DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED			
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	0. 0938-0391			
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED			
		34G028	B. WING			12/04/2018				
NAME OF P	ROVIDER OR SUPPLIER			ę	STREET ADDRESS, CITY, STATE, ZIP CODE					
	WILLIAM STREET HOM	F		4	407 NORTH WILLIAM STREET					
		-		GOLDSBORO, NC 27530						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE			
W 130	CFR(s): 483.420(a)(7 The facility must ensu) ire the rights of all clients. must ensure privacy during	w	130						
	Based on observation interview, the facility f during medication adu #5) audit clients. The 1. Client #3 was not a medication administra During morning medic observations in the ho the facility's nurse and explained to client #3 reasons why he takes observations revealed for his behaviors. Du administration the door remained opened and close proximity to hea medication to control Review on 12/4/18 of program plan (IPP) da "require reminders f Review on 12/4/18 of behavior inventory (A he has total independ privacy. During an interview of	afforded privacy during ation. cation administration ome on 12/4/18 at 6:45am, d medication technician his medications and the s them. Further d one of his medications was ring the medication ors to the medication room d other clients were within ar how client #3 takes his behaviors. client #3's individual ated 6/13/18 states, to shut door."								

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

TITLE

(X6) DATE

PRINTED: 12/06/2018

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE		
		34G028	B. WING			12/	04/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•	
LIFE, INC	WILLIAM STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 130	 #3 during medication interview revealed clie want his peers to kno help control his behave 2. Client #5 was not a blood pressure check During morning medic observations in the hot the facility's nurse che pressure in the living client #5's blood press there were other client no time was client #5 have his blood press doors. Review on 12/4/18 of indicated the has tota doors for privacy. During an interview of confirmed client #5's bloen checked behind privacy. PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interdiformulated a client's in each client must rece treatment program co interventions and serving and frequency to suppobjectives identified in 	ensure the privacy for client administration. Further ent #3 "probably does not w he takes medications to vior." afforded privacy during his s. cation administration ome on 12/4/18 at 7:44am, ecked client #5's blood room of the home. While sure was being checked its within close proximity. At afforded the opportunity to ure checked behind closed client #5's ABI dated 5/4/18 I independence in closing n 12/4/18, the facility's nurse blood pressure should have closed doors for his ENTATION) isciplinary team has ndividual program plan, ive a continuous active	w	249			
	each client must rece treatment program co interventions and serv and frequency to sup	ive a continuous active insisting of needed vices in sufficient number port the achievement of the					

Facility ID: 922100

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED . 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G028	B. WING			12/	04/2018
NAME OF PF	ROVIDER OR SUPPLIER		- I	STR	EET ADDRESS, CITY, STATE, ZIP CODE	•	
LIFE, INC	WILLIAM STREET HOM	E			NORTH WILLIAM STREET LDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page	2	W 2	49			
	Based on observation reviews, the facility fa received a continuous consisting of needed identified in the individ the areas of dining eq and behavior. This at (#2, #3, #4, #6). The 1. Clients #2, #3, #4 to opportunity to use a k a. During dinner obset 12/3/18, client #2 con following: macaroni v and dinner roll. Furth the beets were within was consumed whole given the opportunity observations revealed knife at his place setti Review on 12/3/18 of 12/19/17 stated, "I red cutting foods into bite Review on 12/4/18 of behavior inventory (A he does have to ability During an interview of coordinator stated she could use a knife beca	and #6 were not given the inife at dinner. ervations in the home on sumed a meal of the with cheese, beets, broccoli er observations revealed 2 inches and the dinner roll a. At no time was client #2 to cut his food. Additional d client #2 did not have a ing. client #2's IPP dated quire staff assistance with size pieces of 3/4" to 1"" client #2's adaptive BI) dated 10/8/18 revealed y to use a knife for cutting. n 12/4/18, the habilitation e never thought client #2 ause he is "blind."					
	During an interview of	n 12/4/18, the qualified					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/06/2018 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	ICIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G028	B. WING			12/	04/2018	
NAME OF PROVIDER OR	SUPPLIER			ę	STREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC WILLIAM	STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530			
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
intellectu confirme opportun b. Durin 12/3/18, following and dinn the beets was cons given the observat knife at h Review of 6/13/18 r one - inc Review of 10/8/18 r using a k During a confirme opportun c. During and dinn the beets was cons given the observat knife at h Review of 10/8/18 r using a k During a confirme opportun c. During and dinn the beets was cons given the observat knife at h	ed client #2 sh hity to use a k ng dinner obs client #3 con g: macaroni v eer roll. Furth s were within sumed whole e opportunity tions revealed nis place setti on 12/4/18 of revealed, "I c ch portions siz on 12/4/18 of revealed he is chife. n interview of ed client #3 sh hity to use a k g dinner obse client #4 con g: macaroni v er roll. Furth s were within sumed whole e opportunity tions revealed nis place setti on 12/3/18 of	s professional (QIDP) hould have been given the chife. servations in the home on asumed a meal of the with cheese, beets, broccoli are observations revealed 2 inches and the dinner roll a. At no time was client #3 to cut his food. Additional d client #3 did not have a ing. f client #3's IPP dated an also cut my own food into zes which is recommended." f client #3's ABI dated s totally independent with n 12/4/18, the QIDP hould have been given the chife. ervations in the home on asumed a meal of the with cheese, beets, broccoli the observations revealed 2 inches and the dinner roll a. At no time was client #4 to cut his food. Additional d client #4 did not have a ing. f client #4's IPP dated aff assisting me with cutting	W	ý 249	9			

