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

PRINTED: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING			11	/24/2020
	PROVIDER OR SUPPLIER C BEAUFORT HEIGH	TS GROUP HOME		1	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	-S	W	000			
	completed on 11/24 and intake #001718 PROTECTION OF CFR(s): 483.420(a). The facility must enartherefore, the facility not subjected to phy psychological abuse. This STANDARD is Based on record refacility failed to ensuring the home was not and psychological alfinding is: Review on 11/23/20 dated 11/16/20 reveron 11/16/20 between #2 was displaying be 4:30pm until 9:15pm home, client #2 was was agitating his perclient #2 to leave his more angry and upson names, cursing, etc. administration, Staff med room when clien behaviors and refusions that the proom, but he refused client #2 out of the mather the proof of the mather than the proof of	sure the rights of all clients. by must ensure that clients are resical, verbal, sexual or e or punishment. not met as evidenced by: views and interviews, the re 1 of 6 clients (#2) residing subject to physical, verbal buse or punishment. The of the facility's incident report alled an altercation occurred in Staff A and client #2. Client chaviors from approximately in the displaying behaviors which ers. Staff in the home asked peers alone, but he became et with the staff, calling them	W 1	27	W127 The facility will ensure that consumare no subjected to physical, verbasexual or psychological abuse or punishment by re-in-servicing all sthow to handle behaviors appropria Staff will also be re-in-serviced on promotion of consumer well-being, include reporting procedures with emphasis on self-reporting. In-serv on promotion of consumer well-bein and reporting procedures will begin 11/24/20. Behavioral Intervention Programs will also begin on 11/24/2The accused staff will be issued immediate disciplinary action in the of termination. Staff who failed to reincident, at the time of occurrence, issued disciplinary action as well. Vinvestigations occur, proper monito will be done to ensure that all consuare free from physical, verbal, sexupsychological abuse or punishment Concerns will be addressed immed and follow-up documentation will be indicated on LIFE, Inc's Formal Inquisorm. Weekly QA/QI inspections will conducted in addition to weekly can observations to observe staff/client interactions. Camera observations of documented on LIFE, Inc. Camera Observation form. Any additional follow-up documentation will be inclas well; investigative statement, accident/injury reports, NC IRIS documentation, and disciplinary actiforms.	aff on tely. to icing ng on 2020. form eport will be when ring umers al, or iately, equiry I be nera will be	1/8/2021
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	TURE		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.

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

PRINTEO: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING			11/24/2020	
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W	000			
W 127	completed on 11/24 and intake #001718 PROTECTION OF CFR(s): 483.420(a) The facility must en Therefore, the facility not subjected to physychological abuse. This STANDARD is Based on record refacility failed to ensin the home was not and psychological afinding is: Review on 11/23/20 dated 11/16/20 reve on 11/16/20 betwee #2 was displaying to 4:30pm until 9:15pm home, client #2 was was agitating his pectient #2 to leave his more angry and upnames, cursing, etc administration, Staff med room when client was a significant when the staff A asked client room, but he refuse client #2 out of the they were in the has	sure the rights of all clients. ity must ensure that clients are ysical, verbal, sexual or	Wi	127	W127 The facility will ensure that consurare no subjected to physical, verbisexual or psychological abuse or punishment by re-in-servicing all show to handle behaviors approprises Staff will also be re-in-serviced on promotion of consumer well-being include reporting procedures with emphasis on self-reporting. In-serviced on promotion of consumer well-being include reporting procedures will begin and reporting procedures will begin 11/24/20. Behavioral Intervention Programs will also begin on 11/24. The accused staff will be issued immediate disciplinary action in the of termination. Staff who failed to incident, at the time of occurrence issued disciplinary action as well, investigations occur, proper monit will be done to ensure that all consare free from physical, verbal, sex psychological abuse or punishmer Concerns will be addressed imme and follow-up documentation will be indicated on LIFE, Inc's Formal Inform. Weekly QA/QI inspections we conducted in addition to weekly	taff on ately. to vicing ing on on /2020. e form report, will be will be at the cluded of the clud	1/8/2021
AROBATOR	ANIBECTOR'S OR REOVIE	DER/SUPPLIER AFPRESENTATIVE'S SIGN	JATURE		TITLE		(X6) DATÉ

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Event ID: Q43Y11

Facility ID. occoo.

If continuation cheef Dage 1 of 20

FORM CMS-2567(02-99) Previous Versions Obsolete

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

PRINTED: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING	***********		11/24/2020	
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		1	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000			W	000			
W 127	completed on 11/24 and intake #001718 PROTECTION OF CFR(s): 483.420(a) The facility must en Therefore, the facility faci	nsure the rights of all clients. ity must ensure that clients are ysical, verbal, sexual or	W	127	W127 The facility will ensure that consurare no subjected to physical, verbisexual or psychological abuse or punishment by re-in-servicing all show to handle behaviors appropries Staff will also be re-in-serviced on promotion of consumer well-being include reporting procedures with emphasis on self-reporting. In-serviced on promotion of consumer well-be and reporting procedures will beging and reporting procedures will beging 11/24/20. Behavioral Intervention Programs will also begin on 11/24. The accused staff will be issued immediate disciplinary action in the of termination. Staff who failed to incident, at the time of occurrence issued disciplinary action as well, investigations occur, proper monit will be done to ensure that all contare free from physical, verbal, sex psychological abuse or punishment Concerns will be addressed immediated on LIFE, Inc's Formal Inform, Weekly QA/QI inspections we conducted in addition to weekly conducted in	taff on ately. , to vicing ing n on /2020. e form report, will be will be amera at will be at cluded	1/8/2021
LABORATORY	V DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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.

