

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

PRINTED: 03/27/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC GREY FOX RUN GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 GREY FOX RUN</b> <b>NEWPORT, NC 28570</b>		
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W 000	INITIAL COMMENTS	W 000			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			
	<p>A recertification and complaint survey were conducted for intake NC00214222. The complaint was not substantiated and no deficiencies were cited as a result of the complaint survey. However, deficiencies were cited during the recertification survey.</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure and implementation of the behavior plan.</p> <p>A. During observations in the home throughout the survey on 3/25 - 3/26/24, client #2 wandered around the home, went in/out of his bedroom for brief periods or sat unengaged in a recliner. During the observations, other clients were offered leisure activities at the dining room table or sat in their room engaging in personal leisure choices. Although a single staff was provided as</p>				

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 249	<p>Continued From page 1</p> <p>client #2's one-on-one staff person, the client was not prompted or assisted to engage in activities.</p> <p>Interview on 3/25/24 with Staff C revealed they do offer activities to client #2; however, he will push things away. The staff indicated they didn't want to "overload" him or he may have a behavior.</p> <p>Review on 3/26/24 of client #2's IPP dated 9/20/23 revealed he continues to participate in activities and events. The plan also indicated a strength to participate in a leisure activity for 5 minutes and listed music as a reinforcer. Additional review of the IPP included an objective to place colored pom poms in compartment trays. Further review of client #2's Behavior Intervention Plan (BIP) dated 9/26/23 revealed under Individual Proactive Intervention Techniques noted, "[Client #2] should not have to sit long in an environment without something to do. Varying tasks often help to keep his interest and preferred tasks can be used as rewards or as a way to defer agitated behaviors...[Client #2] should be encouraged to participate and get involved with peers in group activities..."</p> <p>Interview on 3/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be attempting to engage client #2 with activities as indicated in his BIP.</p> <p>B. During dinner observations in the home on 3/25/24 from 6:19pm - 6:45pm, client #2 sat at the table with Staff C seated next to him. Throughout this time, the client repeatedly hit himself in the face and head. The staff provided verbal prompts to "Calm down", "No slapping" or "Eat your food". During the observation, the staff inconsistently attempted to block the hits with</p>	W 249		

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W 249	<p>Continued From page 2</p> <p>their hand but this was unsuccessful. On at least two occasions, the staff prompted client #2 to "Tuck your hand" at which time the client would place his right hand under his right thigh, briefly, then continued hitting his face with the opposite hand. Client #2 remained at the table and continued to hit himself about the face and head (causing bright red areas) with unsuccessful attempts from the staff to stop the behavior.</p> <p>Review on 3/26/24 of client #2's BIP dated 9/26/23 revealed an objective to reduce the frequency of defined agitated behavior episodes to 37 or less per month for 8 consecutive months. The plan addressed target behaviors of self-injurious behavior (SIB), physical aggression, vocal agitation, elopement and food stealing. Additional review of the plan under Consequences for Target Behavior Occurrences indicated to address physical aggression and SIB, staff should immediately verbally interrupt the behavior by saying, "[Client #2], please calm down." and redirect him to the ongoing activity. The plan indicated, "Staff should intervene by interrupting behavior and guiding [Client #2's] hands to his side for 5 to 10 seconds in an effort to prevent behavior from occurring...If [Client #2] continues to have SIB/Physical aggression, Staff will again guide his hands to his side for 5 to 10 seconds and state 'Please calm'." Further review noted, "If SIB occurs at the table, staff should place hand down to table for 2 to 4 seconds without any verbal redirection. If he becomes very agitated, he can go to his room to calm down."</p> <p>Review of the BIP also indicated, "If [Client #2's] behaviors continue to escalate with repeated acts of aggression, SIB and vocal agitation...[Client #2] is to be physically escorted to an area within the</p>	W 249			

