STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G338	A. BUILDING _____ B. WING _____	C 08/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC MINUTE MAN GROUP HOME	388 MINUTE MAN LANE WASHINGTON, NC 27889

(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 000	INITIAL COMMENTS A complaint investigation was completed on August 15, 2019. Intake # NC00154276. The complaint was unsubstantiated. Standard level deficiencies was cited.	W 000		
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #3's comprehensive functional assessment (CFA) included independent living skills necessary to teach her to dress independently. This affected 1 of 6 audit clients. The finding is: The team did not update client #3's CFA when a need arose to teach her to put on her shoes independently. Review on 8/15/19 of an incident report dated 7/25/19 revealed client #3 fell in the facility after tripping over her shoelaces. Further review revealed she was taken to a local Radiology clinic for x-rays after the Nurse contacted the facility physician assistant by phone. Additional review of an x-ray report dated 7/26/19 revealed , "Abnormal lucencies within the left acetabulum that may represent a nondisplaced fracture ." Interview on 8/15/19 with the facility Nurse revealed after several x-rays following client #3's	W 224		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 224	Continued From page 1	W 224		

fall on 7/25/19 it was determined that client #3 had sustained a hairline fracture of the left hip. She stated the Orthopedic Surgeon did not recommend surgical repair of the hip but recommended that client #3 be transported in a wheelchair and only pivot transfer to the toilet and to bed until the hip could be x-rayed at a later date to ensure it was completely healed.

Interview on 8/15/19 with the Residential Manager (RM) confirmed that client #3 will allow staff to assist her with tying her shoes, however she will also frequently untie them. She stated this is also in conjunction with her behaviors of destroying her clothing which is addressed in her behavior support program (BSP).

Review of client #3;s individual program plan (IPP) dated 8/30/18 and her Skills Assessment dated 8/24/18 revealed client #3 can fasten shoes with Velcro independently but cannot tie shoes which have laces. The Skills Assessment also indicated that client #3 can assist with putting on her shoes with assistance.

Observation on 8/15/19 at 1pm of client #3 at the facility revealed she was sitting in a wheelchair wearing tennis shoes with laces. Observation of her closet revealed 2 additional pairs of tennis shoes with laces.

Interview on 8/15/19 with the qualified intellectual disabilities professional (QIDP) revealed client #3's most recent IPP meeting was held on 8/13/19. She stated the team discussed modifying client #3's shoes but the CFA was not updated at that meeting, although she had been injured on 7/25/19 as a result of wearing shoes with laces that were untied.

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