		ID HUMAN SERVICES MEDICAID SERVICES				FORI	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G028	B. WING			12	/04/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	WILLIAM STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ı ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	Continued From page	9.4	w	249	9		
		client #4's ABI dated 5/9/18 al independence with cutting					
	During an interview o confirmed client #4 sh opportunity to use a k	nould have been given the					
	12/3/18, client #6 con following: macaroni v and dinner roll. Furth the beets were within was consumed whole given the opportunity	with cheese, beets, broccoli er observations revealed 2 inches and the dinner roll e. At no time was client #6 to cut his food. Additional d client #6 did not have a					
	Review on 12/3/18 of 8/16/18 indicated, " 1" pieces."	client #6's IPP dated staff cutting food into 1/4" to					
	Review of client #6's has total independent	ABI dated 10/8/18 stated he ce with using a knife.					
	During an interview o confirmed client #6 sh opportunity to use a k	nould have been given the					
	2. Clients #3 and #4 opportunity to particip	were not given the pate in meal preparation.					
	12/3/18 at 3:50pm sta poured the tea mixtur water and stirred and refrigerator. Further of	reparation in the home on aff began making ice tea; he e into the pitcher, added then put the pitcher into the observations revealed at electric can opener to open					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORI	D: 12/06/2018 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE	E SURVEY PLETED
		34G028	B. WING			12	/04/2018
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	WILLIAM STREET HOM	E			07 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	cans of beets and one observations revealed a bowl, placing the bo- turning the microwave of peas into a pot, pla and turned the stove of revealed staff opening cheese, putting the mistove, adding butter at macaroni and cheese and #4 walked in and not given the opportur preparation. Further of QIDP even making the bored." During an interview of both clients #3 and #4 opener. Further inter #4 should have been participate in meal pre Review on 12/4/18 of 6/13/18 stated, "In me very helpful in the kito appliances with assist powdered beverage possible. I am able to using a can opener w Review on 12/4/18 of 10/10/18 revealed he with using a can open	e can of peas. Additional d staff pouring the beets into owl into the microwave and e on. Staff poured the can ced the pot on the stove on. Further observations g two boxes of macaroni and ixture into a pot on the and milk and then stirring the . During this time clients #3 out of the kitchen, but were nity to participate in meal observations revealed the e statement, "[Client #3] is n 12/3/18, the staff revealed 4 can use the electric can view revealed clients #3 and given the opportunity to eparation. client #3's IPP dated eal preparation skills, I am then. I can use most kitchen tance. he can make a I enjoy helping as much as o open cans of vegetables ith minimal assistance." client #3's ABI dated has partial independence her.	W	249			

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	, <i>'</i>			COMF	LETED
		34G028	B. WING			12/	04/2018
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	12/	04/2010
		F		4	407 NORTH WILLIAM STREET		
LIFE, INC	WILLIAM STREET HOM	E		C	GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page		W	249			
		client #4's ABI dated 5/9/18 al independence with using					
	During an interview of confirmed clients #3 a given the opportunity preparation.	and #4 should have been					
	3. During afternoon c 12/3/18 at 3:17pm, st laundry into the dryer, revealed client #4 was	. Further observations s talking with the staff.					
	the laundry was client	n 12/3/18, the staff revealed t #4's. Further interview [Client #4] cannot do his					
		the areas of domestic skills, agement to complete some					
	stated he has partial i	client #4's ABI dated 5/9/18 ndependence with selecting operating the clothes dryer.					
		h client #4 has never had a aundry, he should have					
	4. Client #6 was not	prompted to wipe his mouth.					
	12/3/18 from 3:15pm observed with dried for	ervation is the home on until 4:07pm, client #6 was ood on his chin. At no time ed to wipe his chin, until after					

