

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

PRINTED: 12/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC MINUTE MAN GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>388 MINUTE MAN LANE WASHINGTON, NC 27889</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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 review and interview, 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) in the areas of adaptive equipment. The affected 1 of 4 audit clients (#1). The finding is:</p> <p>During afternoon observations in the home on 12/9/24 from 3:20pm to 6:20pm, revealed client #1 with slippers on her feet, exposing shiny, swollen ankles and bare legs under her pants.</p> <p>Record review on 12/10/24 of client #1's Physician's Orders dated 2/1/24 revealed there was a standing order since 11/1/15 that she should wear compression stockings daily, placing on her at 8:00am and remove at 8:00pm.</p> <p>Interview on 12/10/24 with the Home Manager (HM) revealed she was aware that client #1 was supposed to have compression stockings worn daily and she confirmed she had multiple pairs for her use. The HM also acknowledged client #1 was tolerant of wearing them and third shift staff</p>	W 249			

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 249	Continued From page 1 applied them after giving her a bath in the morning. On 12/9/24, the HM suggested client #1 may have already been given her bath, prompting staff to remove the compression stockings when the surveyor saw her. The HM also acknowledged, client #1 was still wearing her street clothes when observed on 12/9/24 and changed into pajamas after dinner.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that staff recorded data, for each defined targeted behavior as per the guidelines in 1 of 4 audit clients (#5) Behavior Support Plan (BSP). The finding is:  Observations in the home on 12/9/24 from 5:00pm to 5:30pm, revealed client #5 getting agitated during dinner, making vocal sounds, trying to pinch client #3, Staff B and the surveyor as well as walked away from the table, while eating 2-3x. Further observations on 12/10/24 at 7:05am, client #5 revealed her getting agitated when ready to sit down to eat breakfast, making vocal sounds, frowning her face and getting up from the table, requiring redirection from to sit down and eat.  Review on 12/10/24 of client #5's BSP dated	W 252			

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W 252	Continued From page 2 7/22/24 revealed a goal to reduce defined behavior episodes to 20 or less a month for 8 consecutive review periods. The targeted behaviors were defined as: vocal agitation, disruptive mealtime behavior, defiant behaviors, aggression and elopement. When client #5 demonstrated aggression, staff should verbally prompts her "hands down" and allow 1 minute to stop behaviors. If the behavior continued, staff should escort her out of area until she remains calm for 2-3 minutes.  Further review of the BSP revealed the following data will be collected by staff working with client #1 across her waking day: The date, time incident started, what happened before behavior exhibited, consequence (staff's response), time incident ended, any other comments about episode and the staff doing such.  Interview on 12/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) affirmed staff would redirect client #5 "if she hit someone 1x but not record; if she hit someone 2-3x, record as exhibiting aggression." The QIDP confirmed that no behavior data had been recorded on client #5 from 12/9/24 or from the breakfast today.	W 252			
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii)  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 direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to	W 342			

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W 342	<p>Continued From page 3</p> <p>meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were proficiently trained by the nurse to recognize signs and symptoms of aspiration for 1 of 4 audit clients (#1). The finding is:</p> <p>Observations in the home on 12/9/24 during dinner at 5:20pm, client #1 had ground beef, bite size pieces of soft tortilla and crunchy taco shell, chopped tomato, sour cream, shredded cheese and chopped mandarin oranges for dinner. Client #1 also received a glass of milk with her meal. Client #1 fed herself alternating between using her fork and picking up the food with her fingers. She was observed to cough several times at the end of her meal and was encouraged by Staff A to drink some water, in which she complied.</p> <p>Observations in the home on 12/10/24 during breakfast at 7:07am, client #1 was feeding herself, bite sized pieces of mini muffins, bite size pieces of bananas, coffee, milk and water. Client #1 was observed coughing intermittently throughout her meal as well as still coughing at 8:05am. Staff present prompted client #1 to get some water. At 8:20am, client #1 continued to cough so hard that she regurgitated. The Qualified Intellectual Disabilities Professional (QIDP) was at the dining room table and verbally prompted client #1 to drink some water due to her coughing.</p> <p>Review on 12/10/24 of client #1's Occupational Therapy Assessment dated 10/19/24 revealed an observation during December, 2022 the Occupational Therapist (OT) witnessed client #1 coughing frequently during and after meals.</p>	W 342			

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W 342	Continued From page 4 During the current assessment, the OT observed client #1 eat breakfast, containing cheese grits and 1" pieced of sausage biscuits and coffee. Client #1 was noted to eat more rapidly while finger-feeding and overfilling her mouth. She was prompted by staff to slow down her pace of eating, and still demonstrated coughing 3x while eating the grits. The OT did not believe client #1 showed respiratory symptoms of aspiration, such as wheezing, sputum or gurgling after this meal. However, the OT did assess client #1 as having a Moderate risk of aspiration based on her assessment. The OT theorized the mix consistency of grits might have contributed to the food being more difficult for client #1 to eat.  Interview on 12/10/24 with the QIDP revealed he witnessed client #1 coughing during breakfast today but also mentioned she coughed sometimes during meals, as her "behavior".  Interview on 12/10/24 with the nurse revealed signs of aspiration included coughing and producing a runny nose. The nurse acknowledged that no staff had reported that client #1 was coughing during dinner last night or breakfast this morning.	W 342			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)  and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted under varying times and conditions. The finding is:  Review on 12/9/24 of the facility's fire drills between October, 2023 to November, 2024	W 441			

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W 441	<p>Continued From page 5</p> <p>revealed: First Shift: 10/11/23 at 7:36am, 12/4/23 at 7:50am, 4/10/24 at 7:35am and 10/14/24 at 7:37am. Further review of the facility's fire drill record schedule revealed there were pre-assigned varying times to conduct drills on the first shift, that was not followed.</p> <p>Interview on 12/10/24 with the Home Manager (HM) revealed she started in her position in July, 2024. The HM revealed the fire drills times are assigned on their schedule.</p> <p>Interview on 12/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the fire drills have time slots for when the drills should be conducted.</p>			W 441			