

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

PRINTED: 03/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER LIFE, INC SLATESTONE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 332 SLATESTONE ROAD WASHINGTON, NC 27889	
(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 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 toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the individual program plan (IPP) for 1 of 4 audit clients (#4) described specific guidelines to support the use of his gait belt during ambulation. The finding is:</p> <p>Observations within the group home throughout the day on 3/22/22 revealed client #4 wearing a gait belt as he moved about the home independently with an unsteady gait. Staff were not observed to utilize the gait belt unless client #4 was being seated or incidents of unsteadiness were noticed. At 5:20pm, client #4 was observed walking into another client's bedroom where the habilitation coordinator was located. At 5:25pm, client #4 walked quickly out of the bedroom into the hallway. No staff were observed in the hallway. Client #4 then fell to the floor, striking the laundry room door. The habilitation coordinator immediately exited the bedroom, approached client #4, and utilized his gait belt to assist him in standing.</p> <p>During observations within the home day room on 3/23/22 at 8:03am, client #4 walked with an unsteady gait and nearly fell to the floor, hitting the sofa. Staff A and staff B responded by holding client #4's gait belt to assist him in standing up.</p> <p>Review on 3/22/22 of client #4's IPP dated 3/24/21 revealed client #4 should ambulate</p>	W 240	<p>240: The facility will ensure that all IPPs describe all relevant interventions needed to support the individual toward independence. The facility will ensure that all equipment use is reviewed regarding it's use, purpose and training in the use adaptive equipment. Any changes will be made and updated in the individual's My Life Plan. Guidelines/training goals will be implemented as warranted. All staff will receive additional training to address each individual's needs. OT will be contacted for reevaluation if deemed necessary by the team. The QP, Nurse and Hab. Manager will monitor on an ongoing basis utilizing monthly inspection forms that will consist of no less than 3 per month.</p> <p>DHSR - Mental Health</p> <p>APR 13 2022</p> <p>Lic. & Cert. Section</p>	05-20-2022

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 240	Continued From page 1 independently with staff monitoring closely due to unsteady gait and providing assistance as needed on uneven surfaces. Further review of the IPP revealed that the Physical Therapist (PT) recommended a gait belt to address client #4's unsteady gait. No further guidelines for utilizing the gait belt were found. Interview on 3/23/22 with staff B revealed client #4's gait belt was used to lift him when he falls and help him get up. Staff B confirmed that client #4 falls "a lot" when he is excited or in a hurry. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 3/23/22 revealed the gait belt was used to keep client #4 from falling and to "help him up if he falls". The QIDP indicated that expectations for staff to use client #4's gait belt was that client #4 could be independent in the home, without staff monitoring, stating that client #4 could "be where staff are not". During the interview, the QIDP acknowledged client #4's IPP did not include specific information or guidelines regarding the use of client #4's gait belt.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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.	W 249			

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W 249	<p>Continued From page 2</p> <p>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) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation, leisure, and self-help skills. The findings are:</p> <p>A. During evening observations in the home on 3/22/22 from 3:45pm - 4:34pm, client #5 sat on the couch with his coat over his head. During this time, other clients in the home were presented with leisure activities and prompted to participate. With the exception of two verbal prompts to participate in an activity, client #5 was not encouraged or assisted to participate in leisure activities.</p> <p>During an interview on 3/23/22 with Staff B, when asked what client #5 like's to do, the staff replied, "Nothing...Nothing at all." The staff later indicated he does like puzzles.</p> <p>Review on 3/23/22 of client #5's IPP dated 10/12/21 revealed he "enjoys going outside and likes to ride in the van. Sunlight (15 minutes) is encouraged daily to increase Vitamin D intake." Additional review of the IPP indicated he is "capable of making choices and should be encouraged to do so" and identified a need to "Enhance leisure skills". Further review of the client's Behavior Intervention Plan (BIP) dated 7/15/21 noted, "Favorite activities include taking walks, taking van rides, running or playing outside, playing catch, and water play..."</p> <p>Review of a second shift schedule posted in the</p>	W 249	249 Facility will ensure that each client receives continuous active treatment to include the needed interventions to support the achievement of the specific objectives, independence in relations to strengths, and assistance in regards to needs as outlined in their IPP. This will specifically include ensuring that all residents to have continuous active treatment plan consisting of needed interventions and services identified in IPP in the areas of self-help, dining and choice management. All staff will receive updated in-service specific to needs of each client, including but not limited dining skills, self-help and choice management, to specific strengths and needs and assurance of active treatment over all aspects of daily living. Monitoring will occur no less than 3 times monthly by facility managers as a part of their monthly inspections, 1 am, 1pm, and 1 evening observation to ensure all IPP' s are being implemented as outlined.	5-20-22	

