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

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G346	B. WING _			11/ <sup>-</sup>	15/2018
NAME OF PROVIDER OR SUPPLIER  LIFE, INC KING STREET GROUP HOME				STREET ADDRESS, CITY, STATE, ZI 117 KING STREET HALIFAX, NC 27839	P CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE A CROSS-REFERENCED T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 124	Therefore the facility parent (if the client is of the client's medical and behavioral status treatment, and of the This STANDARD is reason observation interview, the facility faudit client's (#2) gual alternatives to propose possible consequence refusal of treatment if The interdisciplinary to meeting with the legal discuss recommende the consequences of Review on 11/15/18 of she had been adjudic county and assigned Clerk of Court 8/30/17 Person (GOP) was list	are the rights of all clients. The must inform each client, a minor), or legal guardian, condition, developmental s, attendant risks of right to refuse treatment.  The most met as evidenced by: n, record review and staff ailed to ensure one of three rdian understood the ed treatments and the es/alternatives to such any. The finding is:  The fin	W 1		:NCY)		
	the influenza vaccine on 11/6/17.	en the pamphlet regarding and refused the flu vaccine  18: Guardian refused for					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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.

Facility ID: 970428

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		<b>34G346</b> B. WING		1	11/15/2018		
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W 124	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W 12	24			

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	34G346	B. WING _			11/15/2018	
NAME OF PROVIDER OR SUPPLIER  LIFE, INC KING STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  117 KING STREET  HALIFAX, NC 27839		,	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE	
eview on 11/15/18 ated 5/9/18 revealed and signed this agree ocument revealed, outine medical care of [ name of provider of [ name of	of an admission agreement and client #2's legal guardian ement. Further review of this "I give permission to receive and treatment by Physicians r]."  8 with the facility Nurse guardian has refused several recommended by the er interview revealed the exhibited cold symptoms and week. The Nurse stated the ed and gave orders to push dministered and direct care body temperature.  by the physician on 2/7/18 that she be swabbed for don Tamiflu.  refused for her daughter to rem the flu and refused the lation on 2/7/18. The nurse later several clients in the lated for influenza with Tamiflu.  8 with the qualified as professional (QIDP) are legal guardian has refused be dedures as recommended by the dedures as recommended by	W 1	24			
	SUMMARY S (EACH DEFICIENC REGULATORY OR  Ontinued From pageview on 11/15/18 ated 5/9/18 revealed ad signed this agree ocument revealed, outine medical care if name of provider terview on 11/15/18 ated and signed this agree ocument revealed, outine medical care if name of provider terview on 11/15/18 ated and signed the sedical procedures edical procedures edical procedures edical team. Further allowing: 11/23/18 client #2 existent was advised to continued for a very sician was advised in the sea was been and started in the legal guardian in the sea was been to recommended the existent was a second to be treated to be the sea was a signerated to be treated to be the sea was a signer of the signer of the sea was a signer of the sea was a signer of the si	AG346  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ontinued From page 2 eview on 11/15/18 of an admission agreement ated 5/9/18 revealed client #2's legal guardian ad signed this agreement. Further review of this bocument revealed, "I give permission to receive outline medical care and treatment by Physicians [I name of provider]."  terview on 11/15/18 with the facility Nurse evealed client #2's guardian has refused several edical procedures recommended by the edical team. Further interview revealed the	IDENTIFICATION NUMBER:  34G346  B. WING	IDENTIFICATION NUMBER  34G346  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  177 KING STREET  ROS STREET GROUP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INTERPRETATION OF CORE (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO ADDRESS  PREFIX TAG  PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO ADDRESS  ID PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO ADDRESS  TAG  PREFIX TAG  PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO ADDRESS  TAG  PREFIX TAG  PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO THE  PREFIX TAG  PROVIDERS PLAN OF COR.  (EACH OCRRECTIVE ACTION S  CROSS-REFERENCED TO TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDERS PLAN OF  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDERS PLAN OF  PREFIX TAG  PROVIDERS PLAN OF  PREFIX TAG  PREFIX TAG  PREFIX TAG	INDER OR SUPPLIER  134G346  10DER OR SUPPLIER  134G346  117 KING STREET  118 PROVIDERS PLAN OF CORRECTION  118 PROVIDERS PLAN OF CORRECTION  119 PREFIX  120 PROVIDERS PLAN OF CORRECTION  121 PROVIDERS PLAN OF CORRECTION  122 PROVIDERS PLAN OF CORRECTION  123 PROVIDERS PLAN OF CORRECTION  124 PROVIDERS PLAN OF CORRECTION  125 PROVIDERS PLAN OF CORRECTION  126 PROVIDERS PLAN OF CORRECTION  126 PREFIX  127 PROVIDERS PLAN OF CORRECTION  127 PROVIDERS PLAN OF CORRECTION  127 PROVIDERS PLAN OF CORRECTION  128 PROVIDERS PLAN OF CORRECTION  129 PREFIX  120 PROVIDERS PLAN OF CORRECTION  120 PREFIX  120 PROVIDERS PLAN OF CORRECTION  120 PREFIX  120 PROVIDERS PLAN OF CORRECTION  121 PROVIDERS PLAN OF CORRECTION  122 PROVIDERS PLAN OF CORRECTION  122 PROVIDERS PLAN OF CORRECTION  123 PROVIDERS PLAN OF CORRECTION  124 PROVIDERS PLAN OF CORRECTION  125 PROVIDERS PLAN OF CORRECTION  125 PROVIDERS PLAN OF CORRECTION  126 PROVIDERS PLAN OF CORRECTION  126 PROVIDERS PLAN OF CORRECTION  126 PROVIDERS PLAN OF CORRECTION  127 PROVIDERS PLAN OF CORRECTION  127 PROVIDERS PLAN OF CORRECTION  128 PROVIDERS PLAN OF CORRECTION  126 PROVIDERS PLAN OF CORRECTION  127 PROVI	

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W 124	refusals or how to pro treatment.  Interview on 11/15/18 revealed he was awa refusals for medical tr	with the QIDP II via phone re of these continued reatment for client #2 but ot been coordinated to	W 1				