

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

PRINTED: 06/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2023
NAME OF PROVIDER OR SUPPLIER LIFE, INC ALBEMARLE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 243 COKE AVENUE EDENTON, NC 27932		
(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	
W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 audit clients (#3 and #6) had the right to retain their personal grooming items. The finding is:</p> <p>During morning observations in the home after breakfast on 6/20/23, Staff A prompted client #6 to prepare to brush his teeth. The staff proceeded to unlock a room inside of the laundry area and retrieve a box which contained client #6's toothbrush and toothpaste. The client was then prompted to a bathroom for toothbrushing. Afterwards, the staff returned the grooming items to the locked room. Closer observations of other boxes in the locked area also revealed client #3's toothbrush and toothpaste in one of the boxes.</p> <p>Immediate interview with Staff A revealed client #3's and client #6's grooming items (toothbrush and toothpaste) were kept locked because they would use them inappropriately.</p> <p>Review on 6/20/23 of client #3's Individual Program Plan (IPP) dated 11/17/22 revealed he can brush his teeth independently with monitoring and assistance as needed. Additional review of the plan did not indicate the client should not have access to his grooming items.</p> <p>Review on 6/20/23 of client #6's IPP indicated he can brush his teeth independently but sometimes needs assistance to floss. Additional review of the</p>	W 137	<p>W137 The facility will ensure the rights of all clients. The facility will ensure that all clients have the right to retain and use appropriate personal possessions and clothing. A core team team meeting will be held to review each client IPP and Behavior plan. All staff will be serviced on 7-5-2023 in the area of client's rights. This will be monitored by QP, HM, DPM and or nurse on a weekly basis. A record of monitoring will be recorded on a Life Inc. Observation Form.</p>	8-14-2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Susan P. Ayres

TITLE

Director of Life

(X6) DATE

6/28/23

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 137	Continued From page 1 plan did not indicate the client should not have access to his grooming items. Interview on 6/20/23 with the Habilitation Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) confirmed the IPP for client #3 and client #6 did not indicate they should not have access to certain grooming items.	W 137			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included specific information to support his independence during dining. This affected 1 of 4 audit clients. The finding is: During dinner observations in the home on 6/19/23 at 5:41pm, Staff C sat next to client #2 as he consumed his meal. The client #2 consumed his food primarily using his fingers. Although a fork and spoon were located at his place setting, the client was not consistently verbally or physically prompted to use them. Throughout the meal, a large amount of food spillage was noted on the floor around the client. During breakfast observations in the home on 6/20/23 at 7:32am, Staff E sat next to client #2 as he consumed his meal. The staff frequently provided physical prompts for the client to use his spoon by pushing away one hand and physically	W 240	W240 The facility will ensure that the individual program plan will describe relevant interventions to support the individual toward independence. A core team will be held to discuss the strength and needs of all clients in the area of independence. This will be monitored by QP, HM, DPM and or nurse on a weekly basis. A record of monitoring will be recorded on a Life Inc. Observation Form.	8/14/2023	

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W 240	Continued From page 2 picking up the other hand and putting it onto or near his spoon. During the meal, client #2 sporadically picked up his spoon and brought it to his mouth. Interview on 6/20/23 with Staff E revealed he needs assistance at meals to use his spoon and likes to "pick at" his food. Review on 6/20/23 of client #2's IPP dated 1/19/23 did not include any specific guidelines or information to support his independence while eating. Interview on 6/20/23 with the Habilitation Manager and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's IPP does not include specific information to support his independence while dining.	W 240			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a technique to address the inappropriate behaviors for 2 of 4 audit clients (#3 and #6) was included in a formal active treatment program. The findings are: During morning observations in the home after breakfast on 6/20/23, Staff A prompted client #6 to prepare to brush his teeth. The staff proceeded to unlock a room inside of the laundry area and retrieve a box which contained client #6's	W 288	W288 The facility will ensure that all techniques used to manage inappropriate behaviors will never be used as a substitute for an active treatment program. A core team meeting will be held to review each clients strength and needs and to ensure techniques used to manage clients' behaviors are included in each clients active treatment program. This will be monitored by QP, HM, DPM, and or nurse on a weekly basis. A record of monitoring will be recorded on a Life Inc. observation form.	8/14/2023	

