

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LIFE, INC WILSON COUNTY DDA	STREET ADDRESS, CITY, STATE, ZIP CODE 505 HEMPHILL STREET STANTONSBURG, NC 27883
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 12, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 3 audited staff (Staff #3/Habilitation Coordinator (HC)) failed to have current First Aid and Cardiopulmonary Resuscitation (CPR) training. The findings are:</p> <p>Review on 10/11/22 of staff #3/HC's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 3/09/21. - Training in First Aid and CPR completed 6/17/20, expired 6/2022. - Training in CPR dated 10/11/22. <p>During interview on 10/11/22 staff #3/HC stated:</p> <ul style="list-style-type: none"> - Her First Aid/CPR training was expired. - She completed online CPR during the survey process because she "was trying to get it in." - Online training did not include a hands on demonstration of skills, she did not demonstrate chest compressions. - The facility was short staffed and there were times when she was the only staff present with the clients. <p>During interview on 10/11/22 the Qualified Professional stated she thought staff #3/HC was scheduled for CPR/First Aid training within the next week.</p>	V 108		

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V 108	Continued From page 2 During interview on 10/12/22 the Director of Contract Services stated she understood the rule requirement and she would make sure staff #3/HC was scheduled to complete CPR/First Aid training.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete an admission assessment prior to the delivery of services affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 10/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 55 year old female admitted 9/24/21. - Diagnoses included Intellectual/Developmental Disability, moderate; Major Depressive Disorder; diabetes; and hypertension. - No admission assessment completed prior to the delivery of services. <p>During interview on 10/11/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #3 was admitted from a sister facility. - She thought she had a copy of client #3's admission assessment on her computer. - She could not find an admission assessment for client #3. <p>During interview on 10/12/22 the Director of Contract Services stated:</p> <ul style="list-style-type: none"> - Client #3 transferred to the facility from a sister facility. - She understood admission assessments should be completed prior to the delivery of services even when clients were admitted from a sister facility. - She would ensure admission assessments were completed prior to the delivery of services. 	V 111		

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V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment affecting 1 of</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>3 audited clients (#3). The findings are:</p> <p>Review on 10/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 55 year old female admitted 9/24/21. - Diagnoses included Intellectual/Developmental Disability, moderate; Major Depressive Disorder; diabetes; and hypertension. - Medical Provider's order signed 8/01/22 included "Fasting blood sugar once weekly on Fridays . . ." and ". . . Check finger stick blood sugar weekly on Mondays before breakfast . . ." <p>Review on 10/11/22 of client #1's Medication Administration Records for August 2022 - October 2022 revealed blood sugar checks were documented once weekly on Mondays.</p> <p>During interview on 10/11/22 client #3 stated staff checked her blood sugar weekly.</p> <p>During interview on 10/11/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #3's blood sugar was checked once weekly, on Monday, as ordered. - Client #3 was seen by a Nurse Practioner (NP). - The NP's orders were entered into the electronic MAR system by the Registered Nurse. - She acknowledged the NP signed orders for client #3's blood sugar to be checked twice weekly. <p>During interview on 10/12/22 the Director of Contract Services stated she would ensure the orders for client #3's blood sugar checks were clarified with the Medical Provider.</p>	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 6</p> <p>EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 10/11/22 between approximately 9:25 am and 9:45 am revealed:</p> <ul style="list-style-type: none"> - Black staining, consistent with mildew, on the grout in the shower in bathroom #1; matter build up on the shower head; the shower head was dripping. - Water on the tile floor in front of the sink in bathroom #1. - 1 light bulb in the 3 bulb fixture over the sink was not working in bathroom #1. - Black matter on the base of the toilet around the anchor bolts in bathroom #1. - Black staining, consistent with mildew, on the caulking at the top of the tub in bathroom #2; the tub drained slowly. - Paint on the wall behind the door in bathroom #2 was peeling from the wall surface. - Small holes in the wall above the toilet in bathroom #2. - The window blind in client #3's bedroom had 2 broken slats. - The curtain rod in client #1's bedroom was broken and hanging loose from the corner of the window. 	V 736		

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V 736	Continued From page 7 During interview on 10/11/22 the Qualified Professional stated work orders were submitted for some of the issues cited the week before the survey. Staff tried to clean the mildew stains from the shower and the bathtub but could not get the stains clean.	V 736		