #3 was receiving informal training for evacuation. There was no formal instruction for staff to assist Client #3 to comply with leaving the house independently during a fire drill. Interview on 6/8/21 with the QIDP revealed she transferred to the home in February 2021 and did not know the history of Client #3 refusing to evacuate the home during fire drills. The QIDP stated that if a problem surfaced, the HC and the QIDP would need to get with the team and look at the next step in Client #3's training.	W 240			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage client #4's inappropriate behaviors was used only as an integral part of his Individual Program Plan. This affected 1 of 4 audit clients. The finding is: Review on 6/7/21 of client #4's physician's orders signed 5/6/21 revealed orders Trazodone 50mg,	W 312			

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W 312	<p>Continued From page 5</p> <p>take 1 tablet by mouth every night at bedtime for sleep, PRN (as needed). Additional review of the client's Behavior Intervention Plan (BIP) dated 12/15/19 revealed an objective to reduce the frequency of defined behavior episodes to 18 or less per month for 8 consecutive months. Further review of the plan identified target behaviors of defiance, agitation, property destruction, aggression and verbal threats. The record did not reveal a formal active treatment program to include the use of Trazodone to address client #4's sleep behaviors.</p> <p>Interview on 6/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 ingests Trazodone for sleep; however, the drug is not included in a formal active treatment plan.</p>	W 312			