

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

PRINTED: 11/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
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NAME OF PROVIDER OR SUPPLIER LIFE, INC GREY FOX RUN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 312 GREY FOX RUN NEWPORT, NC 28570
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(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
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#6) residing in the home. The finding is:</p> <p>During observations on 11/9/21 from 6:00am-8:00am client #6 came out of his bedroom at 6:10am in a t-shirt and underwear and walked to the bathroom. Staff D verbally cued him to go to the bathroom and assisted him in shutting the bathroom door.</p> <p>Immediate interview with staff D revealed she was not certain if client #6 has a bathrobe but he needs frequent reminders to shut the bathroom door.</p> <p>During observations on 11/9/21 at 6:12am client #6 walked out of the bathroom in his underwear and a t-shirt to his bedroom. Staff D asked him if he wanted to get dressed. Client #6 walked out in the hallway wearing underwear and a t-shirt to look for his ironed clothing. Staff D directed client #6 back to his bedroom, explaining that his clothing was in his closet. Staff D then verbally cued client #6 to get dressed, leaving the bedroom door open while he changed his clothing.</p> <p>During observations on 11/9/21 between 7:30-7:45am client #6 walked to the bathroom</p>	W 130	<p>Facility managers will ensure the rights of all clients regarding privacy during treatment and care of personal needs. A review of all client's strengths and needs to include needed interventions to ensure each person's privacy will be conducted by team members and any changes necessary will be made to the My Life Plan via a Core Team and addendum to the plan. Training will be provided to all staff to include resident rights specific to privacy and information specific to each client's individualized IPP. This training will also include the facility's strategic plan to ensure privacy during treatment and care of personal needs of all clients. The QP1 and Habilitation Coordinator will monitor at least four (4) times a month to ensure future compliance with this regulation. A record of this monitoring will be recorded monthly using LIFE, Inc's current QA/QI Inspection Forms.</p> <p style="text-align: center;">RECEIVED NOV 22 2021 DHSR-MH Licensure Sect</p>	<p>ER 11-19-2021 01-03-22</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director of LCF* (X6) DATE: *11-19-21*

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 130	<p>Continued From page 1 and pulled his pants down, leaving the bathroom door open leaving him exposed to anyone who walked down the hallway.</p> <p>Review on 11/9/21 of client #6's individual program plan (IPP) dated 7/20/21 revealed that he needs frequent reminders to safeguard his personal privacy during toileting and dressing.</p> <p>Review on 11/9/21 of his adaptive behavior checklist dated 7/15/21 revealed "Will just bust in door when it pertains to bathroom. Needs reminders to close the bathroom door for privacy." The assessment on page 3, under #7 : knocking on bathroom door before entering is marked, "No independence."</p> <p>Interviews on 11/9/21 with the qualified intellectual disabilities professional (QIDP) and the Director of ICF Services confirmed direct care staff should give client #6 frequent reminders to wear a bathrobe to protect his privacy and to close doors when he is dressing or toileting.</p>	W 130			