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
		34G028	B. WING			12	/04/2018
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	0
LIFE, INC	WILLIAM STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 249	the surveyor began to During an interview of client #6 does drool. Review on 12/3/18 of 8/16/18 revealed he way prompted. Review on 12/4/18 of 10/9/18 revealed he have wiping his mouth. During an interview of coordinator revealed 2:30pm and he should wipe his face after he 5. Clients #3 and #6 eat food from off the f a. During dinner obset 12/3/18, client #3 was off the floor on 9 sepa observations revealed inches away from the time was client #3 pro- off the floor. Review on 12/4/18 of 10/10/18 stated he have eat food from off the floor.	a question staff. In 12/3/18, the staff revealed I client #6's IPP dated will use a napkin when I client #6's ABI dated has total independence with In 12/3/18, the habilitation client #6 had snack at d have been prompted to finished eating. Were not prompted to not loor and table. ervations in the home on a observed eating food from arate occasions. Further d client #3 was sitting 3 - 4 table while he ate. At no compted to not eat food from a client #3's ABI dated as total independence not to floor. In 12/4/18, the QIDP hould have been prompted		249			
		ervations in the home on s observed eating food off					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/06/2018 MAPPROVED D: 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE	
		34G028	B. WING	B. WING		12/	04/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	WILLIAM STREET HOM	E		40	07 NORTH WILLIAM STREET		
				G	OLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 249	not eat food from off t Review on 12/4/18 of	was client #6 prompted to the table. ⁻ client #6's ABI dated	w	249			
W 455	table." During an interview o confirmed staff should not to eat food from c INFECTION CONTR CFR(s): 483.470(I)(1) There must be an act	d have prompted client #6 off the table. OL) tive program for the nd investigation of infection	W	455			
	This STANDARD is a Based on observatio failed to ensure a sar provided to avoid trar infection and prevent cross-contamination. clients residing in the Precautions were not health and prevent po During dinner observa 12/3/18, client #6 use he had been using to serving spoon which macaroni and cheese revealed another clie spoon to obtain anoth cheese. At no time w	not met as evidenced by: ns and interviews, the facility hitary environment was hismission of possible					

Facility ID: 922100

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
		34G028	B. WING			12/	04/2018
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
LIFE, INC	WILLIAM STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 455 W 460	they were unaware cl spoon to scrape the s macaroni and cheese During an interview of intellectual disabilities confirmed client #6 sh not to use his persona	ni and cheese. n 12/3/18, staff revealed ient #6 used his personal erving spoon for the n 12/4/18, the qualified professional (QIDP) nould have been prompted al personal spoon the cheese from the serving ON SERVICES		455			
	Each client must receivell-balanced diet incospecially-prescribed of This STANDARD is result of Based on observation interviews, the facility received a continuous consisting of needed identified in the individe the area of diet. This (#2, #3, #4, #6). The 1. Clients #2, #3, #4 were not followed. a. During dinner observation following: macaroni wand dinner roll. Furth	ive a nourishing, iluding modified and liets. not met as evidenced by: ns, record reviews and failed to ensure each client s active treatment plan interventions and services dual program plan (IPP) in affected 4 of 5 audit clients findings are: and #6 diet consistencies ervations in the home on					

