

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC RAVEN RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4105 RAVEN RIDGE DR WILSON, NC 27893</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 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients had the right to be treated with dignity regarding the visibility of colostomy bag. This affected 1 of 5 audit clients (#5). The finding is:</p> <p>During observations in the home throughout 10/28/24 and 10/29/24, client #5 was observed to have his colostomy bag sticking out from under his shirt.</p> <p>Interview on 10/29/24 with the qualified intellectual disabilities professional (QIDP) confirmed that the visibility of the colostomy bag does not provide the client with dignity.</p>	W 125			
W 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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 1 of 5 audit clients (#6). The finding is:</p> <p>Review on 10/29/24 of client #6's record revealed</p>	W 263			

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.

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

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FORM APPROVED  
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W 263	Continued From page 1 the Behavioral Intervention Plan (BIP) consent expired on 9/30/24, with no new consent signed by the guardian.  Interview on 10/29/24 with the qualified intellectual disabilities professional (QIDP) revealed the BIP consent had expired and a new consent had not yet been obtained by the guardian..	W 263			
W 381	<b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(1)  The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure drugs were stored under secure conditions. The finding is:  During observations of medication administration in the home on 10/29/24 at 7:00am, a lock box was noted inside the medication closet unlocked.  Immediate interview on 10/29/24 with the facility nurse that was passing medications confirmed all controlled medications are required to be kept locked in a secured locked box and then locked inside the medication room.	W 381			
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 observations, record reviews and	W 460			

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W 460	<p>Continued From page 2</p> <p>interviews, the facility failed to ensure 2 of 5 audit clients (#1 and #3) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 10/28/24 at 5:16pm, client #1 was observed eating dinner. Client #1's meal consisted of baked fish, french fries, coleslaw and a corn muffin. All foods appeared to be ground.</p> <p>Additional observations in the home on 10/29/24 at 8:10am revealed client #1 eating breakfast. He was given ground muffin and cereal.</p> <p>Review on 10/29/24 of client #1's annual nutrition assessment dated 3/7/24 revealed client #3 should receive a regular pureed diet.</p> <p>Interview on 10/29/24 with the habilitation manager revealed he believed client #1 was on a ground diet.</p> <p>Interview on 10/29/24 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's prescribed a pureed diet.</p> <p>B. During observations in the home on 10/28/24 at 5:16pm, client #3 was observed eating dinner. Client #3's meal consisted of baked fish, french fries, coleslaw and a corn muffin. Client #3 consumed all of his french fries, corn muffin and one fish patty whole before staff cut the second fish patty into bite size pieces.</p> <p>Additional observations in the home on 10/29/24 at 8:10am revealed client #3 eating breakfast. He was given a whole muffin and cereal.</p> <p>Review on 10/29/24 of client #3's annual nutrition</p>	W 460			

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W 460	<p>Continued From page 3</p> <p>assessment dated 9/11/24 revealed client #3 should receive a regular diet with sugar free/no sugar added condiments and all foods cut into 3/4 to 1 inch pieces with sandwiches cut into 16 pieces.</p> <p>Interview on 10/29/24 with staff A revealed client is on a no sugar added diet and toast should be cut into 16 pieces.</p> <p>Interview on 10/29/24 with the QIDP revealed that the facility follows the recommendations of the annual nutrition evaluation to determine client's prescribed diets. The QIDP also revealed that she did not believe client #3 received a modified diet.</p>	W 460		