STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G318	A. BUILDING ______ B. WING ______	C 01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC WILSON STREET GROUP HOME	**1116 WILSON STREET EXTENSION PLYMOUTH, NC 27962**

(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 survey was conducted on 1/2/2020, for Intake #NC00159280. The allegation was unsubstantiated, however there was a new area of non-compliance found.	W 000		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6 had the right to a legally sanctioned decision maker. This affected 1 of 3 audit clients. The finding is: Client #6 was not afforded the right to legal guardianship. During review on 1/2/2020 of a formal inquiry form, completed on 12/2/19 by the facility regarding a reported incident of abuse, Staff A alleged that client #6 was having behaviors on the van and struck two other clients. Staff A had to physically intervene in order to keep the other clients safe and relocate client #6 to another seat on the van. During review on 1/2/2020 of the behavior support plan (BSP) dated 6/17/19 indicated that client #6 plan would target incidents of defiance, vocal aggression, property destruction, self-injurious behaviors and elopement.	W 125		

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 125	Continued From page 1 An additional review on 1/2/2020 of the individual program plan (IPP) dated 6/25/19, revealed that client #6 fell on the Autism spectrum with severe intellectual developmental disabilities and needed help to understand in limited terms, his rights. He took Depakote and Prozac medications to manage his behaviors. He did not have a legal guardian and had 2 relatives that served as his power of attorney (POA). An interview on 1/2/2020 with the qualified intellectual disabilities professional (QIDP) revealed that appointment of guardian had been occasionally sought and discussed with the POA's, with a recent conversation in December 2019. The QIDP indicated that client #6 had never been adjudicated incompetent in court and was viewed to be his own guardian. The facility had expressed a desire to get a new psychological test performed on client #6 to determine his cognitive skills, but had been unsuccessful. The QIDP also suggested that the POA's were opposed to seeking guardianship because client #6 was college educated and had published literature. The QIDP acknowledged that client #6 still relied on staff and the POA's to help him with decision making skills.	W 125		