

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER LIFE, INC SLATESTONE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 332 SLATESTONE ROAD WASHINGTON, NC 27889		
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W 186	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure sufficient direct care staff were available to manage and supervise 5 of 6 clients in the home (#1, #2, #3, #4, and #6) in accordance with their individual program plans (IPP). The finding is:</p> <p>Observations in the home on 4/15/24 from 3:30pm - 4:30pm revealed the home manager (HM) and Staff A to be on duty to supervise 5 clients in the home (#1, #2, #3, #4, and #6) with multiple behaviors observed during programming. Within the one hour increment, clients engaged in target behaviors to include:</p> <ul style="list-style-type: none"> - Client #2 repeatedly bossed other clients and moved furniture once across the room - Client #3 yelled and threatened other clients twice - Client #4 repeatedly attempted to leave the home, hit furniture, doors, and windows, and was non-compliant - Client #6 repeatedly yelled out, banged his head three times, shoved another client, and attempted to physically intimidate staff <p>At 4:10pm, the HM was outside, redirecting client #4 to come inside. Staff A was in the back bedroom area with client #3 assisting with laundry. No staff remained in the living area with</p>	W 186			

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 186	<p>Continued From page 1 clients #1, #2, and #6.</p> <p>During the afternoon, structured meal preparation and activities were repeatedly interrupted as the HM and Staff A attempted to redirect behaviors. Staff B arrived to work at 4:32pm.</p> <p>Observations in the home on 4/16/24 from 6:20am - 7:00am revealed the HM and Staff C on duty with four clients (#1, #2, #3, and #4) awake in the den area. Client #4 repeatedly attempted to leave the home and was redirected by the HM. Staff C began began breakfast preparation with client #1 at 6:30am. The HM then went to the back bedroom to assist client #6 to bathe and dress, leaving Staff C to manage client #4 attempting to leave the home, complete breakfast preparation, and begin clients eating breakfast. At 6:53a.m., client #6 entered the dining room, sat at the table, and hit his head for a total of ten times, leaving a red mark. No staff was in the dining area at the time.</p> <p>Review on 4/16/24 of client #2's behavior intervention plan (BIP), dated 2/20/23, revealed target behaviors to include aggression, defiance, and elopement.</p> <p>Review on 4/15/24 of client #3's behavior intervention plan (BIP), dated 2/15/23, revealed target behaviors to include tantrum behavior episodes, verbal agitation such as yelling and verbally threatening, aggression, property destruction, and inappropriate sexual behavior.</p> <p>Review on 4/16/24 of client #4's BIP, dated 3/15/22, revealed target behaviors to include defiant behaviors, aggression, and PICA.</p>	W 186			

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W 186	<p>Continued From page 2</p> <p>Review on 4/16/24 of client #6's BIP, dated 6/19/23, revealed target behaviors to include tantrum behavior with aggression, SIB, property destruction, spitting, skin picking, and verbal agitation to include loud vocalizations.</p> <p>Review on 4/16/24 of client #6's IPP, dated 8/3/23, revealed he should receive a one-to-one staff supervision during waking hours.</p> <p>Interview on 4/15/24 with Staff A revealed there are normally only two staff on second shift, and there are usually behaviors that occur, so it is always busy and staff have to be "on it". To manage behaviors and complete activities and make meals is "a lot."</p> <p>Interview on 4/16/24 with Staff C revealed there is only one staff overnight and first shift enters at 7:00am. Attempting to get clients up, cleaned, and dressed while controlling behavior and preparing for breakfast can be "a lot". If behaviors begin, it is just one person trying to handle it.</p> <p>Interview on 4/16/24 with the HM revealed there is usually one staff on third shift and two during first and second. Client #6 is suppose to have a one-to-one staff to assist him.</p> <p>Interview on 4/16/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the home normally has one third shift and two staff on other shifts, with one staff hired to provide one-to-one supervision for client #6. However the facility has struggled to keep staff on duty and hired. The facility is presently placing ads and attempting to secure adequate staff.</p>	W 186			
W 249	PROGRAM IMPLEMENTATION	W 249			