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W 249	Continued From page 3 group home...or workshop (i.e. bedroom, classroom, outside, etc.) away from others...He is to be maintained in this location until he goes a period of 5 minutes with no further attempts of SIB or aggression." The plan further noted, " If [Client #2] fails to calm down and behavior episodes continue for 5 minutes or greater following the implementation of behavior program procedures, and such behaviors are viewed as disruptive, as well as posing a risk for the safety of [Client #2], peers, or staff, staff will initiate the process for the prescribed crisis dose of Thorazine."	W 249			
W 288	Interview on 3/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the BIP was current and should be followed. <b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> 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, record reviews, and interviews, the facility failed to ensure techniques to manage inappropriate behaviors were included in an active treatment program. This affected 2 of 4 audit clients (#2 and #4). The findings are:  A. During observations in the home and at the day program throughout the survey on 3/25 - 3/26/24, client #2 had a one-on-one staff assigned to him. The staff assisted the client with various tasks including toileting, household chores and dining.	W 288			

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W 288	<p>Continued From page 4</p> <p>Interviews on 3/25 - 3/26/24 with Staff C and Staff F confirmed they were "one-on-one" with client #2. Additional interview indicated the client has a one-on-one staff on first and second shifts due to his behaviors.</p> <p>Review on 3/26/24 of client #2's Behavior Intervention Plan (BIP) dated 9/26/23 revealed an objective to reduce the frequency of defined agitated behavior episodes to 37 or less per month for 8 consecutive months. The plan addressed target behaviors of self-injurious behavior, physical aggression, vocal agitation, elopement and food stealing. Additional review of the BIP did not include use of a one-on-one staff for client #2.</p> <p>Interview on 3/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 has a one-on-one staff; however, this was not included in his current BIP.</p> <p>B. During morning observations in the home on 3/26/24, the laundry room was kept locked. Staff were observed to utilize a key to unlock the room door to complete various tasks.</p> <p>Interview on 3/26/24 with Staff F revealed the laundry room is kept locked due to the inappropriate behaviors of client #2 and client #4.</p> <p>Review on 3/26/24 of client #2's Behavior Intervention Plan (BIP) dated 9/26/23 revealed an objective to reduce the frequency of defined agitated behavior episodes to 37 or less per month for 8 consecutive months. The plan addressed target behaviors of self-injurious behavior, physical aggression, vocal agitation, elopement and food stealing. Additional review of</p>	W 288			

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W 288	<p>Continued From page 5</p> <p>the BIP did not include a technique of locking the laundry room to address client #2's inappropriate behaviors.</p> <p>Review on 3/25/24 of client #4's BIP dated 5/20/22 revealed an objective to reduce the frequency of defined behavior episodes to 3 or less per month for 8 consecutive months. Additional review of the plan addressed target behaviors of defiance, aggression and crying episodes. Further review of the BIP did not include a technique of locking the laundry room to address client #4's inappropriate behaviors.</p> <p>Interview on 3/26/24 with the QIDP indicated the laundry should not be kept locked and this technique is not included in client's behavior plans.</p> <p>C. During observations throughout the survey in the home on 3/26/24, a large pad was noted on the floor near client #4's bed. The pad was connected to a device which caused it to alarm when stepped upon.</p> <p>Interviews on 3/25 - 3/26/24 with Staff E and Staff G revealed the floor mat was put in place after client #2 experienced a fall. Additional interview indicated the mat will alarm when his feet touch it as he is getting out of bed. The staff noted the alarm alerts staff to check on him.</p> <p>Review on 3/25/24 of client #4's BIP dated 5/20/22 revealed an objective to reduce the frequency of defined behavior episodes to 3 or less per month for 8 consecutive months. Additional review of the plan addressed target behaviors of defiance, aggression and crying episodes. Further review of the BIP did not</p>	W 288			

