

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

PRINTED: 10/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER LIFE, INC NINE FOOT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1229 NINE FOOT ROAD NEWPORT, NC 28570		
(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 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all medications remained locked except when being administered. The finding is:</p> <p>Observation in the home on 10/22/24 at 8:00am, staff A closed the door to the medication closet to go get a client for his medication pass. Client #4 walked up to the medication closet turned the knob and walked into the unlocked medication room. Client #4 then opened the unlocked medication cabinet to retrieve his medication basket.</p> <p>Interview on 10/22/24 staff A revealed she had been trained to lock the medication closet, but she wasn't far away from the door. She was going to get the next client for the medication pass.</p> <p>Interview on 10/22/24 the home supervisor confirmed the medication closet should remained locked when the medication technician is not in the medication closet.</p>	W 382			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to furnish client #4</p>	W 436			

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 436	Continued From page 1 with right ear hearing aid and client #3 with high top shoes. This affected 2 or 4 audit clients. The findings are: Observations in the home on 10/21-22/24, client #4 did not wear his right hearing aid. Client #3 did not wear high top shoes or was he offered to wear any high top shoes. Review on 10/21/24 client #4's Individual Program Plan (IPP) dated 5/24/24 revealed, client #4 has hearing loss in both ears and utilizes hearing aids on both ears. Further review on client #4 nursing assessment dated 5/24/24 revealed client #4 right ear hearing aid needed to be replaced. Review of client #3 IPP dated 8/22/24 revealed clients #3 uses high top shoes for ankle support, and protection from falls. Interview on 10/22/24 staff A confirmed client #4 has been without his right ear hearing aid for months. Staff A revealed client #4 broke the hearing aid months ago. Interview on 10/22/24 the home supervisor revealed she started working as the home supervisor in march of 2024 and client #4 had not worn a right side hearing aid. She also revealed she was unaware that client #4 should have a right side hearing aid. The home supervisor also was unaware of client #3 needing to wear high top shoes.	W 436			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454			

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W 454	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. this affected 2 of 4 audit clients (#2 and #5). The finding is: Observation on 10/22/24 at 7:24am approximately, client #5 grabbed food from client #2 plate during breakfast. Client #5 stuffed the blueberry muffin that was cut into bite size pieces into her mouth. Client #2 continued to eat what was left on his plate including the food that client #5 touched while taking food from client #2's plate. Interview on 10/22/24 with the home supervisor revealed she was unaware of client #5 stealing the food from client #2's plate. She also stated she usually sits beside client #5 during meals because of her stealing food from other clients.	W 454			
W 460	FOOD AND NUTRITION SERVICES 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 interview, the facility failed to ensure 1 of 4 audit clients (#5) received her specially prescribed diet as indicated. The finding is: Observations in the home at breakfast on	W 460			

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W 460	<p>Continued From page 3</p> <p>10/22/24 at 7:30am, client #5 had finished eating her pureed food and was sitting at the table. Client #5 then reached over to client #2 plate and grabbed a handful of his muffin and stuffed it into her mouth.</p> <p>Record review on 10/22/24 of client #5 nutritional evaluation on 4/16/24 revealed current diet was a pureed consistency and a high risk for aspiration.</p> <p>Interview on 10/22/24 the home supervisor confirmed client #5 was a high risk for aspiration and was on a pureed diet consistency.</p>	W 460			