

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

PRINTED: 01/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC GREY FOX RUN GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 GREY FOX RUN NEWPORT, NC 28570</b>
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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 PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 3 of 4 audit clients (#2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment and medication administration. The findings are:</p> <p>A. During observations throughout the survey on 1/17-18/23, client #2 was observed sitting at the dining room table of the home in a chair without any armrests. Further observations revealed there were no chairs at the dining room table which had armrests.</p> <p>Review on 1/17/23 of client #2's IPP dated 10/12/22 stated he should be sitting in dining room chairs with armrests. Further review revealed the armrests are for support.</p> <p>During an interview on 1/18/23, the Qualified Intellectual Disabilities Professional (QIDP) stated a work order was written to purchase dining rooms chairs with armrests. Further interview</p>	W 249	<p><i>JAN 24 2023</i></p> <p><i>Lic. &amp; Cert. Section</i></p> <p>249:Facility managers will ensure each client receives a continuous active treatment program including but not limited to needed interventions and services in sufficient numbers and frequency as it pertains behavior management and implementing toileting programs to support the achievement of the objectives as identified in the IPP. All Plans will be reviewed relative to adaptive equipment as well as skills related to self medication skills. Self medication assessments will be reviewed and inserviced for all staff members. Any changes deemed necessary by the team will be made and addendums will be added to the My Life Plan. Adaptive equipment will be reviewed and any items not available, will be made available. All staff will be in-serviced on the findings of the assessments and needed interventions for essential tasks or interventions for all clients. On-going monitoring will be consistent while in the home but no less than three times monthly to ensure compliance in this area. Documentation on monitoring will occur on LIFE Inc's facility inspection form, meal and med monitoring sheets and camera observation forms.</p>	2/28/23
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dwan P. Ayers* TITLE *Dwan P. Ayers* (X6) DATE *1-19-23*

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 revealed the QIDP could not provide a copy of the work order for the surveyor to review.</p> <p>B. During morning medication administration on 1/18/23 at 7:04am, Staff A spoon fed client #4 his medications. At no time was client #4 prompted to participate in his own medication administration.</p> <p>During an interview on 1/18/23, Staff A stated client #4 is not stable enough to feed himself his own medications.</p> <p>Review on 1/18/23 of client #4's IPP dated 10/20/22 stated, "I do continue to participate daily with self-medication administration to my potential...I will most likely always require assistance".</p> <p>During an interview on 1/18/23, the QIDP stated client #4 should have been allowed to feed himself his own medications with hand over hand assistance.</p> <p>C. During morning medication administration on 1/18/23 at 7:17am, Staff A spoon fed client #3 his medications. At no time was client #3 prompted to participate in his own medication administration.</p> <p>During an interview on 1/18/23, Staff A revealed she fed client #3 his medications because he will drop them.</p> <p>Review on 1/18/23 of client #3's IPP dated 9/20/22 stated, "I do take my meds with food, and I independently spoon this to myself".</p> <p>During an interview on 1/18/23, the QIDP</p>	W 249		

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W 249	Continued From page 2 indicated client #3 can independently feed himself his own medications.	W 249			