STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G346	A. BUILDING _____ B. WING _____	06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC KING STREET GROUP HOME	117 KING STREET HALIFAX, NC 27839

(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	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	DHSR - Mental Health JUL 2 2021 Lic. & Cert. Section	
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	W 227 The facility will ensure that all plans will state the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessments required. Team will review all assessment, review strengths and needs, and ensure needs deemed as priorities are addressed through formal training. Needs should be prioritized to include self-care. Any recommendations made by the team as formal objectives, should be implemented, addendums made to the My Life Plan, and all staff should receive inservices as to the changes. Ongoing compliance will be ensured by the QP by reviewing the plan, monthly objectives and data and review of progress documented in her monthly review. The chart will be reviewed monthly. Habilitation Coordinator will ensure the ABI is updated annually based on the current skills of each individual.	8-6-2021

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

Susan Pate | Director of ICF-IID | 6-29-21

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 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.	W 227		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. 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: 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. 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	W 240	W 240 The facility will ensure all program plans describe relevant interventions to support the individual toward independence. The team will review all current strengths and needs of the individuals served. As needed, addendums will be completed to add interventions to promote individuals toward independence in the areas of med admin, personal grooming and fire evacuation as well as other documented areas of needs. Any areas of needs will be assessed and recommendation made to include additional training, revisions to current objectives, provide guidance to staff to target desired outcomes. All staff will receive an updated inservice as to the changes made. Monitoring by QP monthly as part of the monthly chart reviews and bi annual audits. Implementation will be monitored by QP/HC no less than 3 times monthly by QA/QI process and documented in FIDs app.	8-6-2021

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W 240	Continued From page 2 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. 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. 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. 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. 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	W 240		

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W 240	Continued From page 3 evening and this morning, with taking her medications. 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. 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. 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. D. Review of the facility's safety reports indicated Client #3's sometimes refused to evacuate the house when conducting a fire drill. 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	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	Continued From page 5 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. 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.	W 312	W 312 The facility will ensure that medication used for control of inappropriate behavior will only be used only as an integral part of the client's program plan that is directed specifically towards the reductions of and eventual elimination of the behaviors for which the drugs are employed. Facility will ensure that all medical orders are reviewed and any medications that are used for behavior management or sleep will be updated and documented in the active treatment program and in the Behavior (BIP) Plans for all clients. All Behavior plans and My Life Plans should be reviewed by all managers to ensure accuracy before implementation. QP and Behavior Specialist will be responsible ensuring all medications are listed in the current Behavior Plan and Individual Program Plan. Ongoing compliance with this regulation will be monitored by the QPI monthly during QP checklist and bi-annually during updated consents and chart audits.	8-6-2021

June 29, 2021

Ms. Wilma Worsley-Diggs, M.Ed., QDDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

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

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our King 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,

Susan P. Ayres
Director of ICF/IID Services

ART
Enclosure

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Goldsboro, North Carolina 27534
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