

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

PRINTED: 08/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2023
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NAME OF PROVIDER OR SUPPLIER LIFE, INC CHOWAN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 249 COKE AVE EDENTON, NC 27932
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W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>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 review and interviews, the facility failed to ensure a technique to manage client #5's inappropriate behavior was included in a formal active treatment program. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 8/14 - 8/15/23, client #5's grooming bin, containing her toothpaste, toothbrush, and other grooming items, was kept locked in a supply closet in the home. Various staff were observed using a key to unlock the supply closet and obtain items.</p> <p>Interview on 8/15/23 with Staff D and Staff F revealed client #5's grooming items are kept locked in the supply closet because she will take her toothpaste and smear it everywhere. Additional interview indicated only staff working at the home have access to the locked supply closet.</p> <p>Review on 8/15/23 of client #5's Behavior intervention Plan (BIP) dated 10/15/21 revealed an objective to address behaviors of verbal agitation, property abuse, aggression and self-abuse (SIB). Additional review of the BIP did not include locking away client #5's grooming items to address her inappropriate behaviors.</p> <p>Interview on 8/15/23 with the Habilitation Coordinator (HC) confirmed client #5's grooming</p>	W 288	<p>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 client's strength and needs and to ensure techniques used to manage clients' behaviors are included in each client's 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.</p> <p>DHSR - Mental Health</p> <p>AUG 31 2023</p> <p>Lic. & Cert. Section</p>	10-14-2023
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Susan Mayo *Drewn Fico* TITLE
8/28/2023 (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 288	Continued From page 1 bin was kept locked in the supply closet due to her inappropriate behaviors; however, this was not included in her BIP.	W 288		
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all staff were sufficiently trained on the appropriate use of latex gloves while working in the home. The findings are:</p> <p>A. During lunch observations in the home on 8/14/23 at 11:31am, Staff A and Staff C washed their hands and immediately applied latex gloves before assisting clients at the table with the lunch meal. The staff continued to wear the gloves while seated at the table during the meal. At 11:51am, Staff C wiped a client's mouth then continued to interact with another client without removing or changing the gloves.</p> <p>B. During evening observations in the home on 8/14/23 at 3:40pm, Staff B wore latex gloves while preparing a snack in the kitchen. The staff continued to wear the same gloves while assisting clients with serving themselves their snack at 3:48pm. At 3:50pm, Staff B was still wearing the gloves as she wiped a client's mouth at the table. Staff B removed the gloves after performing cleaning tasks in the kitchen at</p>	W 340	W340 The facility managers will ensure that nursing services implement with all members of the interdisciplinary team appropriate protective and preventive health measures that include but not limited to training clients and staff as needed in appropriate health and hygiene methods. All staff and clients will be trained and inserviced on 8/23/2023 on protective and preventive health measures specific to the appropriate use of latex gloves while working in the Group Home. 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.	10-14-2023