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W 249	<p>Continued From page 3 CFR(s): 483.440(d)(1)</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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) for supervision and adaptive equipment for 2 of 4 audit clients (#4 and #6). The findings are:</p> <p>A. Observation throughout 4/15/24 - 4/16/24 revealed client #4 wearing a gait belt over his clothing and walking with an unsteady gait. No staff were observed to utilize the gait belt. On 4/16/24 at 6:53pm, he stood from the dining table and fell back against the wall behind him. He regained his standing and took his plates to the table. No staff was present at the table to assist. At 8:00am, he walked quickly out of the back door down the driveway to try to gain entrance in a car. Staff E followed him and verbally redirected him to "Stop running so you don't fall." She did not hold the gait belt.</p> <p>Review on 4/16/24 of client #4's IPP, dated 12/19/23, revealed a diagnosis of cerebral palsy with adaptive equipment to include a gait belt and</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>wheelchair for distances. He can move about the home independently, but requires staff monitoring as his gait at times is unsteady.</p> <p>Review on 4/16/24 of client #4's physical therapy (PT) evaluation, dated 2/11/2020, revealed client #4 had become increasingly unsteady with several documented falls. He is at risk for falls if unassisted when ambulating. A subtle change in his gait for the worst was noted. He was flagged a falls risk during the evaluation. A strong recommendation for continued use of the gait belt to assist him during routine transfer and ambulating so that staff may assist him without having to tug on his arms was given. He seems to do best when he is held by his gait belt and provided support on the right side. Staff should continue to encourage him to ambulate short to moderate distances with assistance during routine ADLs to maintain present level of limited transfers and mobility skills. A wheelchair may be used over long distances and outside facility.</p> <p>Interview on 4/16/24 with Staff D revealed client #4 always catches himself when he falls and is strong. She does not know why he wears a gait belt.</p> <p>Interview on 4/16/24 with the home manager (HM) revealed staff use the gait belt if client #4 starts walking too fast or about to fall throughout the day.</p> <p>Interview on 4/16/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 is strong and normally catches himself. However, the QIDP agreed that the gait belt should be used if the PT recommended it.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>B. Observations throughout 4/15/24 - 4/16/24 revealed no one-to-one staff attending to client #6. During afternoon activities on 4/15/24 at 4:06pm, he ran down the hallway, came back to the den and yelled out loudly. At 4:10pm, he pulled his shirt up repeatedly and yelled out as he stood and sat repeatedly. No staff was present. At 4:12pm, he banged his head on the wall three times. Staff verbally redirected him from across the room. He then shoved another clients aggressively. The staff intervened and told him to apologize. At 4:15pm, he sat in the chair stomping his feet loudly. At 4:55pm, he was left in the living room alone as staff went to redirect another client. On 5/16/24, client #6 hit his head ten times and left a red mark on his head. No staff was present to intervene. No staff was observed to supervise him one-to-one. At 7:15am, he banged his head on the wall in the living room with no staff in the room to intervene.</p> <p>Review of client #6's IPP, dated 8/3/23, revealed he has a behavior goal to decrease defined tantrum behavior episodes to 19 or less per month for 6 consecutive months. In addition, he also receives medication to assist with behavior management and 15 hours of one-to-one services for behaviors.</p> <p>Interview on 4/15/24 with Staff A revealed client #6 receives one-to-one services. Staff B is his one-to-one but was gone from 3:30pm - 4:32pm.</p> <p>Interview on 4/16/24 with the (HM) revealed client #6 is provided with a one-to-one from 5:00am to 8:00pm. One-to-one means when in need and making sure "he is good" but wherever he is, staff should be with him. However, it does not mean within arms reach, and staff could be helping</p>	W 249			

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W 249	Continued From page 6 other clients.	W 249			
W 252	<p>Interview on 4/16/24 with the (QIDP) revealed one-to-one more or less means within arms reach, but it is not necessary to sit beside client #6. Staff is there as a one-to-one, but he can be visual.</p> <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 4 audited clients (#3, #4, and #6). The findings are:</p> <p>A. Observations on 4/15/24 at 4:30pm revealed client #3 yelling and shaking hand at client #6 to threaten him. Staff A intervened and redirected him.</p> <p>Review on 4/15/24 of client #3's behavior intervention plan (BIP), dated 2/15/23, revealed target behaviors to include tantrum behavior episodes, verbal agitation such as yelling and verbally threatening, aggression, property destruction, and inappropriate sexual behavior. A behavior goal to reduce target behaviors to 15 or less per month for six consecutive months was</p>	W 252			

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W 252	<p>Continued From page 7 included in the plan.</p> <p>Review on 4/16/24 of client #3's behavior data revealed all behaviors must be documented as the behavior occurs. No data was noted for the month of April.</p> <p>B. Observations on 4/15/24 from 3:30pm to 5:30pm revealed client #4 repeatedly being non-compliant and attempting to leave the home. In addition, he was observed hitting furniture, walls, and windows, and cussing at others.</p> <p>Review on 4/16/24 of client #4's BIP, dated 3/15/22, revealed target behaviors to include defiant behaviors, aggression, and PICA. A behavior goal to reduce his targeted behavior to six or less episodes per month for six consecutive months was included in the plan.</p> <p>Review on 4/16/24 of client #4's behavior data revealed all behaviors must be documented as the behavior occurs. No data was noted for the month of April.</p> <p>C. Observations on 4/15/25 at 4:06pm revealed client #6 yelled loudly in the living area. At 4:10pm, he pulled his shirt up and yelled loudly. At 4:12pm, he banged his head on the wall and banged chair on wall. The home manager (HM) prompted him to stop. He then shoved client #4 and sat in his chair stomping his feet. On 4/16/24 at 6:54am, client #6 slapped himself on the head ten times and left a mark. At 7:10am, he banged his head on the living room wall.</p> <p>Review on 4/16/24 of client #6's BIP, dated 6/19/23, revealed target behaviors to include tantrum behavior with aggression, SIB, property</p>	W 252			

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W 252	<p>Continued From page 8</p> <p>destruction, spitting, skin picking, and verbal agitation to include loud vocalizations. A behavior goal to decrease defined tantrum behavior episodes to 19 or less per month for eight consecutive months.</p> <p>Review on 4/16/24 of client #6's behavior data revealed all behaviors must be documented as the behavior occurs. No data was recorded for several consecutive days from 3/1/24 - 4/1/24. No data was recorded on 4/15/24 for loud vocalizations or SIB. One entry was noted on 4/15/24 for aggression and spitting. No entry was noted for behaviors on 4/16/24.</p> <p>Interview on 4/16/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should be logging behaviors in Therapp as they occur if possible.</p>	W 252			