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W 288	<p>Continued From page 3</p> <p>toothbrush and toothpaste. The client was then prompted to a bathroom for toothbrushing. Afterwards, the staff returned the grooming items to the locked room. Closer observations of other boxes in the locked area also revealed client #3's toothbrush and toothpaste in one of the boxes.</p> <p>Immediate interview with Staff A revealed client #3's and client #6's grooming items (toothbrush and toothpaste) were kept locked because they would use them inappropriately.</p> <p>Review on 6/20/23 of client #3's Individual Program Plan (IPP) dated 11/17/22 revealed he can brush his teeth independently with monitoring and assistance as needed. Additional review of the client's Behavior Support Plan (BSP) dated 11/15/21 revealed an objective to reduce the frequency of defined agitation behavior episodes to 7 or less per month for 8 consecutive months. The plan included target behaviors of agitation, inappropriate touching and aggression. Further review of the BSP did not include a technique of locking away client #3's toothbrush and toothpaste to address inappropriate behaviors.</p> <p>Review on 6/20/23 of client #6's indicated he can brush his teeth independently but sometimes needs assistance to floss. Additional review of the client's BSP dated 4/15/23 revealed an objective to reduce the frequency of defined agitated behavior episodes to 0 for 8 non-consecutive months. The plan identified target behaviors of property misuse/destruction (i.e. knocking over items, furniture, slamming doors, etc) and interpersonal misconduct. Further review of the BSP did not include a technique of locking away client #6's toothbrush and toothpaste to address inappropriate behaviors.</p>	W 288			

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W 288	Continued From page 4	W 288			
W 368	<p>Interview on 6/20/23 with the Habilitation Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 and client #6 have been known to misuse their toothpaste and for this reason, the items have been kept locked for many years. Additional interview confirmed locking away the client's grooming items was not included in a formal active treatment program.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 4 clients (#2) observed receiving medications. The finding is:</p> <p>During evening observations of medication administration in the home on 6/19/23 at 4:09pm, client #2 consumed Meloxicam 7.5mg. The client took the medication with water. At 5:41pm, client #2 and other clients began gathering at the table for the dinner meal.</p> <p>Review on 6/20/23 of client #2's current physician's orders revealed an order for Meloxicam 7.5mg, take one tablet by mouth every evening, "Take with food" at 5p.</p> <p>Interview on 6/20/23 with the facility's nurse confirmed the Meloxicam should be taken with</p>	W 368	<p>W368 The facility managers will ensure the system for drug administration is administered in compliance with the physicians' orders. All staff will be in serviced on 7-5-23 in the area of medication administration. QP, HM, DPM and/ or nurse will monitor on a weekly basis. A record of monitoring will be recorded on a Life Inc. Observation Form.</p>	8/14/2023	

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W 368	Continued From page 5	W 368			
W 488	<p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #2 ate in a manner which was not stigmatizing. This affected 1 of 4 audit clients. The finding is:</p> <p>During breakfast observations in the home on 12/13/22 at 7:32am, client #2 consumed his food with the lower portion of his clothing protector spread across the table in front of him and the upper portion secured around his neck. While consuming his food, client #2's plate was positioned on top of the lower portion of his clothing protector. Throughout the observations, Staff E sat next to the client providing verbal and physical prompts. A small amount of food fell onto the clothing protector as the client ate his breakfast.</p> <p>Interview on 6/20/23 with Staff E revealed client #2's clothing protector had been placed onto the table in this manner in order to keep food from falling onto his lap.</p> <p>Review on 6/20/23 of client #2's Individual Program Plan (IPP) dated 1/19/23 revealed he uses a bib during meals. Additional review of the plan did not indicate the client's clothing protector should be applied in the manner previously described.</p>	W 488	<p>W488 The facility will ensure that each client eats in a manner consistent with his or her developmental level. A core team will be held to discuss all clients' strengths and needs in the area of dining and services. An in-service will be held on 7-5-2023 in the area of dining and services. This will be monitored by QP, HM, DPM and/or nurse on a weekly basis. A record of monitoring will be recorded on a Life Inc. Observation Form</p>	8/14/2023	

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W 488	Continued From page 6 Interview on 6/20/23 with the Habilitation Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's clothing protector should not have been spread across the table in front of him during the meal.	W 488			