

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

PRINTED: 04/20/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G234 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/19/2022 |
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| NAME OF PROVIDER OR SUPPLIER LIFE, INC LOCKWOOD STREET GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 156 COUNTRYSIDE ROAD SW SUPPLY, NC 28462 |
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| 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 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 | <p>W125: Facility will ensure the rights of all clients by encouraging and allowing the client to exercise their rights as clients of the facility. All consumers will be treated with dignity as it relates to incontinence. All client's rights assessments will be reviewed and addended as deemed necessary by the team. Any changes will be reviewed with staff and training form signed. Recommendations made will be included in the My Life Plan and reviewed annually. Consistency in implementation will be reviewed over all areas to include home, day programming and community. Any violations will be addressed immediately. This will be monitored by all facility managers as often as needed but no less than 3 times monthly and documented on LIFE, Inc's random inspection within the FIDS inspection app.</p> <p>DHSR - Mental Health</p> <p>MAY 11 2022</p> <p>Lic. & Cert. Section</p> | 6-18-22 |
| W 129 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> | W 129 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **5/2/2022**

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 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 | <p>w129: The facility will ensure the rights of all clients by providing the opportunity for personal privacy. The team will meet to address alternative methods of ensuring overnight supervision. Any recommendations will be explored and if approved, added to the MLP after proper inservicing on staff. Monitoring will occur during routine observations in the home by review of the communication log. Mangers will perform scheduled observations during the month and document the findings in LIFE, Inc. Fids app.</p> | 6-18-22 |
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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. PROGRAM MONITORING & CHANGE 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 | w262: Facility will assure that the committee has reviewed, approved and continues to monitor any programs that are designed to manage inappropriate behaviors or that involve risks to client protection and rights. All restrictive techniques (even if not related to inappropriate behaviors) that are used will be reviewed and the team will ensure that appropriate consents are obtained. Once consent is obtained. The information will be reviewed quarterly by the HRC members. This will be documented on LIFE, Inc. behavior consent form as well as documented in the Quarterly HRC minutes by the QP. | 6-18-2022 |

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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 | NURSING SERVICES 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 | w331: Facility will provide nursing services in accordance with the individual's needs. All nursing needs will be reviewed to include any recommendations made by other disciplines. Necessary equipment will be ordered, received and implemented. Staff will be trained with any changes as well as addendums to the My Life Plan. Managers will ensure the proper use of all equipment during routine visits to the home and perform scheduled observations to be documented in the LIFE, Inc. Fids app no less than 3 times monthly. | 6-18-2022 | |

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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 | | | |