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W 249	<p>Continued From page 3</p> <p>kitchen of the home noted from 3:45pm - 4:15pm, "Both staff assist consumers with outdoor movement and exercise activity from posted choices...4:15pm - 5:00pm, "One staff assist consumers with posted integrative activities and indoor leisure choices, Second staff assist consumers with laundry and home living objectives, Second staff assist with leisure choices when domestics completed..."</p> <p>Interview on 3/23/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #5 often does not choose to participate in activities at the table with other clients; however, he should "encouraged more" and offered other "choices" of activities. Additional interview revealed the client likes to walk outside and be out in the back yard.</p> <p>B. During evening observations in the home on 3/22/22 from 4:34pm - 5:35pm, client #5 sat on the living room couch and exhibited various behaviors towards himself, other clients and staff including hitting himself in the head/face, head butting and kicking staff, kicking other clients, and hitting himself. During this time, various staff prompted the client to "Stop" or stated, "Stop, You gonna hurt yourself." or "Stop, We not doing that!" Throughout the behaviors, client #5 remained in the living room area along with other clients and staff. At 4:58pm, Staff C called the nurse to receive approval to administer client #5 his crisis medication (Zyprexa). At 5:02pm, client #5 was given Zyprexa as he remained on the couch in the living room.</p> <p>Interview on 3/22/22 with Staff C revealed client #5 can be given a crisis medication when he is "going into behaviors" to help "calm his behavior".</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Additional interview indicated the crisis medication can be used for "any behavior" such as kicking, scratching, or running; however, they have to call the nurse before administering it.</p> <p>Review on 3/22/22 of client #5's BIP dated 7/15/21 revealed an objective to decrease defined tantrum behavior episodes to 10 or less per month for 8 consecutive months. Additional review of the plan identified target behaviors of aggression, self-injurious, property destruction, spitting, skin picking and and verbal agitation. The plan included the use of Risperdal, Valium, Depakote, Cogentin, Zyprexa (crisis) and Versed. Further review of the BIP defined aggression as "any purposeful act that does or is intended to cause harm to others (hitting, biting, kicking, banging head)" The plan defined self-injurious behavior was defined as "any act that is intended to cause injury to [Client #5] (hitting, kicking, biting, banging head)."</p> <p>Review of the BIP further noted, "If behaviors escalate to the point [Client #5] exhibits aggression, SIB, and /or property destructive behaviors, staff will...1. Immediately intervene by asking [Client #5], 'no, stop (behavior). Staff should monitor [Client #5] closely as this time in case further intervention is needed...2. Staff should then relocate [Client #5] to an area away from others until calm (at least 5 - 10 minutes without target behavior occurrences). Monitor closely..." Additional review of the plan under Emergency Drug Use revealed, "If [Client #5] fails to calm down and behavior episodes continue for 5 minutes or greater following the implementation of behavior program procedures,...the order for Zyprexa may be given, following a call to the Nurse."</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Interview on 3/23/22 with the QIDP confirmed client #5 can be given a crisis medication of Zyprexa; however, his BIP interventions must be implemented first as indicated in the plan. The QIDP acknowledged staff should have attempted to remove client #5 from the area during his behavior episode as indicated in his plan before requesting his crisis medication.</p> <p>C. During morning observations in the home on 3/23/22 at 8:57am, client #5 entered the living room and sat on the couch. At this time, Staff A began preparing client #5's breakfast meal in the kitchen. The client watched from the couch. The staff prepared a bowl of dry cereal, toast with peanut butter, a cup of yogurt and three drinks. Food items were then brought to the client #5 at the dining room table. Client #5 was not prompted or encouraged to assist with preparing his breakfast meal.</p> <p>During an immediate interview with Staff A, when asked if client #5 can assist with preparing his own breakfast, the staff stated, "He can." Additional interview indicated the client does not like to go into the kitchen.</p> <p>Review on 3/23/22 of client #5's IPP dated 10/12/21 revealed the client will attempt to perform tasks in the area of domestic skills and "there is potential" for him to "develop most skills in this area". Additional review of the client's Adaptive Behavior Inventory (ABI) dated 10/12/21 identified various needs in the area of meal preparation including preparing a breakfast meal.</p> <p>Interview on 3/23/22 with the QIDP confirmed client #5 can assist with some meal preparation</p>	W 249			