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W 340	<p>Continued From page 2 3:58pm. Staff E was also at the table and was not wearing gloves.</p> <p>C. During evening observations in the home on 8/14/23 from 4:48pm - 5:23pm, Staff B wore latex gloves while performing meal preparation tasks. The staff continued to wear the same single pair of gloves while cracking eggs, placing slices of uncooked ham on a pan, touching knobs, stirring food on the stove, touching various surfaces and handling containers from the pantry and drawers. At 5:23pm, the staff removed the latex gloves. At 5:30pm, during the dinner meal, Staff B wore latex gloves again while assisting the clients at the table. Staff E was also at the table and did not wear latex gloves.</p> <p>D. During morning observations in the home on 8/15/23 from 7:03am - 7:22am, Staff C wore a single pair of latex gloves while assisting clients with meal preparation tasks. The staff consistently manipulated various objects, knobs, surfaces without changing the gloves. During additional observations at the breakfast meal beginning at 7:48am, Staff C and Staff F wore latex gloves while assisting clients to serve themselves and while seated next to clients during the meal.</p> <p>Observation on 8/14/23 of a note posted in the kitchen of the home indicated, "STAFF ARE TO WEAR GLOVES" during various situations. The note indicated, for example, gloves would be worn during certain hygiene tasks, contact with blood or bodily fluids, applying topical medications, feeding clients when in contact with saliva, and other situations. The note did not indicate, however, gloves would need to be worn during meal preparation or at the table during</p>	W 340		
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W 340	Continued From page 3 meals. Interview on 8/15/23 with Staff C revealed she had been trained to wear latex gloves in the kitchen for meal preparation and at meals when serving foods for "sanitary reasons". Additional interview also indicated staff follow what is listed on the note posted in the kitchen. Interview on 8/15/23 with the Habilitation Coordinator (HC) indicated latex gloves only need to be worn in the kitchen when the handling of raw meats is necessary. Additional interview confirmed staff should be following the guidelines on the note posted in the kitchen.	W 340		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 observations, record review and interviews, the facility failed to ensure client #5's crisis medication was administered in accordance with physician's orders. This affected 1 of 4 audit clients. The finding is: During evening observations in the home on 8/14/23 from 4:08pm - 4:32pm, client #5 sat in her room while other clients were in the living room at the table with leisure activities. During this time, the client yelled out at least twice and on at least two other occasions a banging noise was heard coming from the bedroom. At 4:30pm, the Habilitation Coordinator (HC) entered client #5's bedroom and asked her what was wrong. At 4:32pm, the HS left the client's bedroom and	W 368	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 8-23-23 in the area of medication administration, specific to Behavior plan interventions and administering crisis medications. 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.	10-14-2023

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W 368	<p>Continued From page 4</p> <p>called the nurse to obtain a crisis medication for client #5. At 4:35pm, Staff B was asked to give client #5 Ativan 1mg for her crisis medication. Prior to administration of the medication no staff were observed to interact with client #5 to address her sporadic behaviors in her bedroom.</p> <p>Immediate interview with Staff B (Medication Technician) revealed client #5 had received the Ativan because she will throw things and yell so the nurse was called and she had given them permission to administer the crisis drug.</p> <p>Review on 8/15/23 of client #5's physician's orders dated 8/1/23 revealed an order for Ativan 1mg. The order noted, "...take 1 tablet by mouth for behaviors not controlled by BIP (greater than) 5 minutes..."</p> <p>Additional review of client #5's BIP dated 10/15/21 revealed an objective to reduce the frequency of defined agitated behavior episodes to 0 per month for 8 consecutive months. The plan included target behaviors of verbal agitation, property abuse, aggression and self-abuse (SIB). The BIP indicated several consequences to be implemented when target behaviors occurred and before use of her crisis medication including verbal prompts to stop, physically guiding her hands to her lap for 2 to 3 seconds, redirection to an activity, escorting her away from others, simple correction (i.e. picking up items thrown) and physical restraint.</p> <p>Further review of the BIP noted under Emergency Drug Use, "If [Client #5] fails to calm down and her behavior episode continues for 5 minutes or greater following the implementation of [behavior plan] procedures and such behaviors are viewed</p>	W 368		
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W 368	<p>Continued From page 5</p> <p>as disruptive, as well as posing a risk for the safety of [Client #5], peers or staff, the Management staff responsible for [Client #5] will be contacted...If the QP, Habilitation Coordinator, or person in charge agrees that [Client #5] is still very disruptive and at risk for injury to self or others, the order for Ativan will be given meeting prescription order (after 5 minutes of agitation) with approval from the nurse."</p> <p>Interview on 8/15/23 with the HC revealed the nurse was called for the crisis medication due to client #5 throwing items all over her bedroom. The HC acknowledged the BIP interventions should be implemented prior to administration of the crisis medication.</p> <p>Interview on 8/15/23 with the facility's nurse revealed she had given permission for staff to give client #5 her crisis medication. The nurse confirmed the order indicates the client's BIP interventions should be implemented prior to administration of the her Ativan as noted on the physician's order.</p>	W 368			