

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

PRINTED: 06/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2022
NAME OF PROVIDER OR SUPPLIER LIFE, INC LAKEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 102 MIDWAY LANE ROANOKE RAPIDS, NC 27870		
(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>PROTECTION OF CLIENTS RIGHTS 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 observations, record reviews and interview, the facility failed to assist 1 of 3 (#5) audit clients with exercising their rights. The finding is:</p> <p>During observations on 6/15/22 at 6:15am, staff E assisted client #5 with making her bed, arranging the sheets and returning the pillows to her bed after it was straightened.</p> <p>During continued observations on 6/15/22 at 7:10am, staff A followed client #5 into her bedroom and told her they were going to make certain she had not put any dirty socks or any other clients' toys in her bed underneath her sheets and blankets. Staff A did not ask client #5 if she could enter her bedroom or if she could search her bed. Staff A pulled the covers back on client #5's bed while client #5 said, " I don't want to do this." Staff A pulled back the sheets and blanket without client #5's assistance and looked around her room while client #5 stood in her bedroom. Afterwards, staff A pulled back the sheets and blanket and rearranged the pillows on client #5's bed.</p> <p>Immediate interview with staff A on 6/15/22 revealed sometimes client #5 takes toys out of the activity closet or she takes toys or activities that belong to her from her bedroom and puts</p>	W 125			

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 125	Continued From page 1 them in bed with her at night. Staff A stated this necessitates staff going into her bedroom to look for these items. When asked if searching client #5's room was in her behavior support program (BSP), staff A stated, "I don't think so." Review of client #5's individual program plan (IPP) dated 4/17/22 revealed she has several inappropriate behaviors that are addressed with a behavior support program. Review on 6/15/22 of client #5's BSP dated 8/24/20 revealed she has target behaviors of: aggression/self-injurious behavior (SIB), vocal agitation/disruptive behavior, socially inappropriate conduct, elopement and property destruction and abuse. The interventions for these behaviors include redirection, offering choices of activities and the use of crisis medications if her behavior escalates. There is not information in client #5's BSP regarding searching her bed or bedroom for items. Interview on 6/15/22 with the qualified intellectual disabilities professional (QIDP) revealed searches are not included in client #5's BSP. Further interview revealed that management does not have a corporate policy about room searches.	W 125			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the interdisciplinary team	W 210			

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W 210	Continued From page 2 performed accurate assessments within 30 days after admission. This affected 1 of 1 newly admitted audit client (#3). The finding is: Review on 6/14/22 of client #3's record revealed she was admitted to the facility on 8/11/21. Review of client #3's individual program plan (IPP) dated 8/13/21 revealed she has diagnoses of Moderate Intellectual Disabilities, Schizoaffective Disorder, Drug induced obesity, Bipolar Disorder, Psychotic Disorder and Chromosomal Abnormality. Review of preliminary evaluations completed after her admission revealed there was not a speech evaluation completed for client #3. Interview on 6/15/22 with the qualified intellectual disabilities professional (QIDP) revealed a speech evaluation was not completed after client #3's admission to the facility on 8/11/21.	W 210			
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 3 audit clients (#5). The finding is: Review on 6/14/22 of client #5's Behavior Support Plan (BSP) dated 8/24/20 revealed objectives to reduce the frequency of defined behavior episodes to 20 or less per month for 6	W 263			

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W 263	<p>Continued From page 3</p> <p>consecutive months. Target behaviors include aggression/self injurious behavior, property destruction, vocal agitation/disruptive behavior, inappropriate social conduct and elopement. The BSP incorporated the use of Cogentin, Clonidine, Depakote ER, Latuda, Melatonin. Thorazine is to be used as a crisis medication.</p> <p>Additional review on 6/14/22 of the record revealed an addendum to the BSP dated 1/27/22 to incorporate the use of Hydroxyzine HCL (Atarax) for behavior.</p> <p>Review of the physician's orders dated 5/4/22 revealed orders for Latuda, Depakote ER, Clonidine, Melatonin, Hydroxyzine HCL, Cogentin and Thorazine as a crisis medication.</p> <p>Further review on 6/14/22 of the BSP consent signed by the guardian on 3/28/22 did not incorporate the use of Hydroxyzine HCL (Atarax).</p> <p>Interview on 6/15/22 with the qualified intellectual disabilities professional (QIDP) confirmed written informed consent for client #5's BSP did not incorporate the use of Hydroxyzine HCL (Atarax).</p>	W 263			