

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

PRINTED: 07/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER LIFE, INC OAKDALE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 907 OAKDALE AVE NEW BERN, NC 28560	
(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 229	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i)</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>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:</p> <p>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."</p> <p>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.</p> <p>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."</p> <p>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.</p>	W 229	<p>W 229 QPI will review all objectives to ensure single behavioral outcomes. Appropriate revisions will be made. Once implemented, staff will receive updated training on new objective training. All objectives will be reviewed monthly during the QP review. Monitoring and implementation of training will occur no less than 3 times monthly by facility managers as a part of their monthly CRT inspections and observations to ensure all IPP's are being implemented as outlined.</p> <p style="text-align: center;">DHSR - Mental Health AUG - 6 2021 Lic. & Cert. Section</p>	9-10-2021
W 240	<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</p>	W 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Susan Papp* TITLE *Director* (X6) DATE *8/4/2021*

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 240	<p>Continued From page 1 toward independence.</p> <p>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:</p> <p>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.</p> <p>Interview on 7/27/21 with Staff B revealed client #5 only utilizes a wheelchair when he is unsteady and not ambulating well.</p> <p>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.</p> <p>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.</p>	W 240	<p>W 240 Team will secure updated Physical Therapy evaluations on necessary individuals. Any recommendations made as a result of these evals, will be discussed with all team members. Any changes accepted will be added to the current plan. All staff members will then be in-serviced on the new evaluation findings, recommendations and changes to the My Life Plans. Monitoring will occur no less than 3 times monthly by facility managers as a part of their monthly CRT inspections and observations to ensure all IPP's are being implemented as outlined.</p>	9-10-2021	

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W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>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:</p> <p>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.</p> <p>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."</p> <p>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.</p>	W 247	<p>W 247 The facility will ensure that all clients have the opportunity for client choice and self-management. Strengths/needs/likes/dislikes will be reviewed by all team members and shared with all staff. All staff will receive updated training on meal prep to ensure they are allowing choices and clients are allowed to have food served in a manner of their choice but within diet orders. Consumers will be afforded the opportunity to be involved in the process of preparing their meals with the assistance of staff. Monitoring will occur no less than 3 times monthly by facility managers as a part of their monthly CRT inspections and observations to ensure all IPP's are being implemented as outlined .</p>	9-10-2021	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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,</p>	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."	W 249			
W 263	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. 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	W 263 The facility will ensure that programs are conducted only with the written informed consent of the consumers, parents (if consumer is a minor) or legal guardian. The facility will ensure that all correspondence and consents, including but not limited to behavior plans are obtained and signed by both guardians when it is determined that an individual is determined to be served by co-guardians. All consents and documents will be reviewed and corrected as deemed necessary. Once received, the QP will keep both consents and correspondences on file and in Therap. Monitoring will occur monthly by the QP during scheduled QP checklist inspections completed, as well as annually and semiannually	9-10-2021	

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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	when consents are completed for each individual. Additionally, QP will review with guardians who are difficult to contact, the responsibilities of being a guardian of the person and ensure they are able to meet the responsibilities outlined and explain the consequences of follow up.	9-10-2021	
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	W 441 The facility will ensure the disaster drills are completed during various of times under varied conditions. Staff will be in-serviced on documentation of times drills should be completed. QP will complete a fire drill record monthly indicating the timeframe each drill should be completed. This will be monitored ongoing by the Hab Coordinator and QP during random inspections and monthly during QP Checklist.	9-10-2021	

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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			



August 4, 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. /Oakdale Group Home

DHSR - Mental Health

AUG 6 2021

Lic. & Cert. Section

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Oakdale 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 P. Ayres".

Susan P. Ayres
Director of ICF/IID Services

ART
Enclosure