STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G090	A. BUILDING _____ B. WING _____	07/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC OAKDALE HOME	907 OAKDALE AVE NEW BERN, NC 28560

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W 229	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i) The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure objectives for 2 of 4 audit clients (#1 and #6) were stated separately and in terms of a single behavioral outcome. The findings are: A. Review on 7/26/21 of client #1's Individual Program Plan (IPP) dated 11/12/20 revealed the objective, "...I will fold then pack 10 shirts in a box with 100% independently for 1 month." During an interview on 7/27/21, the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) acknowledged the objective statement was not written in terms of a single behavioral outcome. B. Review on 7/26/21 of client #6's IPP dated 11/12/20 revealed an objective to "...I will make change for $5 bill and count back five ones back with 100% independently for 1 month." During an interview on 7/27/21, the QIDP and HC acknowledged the objective statement was not written in terms of a single behavioral outcome.	W 229		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual	W 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 240	Continued From page 1 toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included specific information regarding his use of a wheelchair. This affected 1 of 4 audit clients. The finding is: During morning observations at the day program on 7/26/21, client #5 utilized a wheelchair. The client was not observed to ambulate. During evening observations in the home on 7/26/21 and morning observations in the home on 7/27/21, client #5 wore a gait belt secured around his waist which various staff utilized to assist him while walking throughout the home. Interview on 7/27/21 with Staff B revealed client #5 only utilizes a wheelchair when he is unsteady and not ambulating well. Review on 7/27/21 of client #5's IPP dated 10/7/20 revealed, "I ambulate independently with full use of lower and upper extremities...I use a gait belt to assist me with ambulation, particularly manipulating steps, embarking in/out vehicles and periods of unsteadiness." Additional review of the IPP did not include specific information regarding the use of a wheelchair for client #5. Interview on 7/27/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 began using a wheelchair during periods of unsteadiness. Additional interview indicated client #5 would need to visit his physician to obtain an order for use of the wheelchair which currently was not included in his IPP.	W 240		

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W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#5) had the opportunity to choose his personal preference regarding the manner in which he consumed his food. The finding is: During dinner observations in the home on 7/26/21 at 5:41pm, staff added baked tater tots, baked fish and corn muffins to a food processor and blended the food together to a finely chopped consistency. Client #5 was given the mixture of food which he consumed at the dinner meal. Client #5 was not afforded the opportunity to choose not to have his dinner food items mixed together prior to consumption. Review on 7/27/21 of client #5's Individual Program Plan (IPP) dated 10/7/20 revealed, "I can make choices and should be encouraged to do so. I should also be included as much as possible in decision making concerning my well being." Interview on 7/27/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) indicated staff had not been trained to mix client's food together in the manner previously described. The QIDP and HC acknowledged client #5 should be given the choice to mix his food together once food items are served individually on his plate.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 3 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. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure 2 of 4 audit clients (#1 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking. The finding is: During evening observations in the home on 7/26/21, Staff C prepared all food items including baked fish, tater tots, corn muffins, placing coleslaw in a bowl, placing cookies into individual bowls and pouring tartar sauce and ketchup into small bowls. At the time the meal was being prepared, client #1 and client #4 mainly sat on the couch unengaged several feet from the kitchen area. No clients were prompted or assisted to participate with cooking tasks. Interview on 7/26/21 with Staff C revealed staff do all of the cooking in the home while the clients only set up the dining room for meals. Review on 7/27/21 of client #1's IPP dated 11/12/20 revealed, "I have domestic skills such as using knives, preparing vegetables, using mixer,	W 249		

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W 249	Continued From page 4 turning on stove...using can opener, coffee maker, food processor, microwave." Review on 7/27/21 of client #4's IPP dated 9/16/20 noted, "I met potential on my goals to make Jell-O or pudding. I am currently training on a goal to make coffee...Regarding meal preparation skills, I have had many different meal preparation objectives. I continue to use my meal preparation skills for things I have learned." Additional review of the plan indicated, "I can operate small appliances independently." Further review of the IPP revealed a need to "Improve meal preparation skills." Interview on 7/27/21 with the Qualified Intellectual Disabilities Professional (QIDP) and Habilitation Coordinator (HC) indicated clients should be assisted to help with cooking tasks in the kitchen.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#6). The finding is: Review on 7/27/21 of client #6's Behavior Support Plan (BSP) dated 10/20/20 revealed an objective to decrease the frequency of defined aggressive	W 263		

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W 263	Continued From page 5 behavior episodes to 6 or less per month for 8 consecutive months. The BSP incorporated the use of Seroquel, Valium, Paxil, Rexulti and Depakote. Additional review of the record revealed a consent for the BSP signed by the guardian on 9/25/19. The consent noted, "It is understood that this consent remains in effect until the expiration date indicated below..." The consent identified an expiration date of 3/2020. No current consent was available for review. Interview on 7/27/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed two attempts have been made in the past two months to obtain client #6's consent for his BSP; however, his guardian has not returned the paperwork.	W 263		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at varying times and conditions. The finding is: Review on 7/26/21 of facility fire drill reports for July 2020 - July 2021 revealed four second shift drills were conducted at 4:42pm, 5:36pm, 5:52pm and 4:30pm while third shift drills were completed at 6:15am, 5:00am, 6:05am and 5:00am. The fire drills were not conducted at varying times and conditions on second and third shifts. Interview on 7/27/21 with the Qualified Intellectual	W 441		

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W 441	Continued From page 6 Disabilities Professional (QIDP) and Habilitation Coordinator (HC) indicated they had only began working at the home a few months ago and were not sure how the previous HC had conducted fire drills. The QIDP and HC acknowledged the fire drills should be varied throughout the shifts.	W 441		