

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

PRINTED: 09/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2022
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NAME OF PROVIDER OR SUPPLIER LIFE, INC BEAUFORT HEIGHTS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889
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(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
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W 000	INITIAL COMMENTS	W 000		
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 citizens 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 record review and interviews, the facility failed to ensure client rights for privacy were protected for 1 of 2 audit clients (#4). The finding is:</p> <p>Review on 9/13/22 of a CORE team meeting held on 8/10/22 revealed there was an incident where client #4 expressed that he wanted to shoot individuals in the home.</p> <p>Interview on 9/13/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that a month ago, he learned that client #4 was talking to a friend on the house phone and communicated threats to shoot up the home. The friend contacted the home manager two days after the incident to report the conversation. The QIDP revealed on 8/10/22 the CORE team met to discuss the incident and came up with the idea to restrict client #4 to use the house phone, so that staff could monitor his conversations and be aware if any new threats of violence were made. The QIDP acknowledged that he had not</p>	W 125	<p>W125 The facility will ensure the rights of all clients. They will allow and encourage all to exercise their rights as well. Any restrictions that are recommended by the team, will be reviewed and approved by the guardian as well as the Human rights committee and as well as properly documented. This documentation should be updated every 6 months. Any changes will be reviewed with staff and training form signed. Recommendations made will be included in the My Life Plan and reviewed bi-annually. Consistency in implementation will be reviewed over all areas to include home, day programming and community. 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>SEP 27 2022</p> <p>Lic. & Cert. Section</p>	11-12-22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Susan P. [Signature]* TITLE: *Director* (X6) DATE: *9.26.22*

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 125	Continued From page 1 received permission from the client's guardian or their Human Rights Committee (HRC) to take these actions.	W 125			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the Behavior Support Plan (BSP) for 1 of 2 audit clients (#4) was reviewed, revised to promptly identify and address new behavioral objectives. The finding is: Review on 9/13/22 of a CORE team meeting held on 8/10/22 revealed there was an incident where client #4 expressed that he wanted to shoot individuals in the home. The social worker was noted to counsel client #4 and encouraged him to reach out to her if he needed assistance in de-escalation. The team expressed an alternative placement for client #4 and he was in an agreement to look for another residence. Review on 9/13/22 revealed the BSP for client #4 did not have any revisions after the implementation date on 3/15/22. His target behaviors were listed as: aggression, bullying, vocal agitation, suicidal ideation/threats and defiance. Interview on 9/13/22 with the QIDP revealed	W 255	W255 Facility will ensure that all plans are reviewed and revised as needed. The strengths and needs of all individuals will be reviewed. QP will ensure all behavior programs of all client's are reviewed and revised as needed to address new behavioral concerns. Any addendums will be made to include new target behaviors as well as strategies to address such. Any changes will be shared with appropriate team members and needed approval from guardian and HRC members. Staff will be in-serviced on revisions to all plans as completed. Facility managers will monitor at least twice weekly to ensure on-going compliance. Documentation will occur on LIFE Inc' s inspection forms and reviewed monthly during the monthly QP review.	11-12-2022	

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W 255	Continued From page 2 client #4 on unknown date approximately a month ago, he had a conversation with a friend and became upset. During the conversation, client #4 told friend that he wanted to shoot up his group home. The friend called the home manager approximately two days after the call and reported client #4 for communicated threats. The QIDP revealed the team met on 8/10/22, approximately two days after learning about client #4 threatening violence at the home. The QIDP acknowledged that the team came up with ideas to enhance monitoring of client #4's phone conversations and seek alternative placement. The QIDP stated the psychiatrist was in attendance and made no recommendations for client #4's BSP. The QIDP also stated that two employees, Staff A and Staff B were no longer working in the home and the communicated threats by client #4 were directed at Staff A and Staff B. The QIDP further revealed he viewed the threats as an isolated incident and because no violence occurred, he did not take further actions.	W 255		



September 26, 2022

Ms. Esther Moore, BSW, QIDP
Facility Survey Consultant I
Division of Health Service Regulation
Mental Health Licensure and Certification
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

Re: Plan of Correction
LIFE, Inc. / Beaufort Heights Group Home

Dear Ms. Moore,

Enclosed please find our written plan of correction for the recent survey at our Beaufort Heights Group Home.

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,

A handwritten signature in black ink, appearing to read 'Susan P. Ayres', written in a cursive style.

Susan P. Ayres
Director of ICF/IID Services

Enclosure