

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

PRINTED: 08/16/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC SLATESTONE ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>332 SLATESTONE ROAD</b> <b>WASHINGTON, NC 27889</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 000	INITIAL COMMENTS	W 000			
{W 249}	<p>A revisit was conducted on 8/12/22 for deficiencies previously cited on 3/22 - 3/23/22. Three deficiencies were corrected; however, one deficiency was recited. Two additional deficiencies were also cited. The facility remains out of compliance.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure 1 of 2 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of behavior intervention. The finding is:</p> <p>During observations in the home on 8/12/22 from 7:35am - 7:57am, Staff B and various other staff in the home provided consistent verbal and/or physical prompts for client #4 to go to the bathroom for his morning shower. Client #4 consistently refused and continued to walk throughout the home with Staff B and/or two or more other staff following him and continuing to</p>	{W 249}			

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 249}	<p>Continued From page 1</p> <p>prompt him to the bathroom. During this time, Staff B sang with the client, played music and joked around while frequently calling the client "Granddaddy" throughout the interactions. After approximately 22 minutes, client #4 entered the bathroom with Staff B.</p> <p>Interview on 8/12/22 with Staff B and Staff D revealed client #4's behaviors often escalate when new people are in the home. Staff B noted singing with him will sometimes assist with getting him to comply. Additional interview indicated they could not recall any recent training on the client's behavior plan to assist them with responding to his behaviors.</p> <p>Review on 8/12/22 of client #4's Behavior Intervention Plan (BIP) dated 3/15/22 revealed an objective to reduce the frequency of inappropriate social behavior episodes to 6 or less per month for 6 consecutive months. Additional review of the plan included target behaviors of defiance, aggression and PICA. The plan defined defiant behavior as "Anytime [Client #4] refuses essential tasks of Habilitation including workshop training and Daily Living Skills." Further review of the BIP noted proactive techniques should be followed such as giving him "a hi-five and/or verbal praise as a reinforcement for doing a great job...staff making firm request. Staff should ignore him for several minutes prior to making another request...one on one attention. He responds well to staff having a conversation with him, asking him to sing songs, talking about Toy Story and his other interest."</p> <p>Review of the BIP indicated if client #4 exhibits one or more of his target behaviors "the staff person responsible for him should.... Give [Client</p>	{W 249}			

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{W 249}	Continued From page 2 #4] a verbal request to begin activity, household chore, the need to go etc. and give him up to 1 minute to comply...If [Client #4] does not comply with the use of proactive techniques, staff should relocate [Client #4] to an area of the group home or workshop away from others....When [Client #4] is ready, staff will redirect him back to the current activity..."	{W 249}			
W 263	Interview on 8/12/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #4's BIP was current. The QIDP acknowledged staff may need additional training on the client's behavior plan. <b>PROGRAM MONITORING &amp; CHANGE</b> 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 reviews and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the guardian for 2 of 2 audit clients (#4 and #5). The findings are:  A. Review on 8/12/22 of client #4's Behavior Intervention Plan (BSP) dated 3/15/22 revealed an objective to reduce the frequency of inappropriate social behavior episodes to 6 or less per month for 6 consecutive months. Additional review of the plan identified the use of Abilify, Lorazepam, Melatonin and Ativan to assist with the reduction of his behaviors. Further review of the record indicated verbal consent for the BIP had been obtained from the guardian on	W 263			

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W 263	Continued From page 3 3/22/22. The consent form noted, "Written consent should be returned within 30 days." Review of the record did not include written informed consent for the BIP from client #4's guardian.  Interview on 8/12/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated he thought the written consent for client #4's BIP had been obtained; however, it could not be located.	W 263			
W 288	B. Review on 8/12/22 of client #5's Behavior Intervention Plan (BSP) dated 4/4/22 revealed an objective to decrease defined tantrum behavior episodes to 22 or less per month for 6 consecutive months. Additional review of the plan identified the use of Risperdal, Valium, Depakote, Cogentin, Cymbalta, Zyprexa, and Versed to assist with the reduction of his behaviors. Further review of the record indicated verbal consent for the BIP had been obtained from the guardian on 3/22/22. The consent form noted, "Written consent should be returned within 30 days." Review of the record did not include written informed consent for the BIP from client #5's guardian.  Interview on 8/12/22 with the QIDP indicated he thought the written consent for client #5's BIP had been obtained; however, it could not be located.  MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by:	W 288			

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W 288	<p>Continued From page 4</p> <p>Based on observations, record review and interviews, the facility failed to ensure a technique to address inappropriate behaviors was included in a formal active treatment program. This affected 1 of 2 audit clients. The finding is:</p> <p>Upon arrival to the home on 8/12/22 at 6:40am, a large chair was wedged against the wall and counter of the entry way into the kitchen. The chair blocked entry into the kitchen of the home. The chair remained positioned in this manner until 7:09am when Staff C removed the chair.</p> <p>Immediate interview with Staff C after removal of the chair revealed she had blocked the entry way into the kitchen using the chair for safety reasons due to the behaviors of client #5. The staff indicated the client would attempt to go into the kitchen to obtain food.</p> <p>Review on 8/12/22 of client #5's Behavior Intervention Plan dated 4/4/22 revealed an objective to decrease defined tantrum behavior episodes to 22 or less per month for 6 consecutive months. Additional review of the plan noted target behaviors of aggression/SIB, property disruption/destruction, spitting, skin picking and verbal/vocal agitation. Further review of the plan did not include a technique of blocking entry into the kitchen to address inappropriate behaviors.</p> <p>Interview on 8/12/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed blocking entry into the kitchen was not an acceptable practice to address any client's behavior and was not included in client #5's BIP.</p>	W 288			