

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

PRINTED: 03/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER LIFE, INC CHERRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 CHERRY LANE NEW BERN, NC 28560		
(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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure for 1 of 3 audit clients (#4) individual program plans (IPP) included specific information to support their overall independence. The findings are:</p> <p>Observation in the home throughout 3/25 - 3/26/24 revealed client #4 ambulating with a slow, shaky gait and wearing a gait belt. At no time was staff observed to hold the gait belt, and monitoring of client #4 as she ambulated was not consistent. When walking from the den to the dining room, staff ensured client #4's path was clear in front of her. However, the gait belt was not used to steady her. In addition, staff were inconsistent with maintaining close proximity to client #4 to ensure she did not fall when moving across the room or rising from her chair. Client #4 gripped the closest table for balance when ambulating.</p> <p>Review of the IPP, dated 5/3/23, revealed client #4 utilized a gait belt due to unsteady gait. However, no guidelines for the gait belt use could be located.</p> <p>Review of the latest physical therapy (PT) evaluation, dated 2019, revealed no gait belt or guidelines.</p> <p>Interview on 3/26/24 with Staff B revealed client #4's gait belt is only used in case she gets unstable.</p>	W 240			

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

TITLE

(X6) DATE

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 240	Continued From page 1 Interview on 3/26/24 with the qualified intellectual disabilities professional (QIDP) revealed client #4 had been assigned the gait belt before the QIDP began her duties in the home. Interview on 3/26/24 with the facility nurse revealed client #4 began wearing the gait belt due to hip surgery a few years ago after the facility noted a change in her gait. Staff use the gait belt if she becomes unsteady but there should be guidelines to ensure client #4's safety and that staff are aware of her needs. The facility nurse stated client #4 had a later PT evaluation, but client #4 should receive a new evaluation with guidelines.	W 240			
W 487	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client receives enough food. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that 1 of 3 sampled clients (#6) received enough food with meals. The finding is: During breakfast observation on 3/26/24, client #6 consumed one turkey sausage patty, one serving of scrambled eggs, one biscuit, and one small glass of orange juice. She then reached toward the biscuit on another client's plate. Staff A prompted her to stop reaching into the client's plate and take her items to the kitchen. Client #6 then asked if there was a snack. The staff told her she would have snack later. Client #6 took her items to the kitchen and repeatedly approached staff and the surveyor to ask for a	W 487			

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W 487	<p>Continued From page 2</p> <p>snack. She was not offered a second helping of any food item.</p> <p>Review on 3/25/24 of client #6's individual program plan (IPP), dated 11/3/23, revealed no prescribed diet information.</p> <p>Review on 3/26/24 of client #6's nutritional evaluation, dated 11/22/23, revealed a prescribed regular diet with no restrictions.</p> <p>Interview on 3/26/24 with the qualified intellectual disabilities professional (QIDP) revealed client #6 may have second helpings of food items and is not restricted to one portion.</p> <p>Interview on 3/26/24 with the facility nurse revealed client #6 is not on a restricted diet and may have seconds if she asks for more food.</p>	W 487			