

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

PRINTED: 08/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC ALBEMARLE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>243 COKE AVENUE EDENTON, NC 27932</b>		
(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 331	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure nursing services were provided according to the needs for 1 of 4 audit clients (#3). The finding is:</p> <p>Record review on 8/13/24 of the General Event Record (GER) from 8/22/23, revealed Staff G discovered client #3 fell on the floor at 4:16pm. Staff G notified the nurse of the injury and the GER revealed Staff G did not observe any injuries on client #3. A GER from 8/25/23 from the Nurse revealed she saw client #3 the morning after the fall and observed a bruise on his shoulder; and she would continue to monitor him.</p> <p>Record review on 8/14/24 of the August 2023 Medication Administration Record (MAR) for client #3 revealed Staff D administered Ibuprofen to client #3 on 8/27/23 at 3:00am and 11:00pm for pain.</p> <p>Record review on 8/14/24 of the After Visit Summary from the emergency room on 8/28/23 revealed client #3 was seen for a fall accident and diagnosed with a closed nondisplaced fracture on right clavicle. He was treated for pain and arm was put in a sling.</p> <p>Interview on 8/13/24 with the nurse revealed the day of client #3's fall, staff had revealed they did not find any injuries. The nurse acknowledged, unlicensed staff reported client #3 did not have injuries after falling on 8/22/23. The nurse acknowledged she did not go to the home to</p>	W 331			

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 331	Continued From page 1 examine client #3 until 8/23/23, when she saw a bruise on the right shoulder.	W 331			
W 337	<p>Interview on 8/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed at the time of client #3's fall on 8/22/23, the direct care staff did not see any injuries. The QIDP acknowledged that days later, the nurse noticed the bruise got larger and darker on client #3's shoulder. The nurse contacted the Physician Assistant and got an order to send client #3 to the emergency room for evaluation and treatment.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(3)(iv)</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be recorded in the client's record. This STANDARD is not met as evidenced by: Based on record review and staff interviews, nursing services failed to include pertinent documentation in 2 of 4 audit clients records (#1 and #3) to reflect their health status relative to a change in condition and/or accident, in a timely manner. The findings are:</p> <p>A. Record review on 8/13/24 of the General Event Record (GER) from 8/22/23, revealed Staff G discovered client #3 fell on the floor at 4:16pm. Staff G notified the nurse of the injury and the GER revealed Staff G did not observe any injuries on client #3. A GER from 8/25/23 from the Nurse revealed she saw client #3 the morning after the fall and observed a bruise on his shoulder; and she would continue to monitor him. The nurse's notes did not document any additional health status after examining client #3 for injury. On</p>	W 337			

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W 337	<p>Continued From page 2</p> <p>8/28/23, the nurse revealed in her note that the bruise on client #3 shoulder was now darker and larger. The nurse got an order to send client #3 to the emergency room on 8/28/23, where a closed nondisplaced fractured right clavicle was diagnosed.</p> <p>Interview on 8/14/24 with the nurse confirmed she wrote the first examination note after client #3's 8/22/23 fall on 8/25/23. The nurse's note only recorded that client #3 had a bruise on shoulder, the morning after his fall.</p> <p>B. Record review on 8/13/24 of a nurse's note on 6/26/24 at 5:10pm, revealed she was notified by staff that morning due to client #1 breathing different and hard for staff to arouse. The nurse did not record the time she arrived at the home to examine client #1, however recorded his oxygen saturation was 92% but later dropped to 88-90%, with no time span entered during these occurrences. The nurse's note revealed client #1 was unable to walk, not responding appropriately. Initially the rescue squad was called for transport (time of call unknown), but once they called, client #1 started drooling, leaning to right side and face began drooping. The nurse also revealed client #1 was transported to the hospital for a CT scan, which revealed he had a stroke. The hospital air lifted client #1 to a larger hospital in another county.</p> <p>Interview on 8/14/24 with Staff D revealed she worked with client #1 on third shift on 6/25/24-6/26/24. Staff D revealed at 1:00am, she got client #1 up from his sleep to use the bathroom. Staff D revealed his vital signs were good, he was able to talk and walk to the bathroom. Staff D revealed she continued to do</p>	W 337			

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W 337	Continued From page 3 bed checks every 30 minutes and discovered around 5:15am, client #1 was not able to get out of bed and had mumbled speech. Staff D and Staff H had to assist client #1 to sit up in a chair in his room, where he sat slumped. Staff D revealed she notified the nurse, who came promptly to the facility and examined client #1. Staff D revealed when she left work at 7:00am, she said the ambulance arrived at the house and client #1 already appeared to have had a stroke, due to drooling and face became contorted.  Interview on 8/14/24 with the nurse revealed she received a call the morning of 6/26/24 that client #1 was having trouble breathing, walking and hard to arouse. The nurse acknowledged when she arrived at the home, client #1 oxygen saturation was decreasing and conditioned worsened and he needed to be sent to the hospital where he was diagnosed with a stroke. The nurse did not have any other information regarding client #1's other vital signs on 6/26/24.	W 337			
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 that modified diets were prepared at the correct consistency for 1 of 4 audit clients (#3). The finding is:  Observations at dinner on 8/13/24 at 5:30pm,	W 460			

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W 460	<p>Continued From page 4</p> <p>Staff B assigned to client #3 monitored him closely during his meal. Client #3 received chopped baked chicken, green beans, corn on the cob, a whole biscuit, plus applesauce for dinner. Client #3 had 3 cups of thinned liquids to drink throughout his meal, but had noticeable coughing. The home manager (HM) monitoring the meal, would encourage him to take a sip.</p> <p>Review on 8/13/24 of client #3's individual program plan (IPP) from 12/20/23 revealed a regular sugar free diet. Staff should cut up all food no larger than 1/2" prior to serving. Dryer foods (breads/meats, etc) may be moistened with broth, gravy or milk.</p> <p>Interview on 8/13/24 with the HM revealed client #3 always coughs during his meal, to help clear his throat.</p> <p>Interview on 8/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all of client #3's food should be cut into pieces no larger than 1/2" and dryer foods should be moistened. The QIDP acknowledged a nutritional assessment on 1/16/24 for client #3 did not mention cutting up food less than 1/2". The QIDP revealed the Physician's Orders required the food be cut into less than 1/2" pieces and moistened and they follow that order for nutritional guidance.</p>	W 460			