

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

PRINTED: 11/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2022
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NAME OF PROVIDER OR SUPPLIER LIFE, INC TWIN ACRES GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 WILDCAT ROAD WILLIAMSTON, NC 27892
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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 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure only authorized persons had access to the drug storage area. This had the potential to effect all of the clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Medication administration observations at the day program on 11/15/22 between 1:00pm-1:30pm, revealed various employees, who serve as medication technicians, would enter the opened nurse's office to get a key ring hanging on a hook, at the doorway. The employees were observed to take the key, step across the hall and use it to open the medication cabinet where the drugs were stored in individual lock boxes.</p> <p>Interview on 11/15/22 with the nurse revealed the key to the medication closet should be kept on the person.</p>	W 383	<p>383: Facility will ensure that only authorized persons have access to drug storage area by ensuring keys are secured at all times. Facility will ensure that keys are secured at all times and that staff assigned to the med have the keys on the person at all times. At any time the med person has to be out of the building, the keys should be signed over to another authorized person. All staff members will be in serviced on the new procedures. ;Monitoring will occur no less than 4 times monthly and be documented during the random inspections at the day program as well as routine observations made by the LPN while on site at the facility.</p>	01/19/23
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *[Signature]* (X6) DATE *11/19/23*

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.

LIFE, Inc. Corrective Action Form

Inspection: SURVEY

Date of Inspection: 11/15/2022

Group Home: Washington Workshop

	Description of Problem:	Action Taken to Resolve the Problem:	Date to be Completed:	Preventative Measures:
1.	<i>Med Key not on person</i>	<i>Re-inserviced to ensure med key is secured on them.</i>	<i>11/16/2022</i>	<i>Checks twice weekly ensure compliance.</i>
2		<i>Ensured staff had med key on them</i>	<i>11/18/2022</i>	<i>Checks will continue twice weekly</i>
3		<i>Ensured staff had med key access</i>	<i>11/21/2022</i>	<i>continue checks weekly</i>
4		<i>Staff had access to med key</i>	<i>22-Nov</i>	<i>Continue checks weekly</i>
5		<i>Med key access noted by staff</i>	<i>11/28/2022</i>	<i>Ensure checks as noted on POC.</i>
6		<i>Med key access noted by staff</i>	<i>11/30/2022</i>	<i>Ensure checks as noted on POC.</i>
7		<i>Med key access noted by staff</i>	<i>12/5/2022</i>	<i>Ensure checks as noted on POC.</i>
		<i>Med key access noted by staff</i>		<i>Ensure checks as noted on POC.</i>
8		<i>All home staff access to med key</i>	<i>12/7/2022</i>	<i>Ensure checks noted on POC.</i>
		<i>Staff access to med key</i>	<i>12/12/2022</i>	<i>Ensure checks noted on POC</i>
		<i>Staff access to med key</i>	<i>12/14/2022</i>	<i>Ensure checks noted on POC</i>

QP: *Kathy Moore*

Date: 1/18/23

Date Received: _____

Date Corrections Reviewed: _____

LIFE, Inc. Corrective Action Form

Inspection: SURVEY

Date of Inspection: 11/15/2022

Group Home: Washington Workshop

	Description of Problem:	Action Taken to Resolve the Problem:	Date to be Completed:	Preventative Measures:
1.		<i>STAFF HAS ACCESS TO MED KEY</i>	<i>1/2/2023</i>	<i>ENSURE CHECK NOTED ON POC</i>
2		<i>STAFF HAS ACCESS TO MED KEY</i>	<i>1/4/2023</i>	<i>ENSURE CHECKED NOTED ON POC continue checking for keys on staff</i>
3		<i>MED PERSON HAS MED KEY</i>	<i>1/9/2023</i>	<i>DPM CHECKED NOTED ON POC</i>
4			<i>1/11/2023</i>	<i>DPM ENSURED NOTED ON POC continue checking for keys on staff</i>
5				
6		<i>Ensured med person has key</i>	<i>1/16/2023</i>	<i>DPM checked noted on POC</i>
			<i>1/18/2023</i>	<i>DPM CHECKED FOR MED KEYS NOTED ON POC</i>
7				
8				<i>convenient location and viewing</i>

QP: *Kathy Chase*

Date: *1/18/23*

Date Received: _____

Date Corrections Reviewed: _____

LIFE, Inc.
STAFF INSERVICE REPORT

Date: 7-Dec-22

Instructor's Printed Name: Leleicia C Powell

Time Length of Break: _____

Instructor's Signature: _____

Inservice Begin Time: _____

Inservice End Time: _____

- * Topic Covered: _____
- * Topic Covered: MED KEYS WILL BE ON STAFF AT ALL TIMES, WITH NO EXCEPTIONS!!!!!!!!!!!!
- * Topic Covered: _____
- * Topic Covered: _____
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- Expiration Date: _____
- Expiration Date: _____
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EMPLOYEE'S PRINTED NAME (Please print clearly)	EMP ID #	Is this Employee a NEW HIRE?	EMPLOYEE'S SIGNATURE (Please sign legibly)	ARRIVAL TIME	DEPARTURE TIME	COMPONENTS	PASS/FAIL
							