

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

PRINTED: 07/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2023
NAME OF PROVIDER OR SUPPLIER LIFE, INC LAVENHAM GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3700 LAVENHAM ROAD 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients were afforded privacy during personal care. This affected 2 of 4 audit clients (#1 and #5). The findings are:</p> <p>A. During early morning observations on 7/12/23 at 6:00am, client #1 was toileting in the bathroom adjacent to her bedroom with the door open. Staff D was the only direct care staff working in the facility. Staff D walked to the open doorway of the bathroom to check on client #1 and client #3 approached staff D to ask her a question. Client #1 was in full view of staff D, the surveyor and client #3. Staff D walked out of the bathroom and did not redirect client #1 to shut the door.</p> <p>During continued observations on the facility on 7/12/23 at 6:08am, client #1 was dressing in her bedroom with the bedroom door open. Client #1 did not have a shirt on and was standing in her bedroom with her bra and pants on without shoes or socks on. Staff D walked over to the bedroom door and verbal cued client #1 to finish dressing. Staff D did not shut the door and walked out of the bedroom.</p> <p>Review on 7/12/23 of client #1's individual program plan (IPP) dated 3/15/23 revealed she needs reminders to close the bathroom and bedroom doors for privacy.</p> <p>Interview on 7/12/23 with the qualified intellectual</p>	W 130	<p>W130- Facility managers will ensure the rights of all clients regarding privacy during treatment and care of personal needs. Training will be provided to all staff to include resident rights specific to privacy and information specific to each client's individualized IPP. This training will also include the facility's strategic plan to ensure privacy during treatment and care of personal needs of all clients. The QP1 and Habilitation Coordinator will monitor at least three (3) times a month to ensure future compliance with this regulation. A record of this monitoring will be recorded monthly using LIFE, Inc's current QA/QI Inspection Forms.</p>	9-11-2023

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

[Handwritten Signature]

TITLE

[Handwritten Title]

(X6) DATE

[Handwritten 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 130	Continued From page 1 disabilities professional (QIDP) and the Residential Manager (RM) revealed the IPP for client #1 is current and staff should be verbally reminding client #1 to shut bathroom and bedroom doors for privacy during dressing and self care. B. During early morning observations at the facility at 6:25am, staff D assisted client #5 to the bathroom adjacent to his bedroom. Staff D left the bathroom door open leaving client #5 exposed while he was toileting. Client #5 is semi-ambulatory and is not able to get up and shut the door. During continued observations on 7/12/23 at 5:30am staff E walked into the bedroom of client #5 and spoke with staff D while she was cleaning up client #5 in the bathroom. Client #5 was not dressed and was visible from the doorway to the bedroom. Neither staff D or staff E attempted to shut the bedroom or bathroom to provide client #5 privacy during self care. Review on 7/12/23 of client #5's IPP dated 8/4/22 revealed under toileting, "Reminders are needed to ensure I close the door and wash my hands". Interview on 7/12/23 with the QIDP and the RM revealed the IPP for client #5 is current and staff should be assisting client #5 to shut bathroom and bedroom doors for privacy during dressing and self care.	W 130		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and	W 460	W460- The facility will ensure that each consumer receives continuous active treatment to support their Individual Program Plan. All diet orders will be reviewed in regards to consistency as recommended by team members and therapist. All staff will be in-serviced on each individuals IPP to include, but not limited to diet order and diet consistency. The QP/HC/Nurse will monitor utilizing monthly inspection forms that will consist of meal observations. Random observations will be made at the facility, day program and community. These observations will be documented in the FIDs random inspection app no less than 3 times per month	9-11-2023

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W 460	<p>Continued From page 2 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure the diet and diet consistency was followed as indicated for 1 of 4 audit clients (#5). The finding is:</p> <p>During observations at the facility on 7/11/23 at 6:50pm, staff A prepared client #5's beverages for supper which included a 12 ounces glass of water, an 8 ounce glass of Kola and a 6 ounce glass of milk. Staff added individual Thick It pouches to each glass and stirred them with a spoon. At 7:00pm, staff A encouraged client #5 to drink his beverages and he began to cough as he consumed his 12 ounce glass of water which appeared to be thin with powder in the bottom of his glass. Staff A encouraged client #5 to scoop his food which was finely chopped As client #5 consumed his beverages, he continued to cough, his nose began to drip fluid and his eyes began to water.</p> <p>During continued observations on 7/12/23 at 7:05pm, the surveyor observed the individual Thick It packages in the kitchen. Observations of the individual Thick IT packets indicated, "Pour 4 fl. ounces of cold or hot liquid into a glass. Slowly add thickener to liquid, stirring with fork or whisk as you pour. Stir briskly until thickener has dissolved. Before serving, let water and juices stand for at least 1 minute. Let milk and supplements stand for 5-10 minutes. Stir and serve."</p> <p>Immediate interview on 7/11/23 with the residential manager (RM) revealed she and staff</p>	W 460			

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W 460	<p>Continued From page 3</p> <p>were not aware that the individual packets of Thick It packages had to be added to 4 ounces of fluid and that different beverages thickened at different rates of time. She indicated they would discuss this with the facility Nurse.</p> <p>During observations at the facility on 7/12/23 at 7:55am, direct care staff E added individual packages of Thick It to client #5's 12 ounce glass of water, his large coffee mug and to his 4 ounce glass of milk. Staff added 2 packages of Thick It to client #5's 12 ounce of water and it took a while to thicken. Staff added 1 packet of Thick It to client #5's milk and to his coffee. Client #5 coughed throughout the meal when he was consuming his beverages.</p> <p>Review on 7/12/23 of client #5's individual program plan (IPP) dated 8/4/22 revealed he has diagnoses of Profound intellectual disabilities and Dysphagia. Client #5's diet is listed as a regular finely chopped diet with no pieces of food to exceed 1/8/ inches, 6 mini meals, swallow precautions which include upright positioning during and after meals, alternating small bites and sips with meals. Client #5's beverages are to be thickened to a honey thickness consistency due to his risk for aspiration.</p> <p>Review on 7/12/23 of client #5's nutritional evaluation dated 7/7/23 revealed, " Regular finely chopped (no pieces larger than 1/8 inch). Frequent small meals / 6 per day instead of 3 large meals. Liquids thickened to honey consistency with regular cup. Swallow precautions to include upright position during/after all by mouth. Alternate bites/sips. Lowfat milk."</p>	W 460			

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W 460	Continued From page 4 Interview on 7/12/23 with the facility Nurse revealed direct care staff should carefully read the individual packages of Thick It and only add liquid amounts as prescribed on the package to ensure client #5 receives his diet as prescribed by the Physician.	W 460			