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W 249	Continued From page 6 tasks given hand-over-hand assistance from staff. D. During breakfast observations in the home on 3/23/22 at 9:00am, Staff A used a rocker knife to cut up client #5's toast without his assistance. Interview on 3/23/22 with Staff A revealed the rocker knives are for client #5 and two other clients in the home to assist them with cutting their food into bite-size pieces. Review on 3/23/22 of client #5's IPP dated 10/12/21 revealed, "Total assistance is needed with cutting foods." Additional review of the client's ABI dated 10/12/21 noted a need in the area of using a knife for cutting.	W 249			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) 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 all medications used to address client #5's inappropriate behaviors were included in a formal active treatment program. This affected 1 of 4 audit clients. The finding is: Review on 3/23/22 of client #5's Behavior Intervention Plan (BIP) dated 7/15/21 revealed an	W 312	312 The facility will ensure that all medications used to manage behaviors are integrated into the IPP and behavior support plan and that it specifies how the target behaviors will be reduced or eliminated. All plans will be reviewed for accuracy and cross referenced with current medical orders. Any discrepancies will be corrected by the appropriate team members. Addendums will be completed to reflect any changes. Staff will be inserviced on any changes that may make place as a result of the reviews. Monitoring will occur monthly by the QP during monthly chart reviews and documented on the QP checklist as well as quarterly by corporate staff members during routine audits which are documented in LIFE, Inc's FIDS inspection app. Program Specialist will conduct periodic checks during quarterly psych clinics	05-20-2022	

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W 312	Continued From page 7 objective to decrease defined tantrum behavior episodes to 10 or less per month for 8 consecutive months. Additional review of the plan identified target behaviors of aggression, self-injurious, property destruction, spitting, skin picking and verbal agitation. The plan included the use of Risperdal, Valium, Depakote, Cogentin, Zyprexa and Versed. Further review of a physician's order for client #5 dated 3/14/22 revealed, "D/c previous order (20mg)...(Increase) Cymbalta to 30 mg 1 Q 8am". Review of client #5's BIP did not include the use of Cymbalta to address his inappropriate behaviors.	W 312			
W 382	Interview on 3/23/22 with the facility's nurse confirmed client #5 receives Cymbalta to address his behaviors and the medication was added on 2/11/22 after a psychiatric appointment. DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications were kept locked except when being administered. The finding is: During observations in the home on 3/23/22 at 8:22am, the Medication Technician (MT) dispensed client #5's morning medications and took them to him in his bedroom. As the MT left the medication room, the door was left partially open and the cabinets inside the medication room were unlocked. From 8:22am - 8:25am, medications were left unlocked and accessible to anyone in the home.	W 382	382 The facility will ensure that all medications are locked except when being prepared for administration. All employees receive additional training on the medication administration process as well as storage. The facility will review the procedure for medication storage. This plan of correction will be monitored by the QP I, Hab Coordinator, and Nurse on an ongoing basis through scheduled inspections to include medication monitoring a minimum of 3 times a month. This documentation will take place in the FIDS app in the monthly random inspections.	5-20-2022	

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W 382	Continued From page 8 Immediate interview with the MT confirmed the door to the medication room was left open after she left the room to give client #5 his medication. The MT stated, "I thought I had closed it all the way." Interview on 3/23/22 with the facility's nurse confirmed the door to the medication room and cabinets should be locked if the MT needs to leave the room during medication administration.	W 382			



April 8, 2022

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

DHSR - Mental Health

APR 13 2022

Lic. & Cert. Section

Re: Plan of Correction
LIFE, Inc. /Slatestone Road Group Home

Dear Ms. Worsley-Diggs,

Enclosed please find our written plan of correction for the recent survey at our Slatestone Road 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 black ink that reads 'Susan P. Ayers'.

Susan P. Ayers
Director of ICF/IID Services

Enclosure