

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

PRINTED: 08/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2023
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NAME OF PROVIDER OR SUPPLIER LIFE, INC COKE AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 255 COKE AVE EDENTON, NC 27932
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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 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 3 audit clients (#2, #5 and #6). The findings are:</p> <p>A. Review on 8/1/23 of client #2's Individual Program Plan (IPP) dated 4/25/23 revealed formal training program for wiping mouth with napkin with data to be collected Tuesday, Thursday and Saturday.</p> <p>Review on 8/2/23 of client #2's program plan data sheets for July 2023 revealed 8 days of documentation for wiping her mouth with a napkin.</p> <p>B. Review on 8/1/23 of client #5's IPP dated 6/20/23 revealed a formal training program for washing for 10 seconds with data to be collected on Tuesday, Thursday and Saturday.</p> <p>Review on 8/2/23 of client #5's program plan data sheet for July 2023 revealed 6 days of documentation for washing hands for 10 seconds.</p> <p>C. Review on 8/1/23 of client #6's IPP dated</p>	W 252	<p>W252 Facility managers will ensure all data relative to the accomplishment of the objective criteria is documented in measurable terms. All staff will be inserviced on documenting objective criteria in measurable terms as specified in each client's objective criteria correctly. Facility managers will monitor 2 times a week to ensure documentation and measurable times are occurring. This monitoring will occur on Life Inc. monitoring form.</p>	10-1-23
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RECEIVED

AUG 21 2023

DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

Susana [Signature]

Director ICF

8-16-23

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 252	Continued From page 1 3/16/23 revealed a formal training program for preparing stove top vegetable with data to be collected Monday, Wednesday and Friday on 2nd shift and sign 12 words Monday, Wednesday and Friday on 2nd shift. Review on 8/2/23 of client #6's program plan data sheet for July 2023 revealed 4 days of documentation for preparing a stove top vegetable and 1 day of data for signing 12 words. Interview on 8/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed several days of documentation were missing for goals for clients #2, #5 and #6.	W 252		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 3 audit clients (#2 and #5). The findings are: A. Review on 8/2/23 of client #2's physician's orders dated 8/1/23 revealed orders for Lamictal, Ativan, Melatonin and Vistaril for crisis. Further review revealed no consent for Melatonin had been signed by the guardian. B. Review on 8/2/23 of client #5's physician orders dated 8/1/23 revealed orders for Cogentin, Cymbalta, Tegretol, Risperidone and Ativan.	W 263	W263 Facility managers will ensure that all programs including restrictive programs are conducted only with the written informed consent of the client, parents or legal guardian. A core team meeting will be held to review all programs for all clients, specific to restrictive programs. Facility managers will monitor on a monthly basis. This monitoring will occur on a Life Inc. monitoring form.	10-1-23

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W 263	Continued From page 2 Further review no consent for Cymbalta had been signed by the guardian. Interview on 8/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed informed consent should have been obtained for client #2 to receive Melatonin and client #5 to receive Cymbalta. The QIDP confirmed no consents were obtained by the guardians for these medications.	W 263			
W 352	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each client received comprehensive dental services including periodic examinations at least annually. This affected 1 of 3 audit clients (#6). The finding is: Review on 8/2/23 of client #6's record revealed her last dental examination and cleaning occurred on 10/17/21 and a recommendation was made for follow up cleaning in six months. No current dental examinations could be located. Interview on 8/2/23 with the facility nurse confirmed client #5 is in need of a dental examination at this time.	W 352	W352 Facility managers will ensure all clients receive dental services including periodically examinations at least annually., A core team meeting will be held to review all client's charts and assessments to ensure all comprehensive dental diagnostic services are performed annually. Facility managers will monitor on a monthly basis. This monitoring will occur on a Life Inc. monitoring form.	10-1-23	