

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC LOCKWOOD STREET GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>156 COUNTRYSIDE ROAD SW SUPPLY, NC 28462</b>		
(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 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the rights of 1 of 5 audit clients (#2) had the right to be treated with dignity related to the use of incontinence padding. The finding is:</p> <p>During observations in the home on 4/19/22 from 6:25am through 10:00am, client #2 was sitting in his wheelchair with a large blue waterproof incontinence pad positioned underneath him and across the seat of his wheelchair. The pad was visible to anyone in the home.</p> <p>Review on 4/18/22 of client #2's individual program plan (IPP) dated 11/12/21 revealed he can indicate the need to toilet and may initiate going to the restroom independently but sometimes has accidents. Further review revealed client #2 wears Depends and follows a 2 hour toileting schedule.</p> <p>Interview on 4/19/22 with Staff A revealed the pad positioned underneath client #2 was placed there because the client sometimes has accidents.</p> <p>Interview on 4/19/22 with the habilitation coordinator revealed she believed client #2 placed the pad in his chair himself.</p>	W 125			
W 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p>	W 129			

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 129	<p>Continued From page 1</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure the right to privacy for 1 of 5 audit clients (#4) related to the use of video surveillance. The finding is:</p> <p>During observations in the home throughout the survey on 4/18/22 through 4/19/22, a video surveillance device was observed in client #4's bedroom.</p> <p>Review on 4/18/22 of client #4's individual program plan (IPP) dated 8/12/21, addended 3/8/22, revealed client #4 has a difficult time sleeping and will sometimes wake up when bed checks are conducted; therefore, the core team as well as the guardian agreed that a baby monitor will be installed in the medication room and the standard 30-minute bed checks will be performed by observing the baby monitor to prevent client #4 from waking up.</p> <p>Interview on 4/18/22 with Staff C revealed the video surveillance device is used to do bed checks every 30 minutes to keep from waking client #4. Staff C stated staff will go to the medication room and look at the monitor to check client #4 when she is asleep. Staff C showed the surveyor the monitoring device located in the medication room; the device was on, and client #4's bed and furniture could be seen from the monitor.</p> <p>Interview on 4/18/22 with the qualified intellectual disabilities professional (QIDP) II and habilitation</p>	W 129			

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W 129	Continued From page 2 coordinator revealed staff use the video surveillance device to do bed checks on client #4 to keep from waking her. The QIDP II revealed the video surveillance device is supposed to be used beginning each night at 9:00pm and turned off at 6:00am, and was unaware the device was on while the surveyor reviewed it.	W 129			
W 262	Further interview on 4/19/22 with the habilitation coordinator and facility nurse confirmed the use of the video surveillance device was an invasion of client #4's privacy. <b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 5 audit clients (#4) was reviewed and monitored by the human rights committee (HRC). The findings is:  During observations in the home throughout the survey on 4/18/22 through 4/19/22, a video surveillance device was observed in client #4's bedroom.  Review on 4/18/22 of client #4's IPP dated 8/12/21 revealed client #4 is not supported by a behavior support plan (BSP) nor has any rights restrictions in place.  Interview on 4/18/22 with the qualified intellectual	W 262			

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W 262	Continued From page 3 disabilities professional (QIDP) II revealed client #4 does not have a BSP; therefore, the video surveillance device located in client #4's bedroom was not approved by the HRC.	W 262			
W 331	<b>NURSING SERVICES</b> CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, records review and interviews, the facility failed to provide nursing services in accordance with the needs of 2 of 5 audit clients (#1 and #2) relative to following recommendations by the physical therapist. The findings are:  A. During observations in the home throughout the survey on 4/18/22 through 4/19/22, client #2 was observed to utilize a wheelchair except during 2 medication passes where he would stand independently in front of his chair to reach the medication cabinet. At no time during the survey was client #2 noted to be out of his wheelchair.  Review on 4/18/22 of a physical therapy evaluation for client #2 dated 2/26/21 revealed he should be considered a fall risk. The evaluation also revealed a recommendation for the use of a gait belt and a transfer disc to ensure safety for client #2 and staff during transfers. Further review revealed a need for the use of a hinged wrap around knee brace to allow range of motion, stability and ease of application. The evaluation also revealed a recommendation that staff encourage client #2 to ambulate short distances as tolerated using his rolling walker with staff	W 331			

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W 331	<p>Continued From page 4</p> <p>assistance in an effort to keep client #2 functional as long as possible. Client #2 should also sit in a regular chair with arm rests during waking hours to reduce his dependence on the wheelchair.</p> <p>Interview on 4/19/22 with the Staff D reveals she was unaware client #2 had a knee brace and was unable to locate it for surveyors.</p> <p>Interview on 4/19/22 with the facility nurse reveals a brace, gait belt and transfer disc were ordered. However, none of the assistive devices were produced during the survey.</p> <p>B. During observations in the home throughout the survey on 4/18/22 through 4/19/22, client #1 was observed to ambulate around the home with staff holding her gait belt. During the observations, client #1 was leaning forward in a hunched over position.</p> <p>Review on 4/19/22 of client #1's IPP dated 2/15/22 revealed client #1 is supported with the use of a gait belt and is at risk for falls.</p> <p>Review on 4/19/22 of client #1's PT evaluation dated 10/1/21 revealed client #1 ambulates leaning forward. Further review of the PT evaluation revealed a recommendation for the use of a gait vest, as it will benefit client #1 and staff during transfers and ambulation as a gait vest would provide more areas of support higher at dorsal region.</p> <p>Interview on 4/19/22 with the facility nurse revealed the PT has ordered a gait vest and the team is discussing the use of a wheelchair. However, no documentation was provided to</p>	W 331			

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W 331	Continued From page 5 support the ordering of a gait vest or discussion of a wheelchair.	W 331			