

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2022</b>
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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**

(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) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual survey was completed on October 12, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (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. (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.	V 108	V108 LIFE, Inc. will ensure required training is provided to all staff in a timely manner. A listing of all staff training expirations will be maintained in the Great Plains computer system by LIFE, Inc. The Human Resources Administrator will generate a report each Monday indicating the staff whose training is about to expire. This list will be sent to the QP for the Wilson County DDA Group Home each Monday so she can ensure retraining occurs in a timely manner. CPR/FA training is scheduled to be completed for staff #3 on 10/25/22.  <i>Lic. &amp; Cert. Section</i> <i>OCT 27 2022</i> <i>DHSR - Mental Health</i>	10/25/2022

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kaye White*

TITLE

*LIFE, Inc. Dir. of Contract Services*

(X6) DATE

*10/21/2022*

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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: - 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> <p>During interview on 10/11/22 staff #3/HC stated: - 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> <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	V111 An admission assessment will be completed for all new admissions to LIFE, Inc. facilities including transfers from sister LIFE, Inc. facilities. The Program Manager is now aware the admission assessment is also required for transfers from other LIFE, Inc. homes. Client #3 was admitted to the Wilson County DDA group home on 9/24/2021 from a sister facility where she had resided for many years and it was not realized an admission assessment was needed. The Program Manager will now ensure that an admission assessment is completed for all individuals prior to moving into the group home. An assessment was completed for client #3 and added to Client #3's electronic medical record on 10/13/2022.	10/13/2022

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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: - 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> <p>During interview on 10/11/22 the Qualified Professional stated: - 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> <p>During interview on 10/12/22 the Director of Contract Services stated: - 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.</p>	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	<p>V291</p> <p>LIFE, Inc. will maintain coordination between facility operations and the professionals who are responsible for the clients care. The Nurse assigned to Wilson County DDA will review the doctor's orders every 90 days prior to the orders being filed for the client. During the review, the nurse will check for any errors or corrections that may be needed and will then follow up with the primary care physician for any needed changes as warranted. Client #3 had two orders for a weekly blood sugar check. One order was indicated for Mondays and one for Fridays. Error has been corrected with the two orders discontinued and new order written for 1 time weekly blood sugar check. The nurse has indicated on the MAR that the weekly blood sugar check will occur on Mondays.</p>	10/12/2022

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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"> <li>- 55 year old female admitted 9/24/21.</li> <li>- Diagnoses included Intellectual/Developmental Disability, moderate; Major Depressive Disorder; diabetes; and hypertension.</li> <li>- 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 . . ."</li> </ul> <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"> <li>- Client #3's blood sugar was checked once weekly, on Monday, as ordered.</li> <li>- Client #3 was seen by a Nurse Practioner (NP).</li> <li>- The NP's orders were entered into the electronic MAR system by the Registered Nurse.</li> <li>- She acknowledged the NP signed orders for client #3's blood sugar to be checked twice weekly.</li> </ul> <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><b>EXTERIOR REQUIREMENTS</b> (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"> <li>- 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.</li> <li>- Water on the tile floor in front of the sink in bathroom #1.</li> <li>- 1 light bulb in the 3 bulb fixture over the sink was not working in bathroom #1.</li> <li>- Black matter on the base of the toilet around the anchor bolts in bathroom #1.</li> <li>- Black staining, consistent with mildew, on the caulking at the top of the tub in bathroom #2; the tub drained slowly.</li> <li>- Paint on the wall behind the door in bathroom #2 was peeling from the wall surface.</li> <li>- Small holes in the wall above the toilet in bathroom #2.</li> <li>- The window blind in client #3's bedroom had 2 broken slats.</li> <li>- The curtain rod in client #1's bedroom was broken and hanging loose from the corner of the window.</li> </ul>	V 736	<p>V736 LIFE, Inc. will maintain the facility in a safe, clean, attractive, and orderly manner. The Habilitation Coordinator will check the home each day she works to ensure the facility is clean (including the showers and bathrooms) and to determine if any repairs are needed. Staff and individuals will be instructed to thoroughly clean the showers after each use to prevent mold and mildew build up. Workorders will be submitted by management for any needed repairs through the LIFE, Inc. eWork Order computer system. If LIFE, Inc. maintenance cannot make a needed repair, a workorder will be submitted to the Arc of NC (owner of the home) for the repair.</p> <ul style="list-style-type: none"> <li>-Another cleaner was purchased and used to clean the black stain on the shower grout in Bathroom #1. Black stain was removed. 10/17/22</li> <li>-Matter built up on shower head was removed. 10/17/22</li> <li>-LIFE, Inc. maintenance was able to decrease the shower head leak but it continues to leak some. Estimate from plumber will be obtained and submitted to the Arc of NC for needed leak repair. 12/11/22</li> <li>-LIFE, Inc. maintenance repaired the sink leak in bathroom #1 and water on floor removed. 10/17/22</li> <li>-Light bulb replaced in fixture over sink in bathroom # 1. 10/21/22</li> <li>-Black matter on base of toilet by anchor bolts was removed. 10/20/22</li> <li>-Black staining consistent with mildew on caulking on top of bathtub in bathroom # 2 was cleaned. 10/17/22</li> <li>-LIFE, Inc. maintenance cleaned out the slow moving drain. 12/11/22</li> <li>-Workorder submitted for repair of peeling paint on wall surface behind bathroom # 2's door. 12/11/22</li> <li>-Workorder submitted for repair of small holes on wall above toilet in bathroom # 2. 10/17/22</li> <li>-Blind was replaced in Client # 3's bedroom. 10/17/22</li> <li>-Curtain rod was repaired in Client # 1's bedroom. 10/17/22</li> </ul>	

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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		





October 21, 2022

Ms. Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Plan of Correction  
LIFE, Inc./Wilson County DDA

Dear Ms. Anderson:

Attached please find our written plan of correction for the recent survey at our Wilson County DDA Group Home in Stantonsburg, NC.

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,

*Kaye White*

Kaye White, LIFE, Inc.  
Director of Contract Services

*2609 Royall Avenue Goldsboro, NC 27534  
Phone (919)778-1900 • Fax (919)778-1911*