

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

PRINTED: 07/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2022
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NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932
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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 interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific information to support his independence related to wearing clothing protectors. This affected 1 of 3 audit clients. The finding is:</p> <p>Throughout observations in the vocational area on 7/18/22 from 11:00am-11:45am client #3 was wearing a clothing protector both before she came to the dining area and during her mealtime. During mealtime at 11:05am, she consumed tuna, tomato, fruit and cheese puffs with minimal spillage. After finishing her meal, she continued to wear the clothing protector.</p> <p>During observations in the facility on 7/18/22 from 3:50pm-5:50pm, client #3 wore a clothing protector. She was noted to be reminded to wipe her mouth several times during observations. During supper at 5:35pm, client #3 wore her clothing protector throughout her meal. She consumed grits, chopped ham, scrambled eggs, a biscuit and beverages with little spillage.</p> <p>During observations on 7/19/22 from 6:20am-8:40am client #3 was observed to wear a clothing protector. She was reminded once to wipe her mouth before breakfast. During breakfast at 8:10am, she consumed raisin toast, strawberries, a boiled eggs and beverages with little spillage.</p>	W 240	<p>The facility will ensure that IPP describe relevant interventions to support the individual toward independence. A core team meeting will be held to discuss all client's IPPs specifically the use of clothing protection. Discussion will address the appropriate use of clothing protection for all consumers in the facility. Additionally, all staff will be in-serviced on all clients in the IPP. Staff will be provided with a list of specific times that clothing protection is needed. The QPI, Habilitation Manager and Day Program Coordinator will monitor at least 3 times a month to ensure future compliance with this regulation. A record of this recording will be recorded on a weekly monitoring schedule.</p>	9-17-2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Susan P. [Signature]* TITLE *Director of ICE* (X6) DATE *7/29/22*

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 Interview on 7/18/22 with staff B revealed client #3 wears a clothing protector because she sometimes has to be reminded to wipe her mouth during the day. Interview on 7/18/22 with staff F revealed sometimes client #3 forgets to wipe her mouth during the day and gets her shirts wet, so she wears a clothing protector. Review on 7/18/22 of client #3's IPP dated 8/5/21 revealed no information about client #3 wearing a clothing protector throughout the day. Interview on 7/19/22 with the qualified intellectual disabilities professional (QIDP) II confirmed there was not information in client #3's IPP regarding the full time use of a clothing protector.	W 240	Facility managers will ensure the facility furnish, maintain in good repair, and teach clients specific to use of hearing devices as identified by the interdisciplinary team as needed for each client. A core team meeting will be held to discuss all clients' current audio assessment as well as current strength and needs with regards to recommendations by Physician. All staff will be in serviced on the facilities procedures for ensuring that all equipment be properly maintained, the in-service will provide specific objective training needs as well as each client's strength and needs specific to the use of identified devices. The QPI, Habilitation Manager, LPN and /or Day Program Manager will monitor at least 2 times a week to ensure future compliance with this regulation. A record of this recording will be recorded on a weekly monitoring schedule.	9-17-2022	
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 3 audit clients (#1) was taught to use and make informed choices about the use of hearing aids. The finding is: Record review on 7/18/22 of client #1's Individual Program Plan (IPP) dated 10/12/21 revealed a hearing exam was completed on 10/8/18. A recommendation was made that client #1 use a	W 436			

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W 436	Continued From page 2 bilateral hearing device for amplification due to mild hearing loss. During observations throughout the survey on 7/18/22 - 7/19/22 client #1 was not wearing hearing aids. Interview with the facility nurse revealed that hearing aids had been obtained, however client #1 refused to wear them. The facility nurse confirmed that no training goals had been put into place to teach or encourage client #1 to tolerate hearing aids.	W 436	Facility will ensure all receive a nourishing well balance diet to include all modification as ordered. A core team meeting will be held to discuss all clients in the facility in regards to OT assessments and review the recommendations to ensure all clients' needs are addressed. Any clarifications needed will be obtained and shared with team members. All staff will be in serviced on client training specifically all clients' needs and capabilities with regards to OT assessments as well as diet orders as prescribed. QPI, LPN., Habilitation Manager and Day Program Manager will monitor training at least 3 times monthly to ensure future compliance with this regulation. A record of this monitoring will be recorded on an observation form	9-17-2022	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) received her prescribed modified diet as indicated. The findings are: A. During observations on 7/18/22 of supper at the facility from 5:35pm-5:50pm client #4 was assisted to serve chopped ham, scrambled eggs, chopped biscuit, grits and beverages. Client #4's chopped ham was cut in pieces, however several pieces were in excess of 1 inch in size. As client #4 scooped several pieces into her mouth, she had difficulty chewing them and pieces fell back onto her plate. Staff G reminded her to slow her rate of eating.	W 460			

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W 460	<p>Continued From page 3</p> <p>During observations on 7/19/22 of breakfast at 8:10am, client #4 consumed raisin toast, strawberries, a boiled egg and beverages. Client #4's boiled egg was whole in consistency and she put the entire boiled egg into her mouth and consumed it.</p> <p>Review on 7/18/22 of client #4's individual program plan (IPP) dated 10/12/2021 revealed she is prescribed a regular diet that is cut up in 1/2-3/4 inch in size consistency with nectar thickened liquids.</p> <p>Review on 7/19/22 of an occupational therapy evaluation (OT) dated 5/1/22 revealed client #4 is diagnosed with oropharyngeal dysphagia with level three honey thickened liquids. Further review of the evaluation noted, "She is high/moderate risk for aspiration."</p> <p>Interview on 7/19/22 with the qualified intellectual disabilities professional (QIDP) II confirmed client #4's diet requires all foods to be chopped to between 1/2 inch to 3/4 inches because of her oropharyngeal dysphagia diagnosis.</p> <p>B. During observations of supper between 5:35pm-5:50pm staff G prepared client #4's thickened liquids in her sippy cups by adding 2 prepared thickened liquid packets to her 8 ounce cup of water and 1 prepared thickened packet to her cup of milk. Staff G stirred these consistencies in each cup to make certain they were mixed before client #4 started drinking from the cups.</p> <p>Interview on 7/18/22 with staff G revealed all of client #4's liquids have to be thickened to nectar consistency.</p>	W 460		

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W 460	<p>Continued From page 4</p> <p>During observations on 7/19/22 of breakfast at 8:10am staff H prepared client #4's water in her sippy cups by adding 1 prepared thickened packet and supplementing additional thick it (1/2 scoop) into her cup with 8 ounces of water measured with a measuring cup. She added 1 packet of prepared thick it into her cup of milk and measured 4 ounces of milk into her cup.</p> <p>Interview on 7/19/22 with staff H revealed all of client #4's liquids have to be thickened to a nectar consistency and that she uses a measuring cup to ensure exact measurements.</p> <p>Review on 7/18/22 of client #4's IPP dated 10/12/2021 revealed she is prescribed a regular diet that is cut up in 1/2-3/4 inch in size consistency with nectar thickened liquids.</p> <p>Review on 7/19/22 of an OT evaluation dated 5/1/22 revealed client #4 is diagnosed with oropharyngeal dysphagia with level three honey thickened liquids. Further review of the evaluation noted, "She is high/moderate risk for aspiration."</p> <p>Interview on 7/19/22 with the QIDP II, QIDP and one of the facility Nurses confirmed they were unaware of the differences in thickened liquid consistencies noted between client #4's prescribed diet order and the occupational therapy evaluation.</p>	W 460			