

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

PRINTED: 11/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2022
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NAME OF PROVIDER OR SUPPLIER LIFE, INC NINE FOOT ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1229 NINE FOOT ROAD NEWPORT, NC 28570
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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 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained from client #4's guardian for his restrictive Behavior Support Plan (BSP). This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 10/24/22 of client #4's BSP dated 3/24/21 revealed an objective to reduce the frequency of defined behavior episodes to 1 or less per month for 8 consecutive months. Additional review of the plan noted the use of Zyprexa Zydys to address his inappropriate behaviors. Further review of the record did not include a current written informed consent for client #4's BSP.</p> <p>Interview on 10/25/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no current written consent was available for review.</p>	W 263	<p>The facility will ensure that programs are only conducted with written informed consent of client, client's parents, or legal guardian. All BSPs will be reviewed as well as consents. The facility will ensure that all written informed consents reflect all medications, and/or medication changes per physician orders and are signed by the client's parents or legal guardian. Any missing consents will be obtained by appropriate team members. Staff will also be in-serviced on staff responsibility in ensuring non-restrictive programs are conducted per BSP for all clients. Observations and inspections will be utilized by QPI and the interdisciplinary team to ensure daily implementation of this plan of correction and future compliance. Documentation will include the monthly QP checklist along with bi-annual audits of consumer records.</p>	12/23/22
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure staff were</p>	W 340	<p>DHSR - Mental Health</p> <p>DEC 06 2022</p> <p>Lic. & Cert. Section</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Susan P. Agon* TITLE: *Director* (X6) DATE: *11/29/22*

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 340	Continued From page 1 sufficiently trained to implement visitation protocols and procedures regarding COVID-19. The finding is: Upon arrival to the home on 10/24/22 at 3:35pm and 10/25/22 at 6:15am, the surveyor's temperature was not taken and no COVID-19 screening questions were asked. Review on 10/25/22 of the facility's COVID-19 visitor screening form revealed the visitor's temperature should be taken and five questions asked. Interview on 10/25/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all visitors to the home should be screened for COVID-19 including having their temperature taken and asked the five screening questions.	W 340	W340: Facility managers and LPN will ensure staff are sufficiently trained in acquiring temperatures of visitors regarding covid-19 protocol. Staff will be re-in serviced on the importance of following covid protocol, to include temperature checks, questionnaires, and hand washing/sanitizing hands. Facility mangers and LPN monitor bi-weekly to ensure compliance of covid-19 protocol. Documentation will occur on LIFE-Inc's inspection form.	12/23/22
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 review and interviews, the facility failed to ensure client #1's specially ordered diet was followed as written. This affected 1 of 3 audit clients. The finding is: During evening observations in the home on 10/24/22 at 5:50pm, client #1 was assisted to serve herself a single serving of hash browns, scrambled eggs and a biscuit. The items were a	W 460	The facility will ensure that each client receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Staff will be in-serviced on all clients diet orders and modifications needed. Monitoring will occur no less than 3 times monthly by facility managers part of their monthly CRT inspections to ensure all needs are met.	12/23/22

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W 460	<p>Continued From page 2</p> <p>ground consistency. Although turkey bacon was on the menu, client #1 was not served bacon.</p> <p>Interview on 10/25/22 with Staff E revealed each client's diet was posted on the refrigerator and this is what they follow.</p> <p>Review on 10/24/22 of a diet list posted on the refrigerator in the home, client #1's IPP dated 1/13/22 and the client's current physician's orders noted she consumes a ground consistency diet with "double portions of meat, eggs and non-starchy vegetables."</p> <p>Interview on 10/25/22 with the facility's nurse confirmed client #1 should receive double servings of meats, eggs and non-starchy vegetables when these items are on the menu.</p>	W 460			