Facility ID: 922100

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G028	B. WING			12	/04/2018
NAME OF P	ROVIDER OR SUPPLIER	L			STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	WILLIAM STREET HOM	E			407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 460	was consumed whole given the opportunity observations revealed knife at his place setti Review on 12/3/18 of 12/19/17 stated, "I red cutting foods into bite Review on 12/3/18 of (no date) revealed al be cut into 1 inch bite Review on 12/4/18 of behavior inventory (A he does have to abilit During an interview o coordinator stated shi could use a knife bec During an interview o intellectual disabilities confirmed client #2's have been followed. b. During dinner obs 12/3/18, client #3 con following: macaroni v and dinner roll. Furth the beets were within was consumed whole given the opportunity observations revealed knife at his place setti Review on 12/4/18 of 6/13/18 revealed, "	 At no time was client #2 to cut his food. Additional d client #2 did not have a ing. client #2's IPP dated quire staff assistance with size pieces of 3/4" to 1"" the diet order memorandum I of client #2's foods should size pieces. client #2's adaptive BI) dated 10/8/18 revealed y to use a knife for cutting. n 12/4/18, the habilitation e never thought client #2 ause he is "blind." n 12/4/18, the qualified s professional (QIDP) diet consistency should servations in the home on sumed a meal of the with cheese, beets, broccoli ier observations revealed 2 inches and the dinner roll a. At no time was client #3 to cut his food. Additional d client #3 did not have a ing. 		460			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 12/06/2018 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G028	B. WING		_	12/	04/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
LIFE, INC	WILLIAM STREET HOM	E		407 NORTH WILLIAM STR GOLDSBORO, NC 2753			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 460	is recommended." Review of a note which refrigerator with the de "ALL foods must be set This means all foods is butter bean and soft." Review on 12/4/18 of (no date) revealed all cut into 1/2 pieces. Review on 12/4/18 of revealed he is totally is knife. During an interview of confirmed client #3's of have been followed. c. During dinner obs 12/3/18, client #4 con following: macaroni v and dinner roll. Furth the beets were within was consumed whole given the opportunity observations revealed knife at his place setti Review on 12/3/18 of 1/23/18 stated, "Sta all foods into one - inc	 inch portions sizes which ch was located on the ate of 11/7/18 indicated, off and cut into 1/2 pieces. should be the size of a the diet order memorandum of client #3's food should be client #'s ABI dated 10/8/18 independent with using a n 12/4/18, the QIDP diet consistency should ervations in the home on sumed a meal of the vith cheese, beets, broccoli er observations revealed 2 inches and the dinner roll 4 client #4 did not have a ing. client #4's IPP dated ff assisting me with cutting 	W 46				
	(no date) revealed all cut into 1 inch pieces.	of client #4's food should be					

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		ID HUMAN SERVICES				FORM	D: 12/06/2018 M APPROVED D. 0938-0391
CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G028	B. WING			12/	/04/2018
NAME OF PROVIDER OR SUPPLIER				\$	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
LIFE, INC WILLIAM STREET HOME					407 NORTH WILLIAM STREET GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
W 460	Review on 12/4/18 of revealed he has partia his food. During an interview of confirmed client #4's of have been followed. d. During dinner obset 12/3/18, client #6 con following: macaroni v and dinner roll. Furth the beets were within was consumed whole given the opportunity observations revealed knife at his place setti Review on 12/3/18 of 8/16/18 indicated, " 1" pieces." Review on 12/4/18 of (no date) stated, "ALL CHOPPED WITH FO pieces." Review on 12/4/18 of evaluation dated 8/13 finely chopped into 1/ Review of client #6's of has total independent	 ^a client #4's ABI dated 5/9/18 al independence with cutting ^a n 12/4/18, the QIDP diet consistency should ^b ervations in the home on hsumed a meal of the with cheese, beets, broccoliner observations revealed ^a inches and the dinner roll ^b At no time was client #6 to cut his food. Additional d client #6 did not have a ing. ^c client #6's IPP dated staff cutting food into 1/4" to ^c the diet order memorandum L FOODS FINELY DOD CHOPPER - into 1/4' ^c client #6's nursing B/18 revealed, "all foods '4 inch pieces." ^c ABI dated 10/8/18 stated he ce with using a knife. ^c n 12/4/18, the QIDP diet consistency should Further interview revealed 	W	460			

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	MENT OF HEALTH AN S FOR MEDICARE & I		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				
		34G028	B. WING			12	12/04/2018			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COE			•			
LIFE, INC WILLIAM STREET HOME				407 NORTH WILLIAM STREET GOLDSBORO, NC 27530						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE				
W 460	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 2. Client #4's diet was not followed. During dinner observations in the home on 12/3/18, client #4 consumed a meal of the following: macaroni with cheese, beets, broccoli and dinner roll. At no time was client #4 offered a Boost to drink. Review on 12/3/18 of client #4's IPP dated 1/23/18 indicated, "Boost is provided to me twice daily to help increase my weight." Review on 12/4/18 of client #4's Name 12/30 revealed the following,"Apr 128 May 126 Jun 132 July 132 Aug 134 1/2 Sept 134 Oct 136 Nov 130." Review on 12/4/18 of client #4's nursing evaluation dated 1/23/18 stated, "Give one can of Boost twice dailyHe continued to receive BOOSTfor extra calories." Review on 12/4/18 of the diet order memorandum (no date) revealed, "Give one Boost pudding or one Boost drink withsupper." During an interview on 12/4/18, the QIDP confirmed client #4's diet should have been followed. Further interview revealed the home does have a Boost for client #4.		W	460						

Facility ID: 922100

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