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W 288	Continued From page 6 include the use of a floor mat with an alarm.  Interview on 3/26/24 with the QIDP confirmed the floor mat is being used to alert staff when client #4 is getting up. The QIDP indicated the client's BIP should have an addendum including the floor mat alarm.	W 288			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  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, record review and interviews, the facility failed to ensure client #1 received training regarding his medication and it's importance. This affected 1 of 4 audit clients. The finding is:  During morning observations in the home on 3/26/24, a white powdery substance was placed in client #1's coffee cup on the table. During this time, client #1 was not in the dining room. Staff F stated the substance was client #1's "special sweetner". The client later added coffee to the cup and consumed it with his breakfast.  Interview on 3/26/24 with Staff H (the medication technician) revealed the white powdery substance was Miralax. Additional interview indicated client #1 will not take his Miralax if he sees the bottle so they have to put it in his cup when he is not looking.	W 340			

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W 340	Continued From page 7 Review on 3/25/24 of client #1's Individual Program Plan (IPP) dated 1/15/24 indicated the client is verbal and can communicate his wants and needs. Additional review of the plan did not reveal any information regarding the client's refusal to take his Miralax or any training to teach him the importance of taking his medication.  Interview with the facility nurse confirmed client #1 will often refuse his Miralax because he thinks it will make his stools too loose causing him to have a toileting accident. She stated it is a common practice for the medication technician to dispense his Miralax without him seeing it. The nurse confirmed his refusals have not been addressed through training.	W 340			
W 440	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at least quarterly for each shift. The finding is:  Review on 3/25/24 of facility fire drill reports (February 2023 - February 2024) revealed no documented drills for February '23, March '23 and September '25.  Interview on 3/25 - 3/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no additional fire drill reports could be located and she could not be sure if the missing drills were conducted as she was not working at the facility during the missing months.	W 440			
W 454	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)	W 454			



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W 454	Continued From page 8  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the environment was sanitary and opportunities for cross-contamination were eliminated. This specifically affected 1 of 4 audit clients (#3) and potentially affected all clients in the home. The findings are:  A. During afternoon observations at the day program on 3/25/24, client #3 carried a bandana/scarf and often utilized it to wipe drool from his mouth. At 12:07pm, client #3 dropped the bandana on the floor in the hallway. Staff B prompted him to pick it up. After picking it up, the staff then prompted him to wipe his mouth with it, which he did.  Interview on 3/25/24 with Staff B revealed client #3 often drools and uses the bandana to wipe his drool. Additional interview indicated he only brings one bandana to the day program and does not have a replacement.  Review on 3/26/24 of client #3's Individual Program Plan (IPP) dated 6/23/24 revealed he can wipe his mouth using a handkerchief with verbal reminders.  B. During morning observations in the home on 3/26/24 at 7:12am, client #3 stood in the kitchen at the counter. The client picked up a kitchen towel from the counter, used it to wipe his mouth and placed it back on the counter. Staff F observed this, grabbed the towel and placed it on	W 454			

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W 454	Continued From page 9 the opposite side of the counter. The kitchen towel remained in the kitchen for use throughout meal preparation tasks until 8:35am (when the surveyor left the home).  Interview on 3/26/24 with the facility nurse revealed the kitchen towel should have been removed from the kitchen after client #3 used it to wipe his mouth. Additional interview also indicated the client should have more than one handkerchief with him for his use.	W 454			
W 460	<b>FOOD AND NUTRITION SERVICES</b> 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 observation, record review and interviews, the facility failed to ensure client #2 received his specially prescribed diet as indicated. This affected 1 of 4 audit clients. The finding is:  During breakfast observations in the home on 3/26/24 at 7:40am, client #2 was assisted to serve himself cut up pancakes, bananas and scrambled eggs. The food items were in single servings.  Review on 3/26/24 of client #2's record and a list of client's diets (dated 3/18/24) posted in the kitchen revealed he should receive double servings of all foods.  Interview on 3/26/24 with Staff B, who had	W 460			

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W 460	Continued From page 10 prepared the meal, revealed their was not enough food to provide a double portion for client #2. Additional interview indicated groceries had not been purchased yet and were due to be picked up today.  Interview on 3/36/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 continues to receive double portions of all foods at meals.	W 460		