FORM CMS-2587(02-99) Previous Versions Obsolete.

Event ID: 043Y11

Facility ID: 956891

If continuation sheet Page 1 of 20

01-08-21;12:55PM; ;9197781911 # 3/21

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G339	B, WING			11/2	24/2020
	ROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME	,	11	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	initiated on 11/18/2i revealed that on 11 displaying continuo approximately 4:30 9:15pm. Staff A an medication room wagitated, and refuse Staff A physically as medication room. Additional review of revealed once they punched Staff A in the staff in the home correquest crisis medi report Staff A being punching her in the contacted the quality professional (QIDP) regarding her injurity home, and the QID Further review of the came that after client #2 vo A ran behind client four times in the bar observation, the QI Staff A was suspensinvestigation. Review on 11/23/20 revealed that while	O of the facility's investigation of and completed on 11/20/20 /16/20, client #2 was us behaviors from pm until approximately d client #2 were in the hen client #2 became more ed to take his medications. It is sisted client #2 out of the facility's investigation were in the hallway, client #2 the face. Staff A and other contacted the facility nurse to cation for client #2, as well as injured from client #2 as well as injured from client #2. If ace. The facility nurse fied intellectual disabilities and Staff A requested to go P allowed this. The QIDP contacted Staff A real facility's investigation /18/20, the QIDP reviewed the home. At the time of the ra footage, it was observed was punched in the face, Staff #2 down the hall, hitting him	W	127			

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4/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMI	SURVEY PLETED
		34G339	B. WING	·	·····	11/2	4/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGI		•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET NASHINGTON, NC 27889		The second secon
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	client #2 to leave to come in. Client #2 Staff A was trying "Go ahead, go ahe doorway, client #2 When client #2 put A reported she rar hitting him. Staff A grabbed a picture her with it when Staff A was trying medication room. the face, and ran behind client #2 acausing a picture picked up the picture picked up the picture and received and the picture and received with Staff B reported that when she observed Staff A names and giving reported that when she observed Staff A pushed client #2 punched Staff A pushed	he room so another client could a tried to slam the door, while to open the door. Staff A stated ead now." Once outside the punched her in the face. In the face, Staff a behind him but did not recall a reported that client #2 off the wall and was about to hit	W	127			

01-08-21;12:55PM; ;9197781911 # 5/ 21

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34 G33 9	B, WING		11/	24/2020	
	ROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODI 103 CIRCLE STREET WASHINGTON, NC 27889			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 127	Habilitation Coordin camera footage revenue the medication root take his medication redirect him out of review of the came trying to physically room. Once they with the hallway, client furned around and bedroom. Staff A whim, swinging her actient #2 four times. Interview on 11/24/the facilities investive 11/20/20, The QID received a written with terminated for her at that Staff A was a grevealed that Staff facility since 4/20, I clients, worked whe felt that it would be employment due to from being able to The QIDP confirme still present in the him the received on 11/20/20, and all othe Intervention Program policy regarding mid The QIDP revealed lifted on 11/20/20, and the lifted on 11/20/20,	D at 9:30am with the QIDP, nator and facility nurse of the vealed Staff A and client #2 in m. Client #2 was refusing to n, and Staff A was attempting to the medication room. Further ra footage revealed Staff A assist client #2 out of the vere outside of the room and in #2 punched Staff A in the face, started running toward his was observed to run behind arms and appearing to strike on his back. 20 with the QIDP revealed that gation was concluded on Prevealed that Staff A warning instead of being actions because the facility felt good employee. The QIDP A had been working at the nad a good rapport with the enever she was needed, and wrong to terminate her this incident and prevent her work doing what she enjoys, and the potential for abuse was	W 1	27			

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6/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B, WING			11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	ITS GROUP HOME		10	REET ADDRESS, CITY, STATE, ZIP CODE 3 CIRCLE STREET ASHINGTON, NC 27889		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	Review on 11/24/20 Rights Policy dated revealed a section Consumer Well Bedescribes physical that results in or cophysical injury to a but are not limited kicking, harmful recother instrument to addition, all alleged and crimes will be with appropriate confindings. Any elabuses a consume property is guilty of Additional review or revealed "Based or rights violation invedisciplinary action termination, as speapproved and/or action and/or action actions." The facility was not 11/24/20 that an interpretation actions: 1. The facility will esubject to physical psychological abus	me of the survey completed on ad not been provided. Of the facility's Consumer 15/2014, revised 5/14/18, entitled Promotion of ing and Abuse Prevention abuse as "any physical action old potentially result in consumer. Examples include to hitting, beating, pinching, straint, and use of a weapon or inflict bodily harm." In a incidents of rights violations investigated and documented investigated in intentionally in findings during the alleged estigation, appropriate will be taken, including possible edified in other policies dapted by the facility. It filed by the surveyor on inmediate Jeopardy existed in in review of staff statements, botage and the facility bringing ork which is against their ded with the following plan of insure that consumers are not	W	127			

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7/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING		11/2	4/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BÉ	(X5) COMPLETION DATE
W 149	consumer well-beir procedures with en begin on 11/24/20. 3. In-service on BIF 4. Staff A will be iss action in the form of 5. Staff B and Staff action for failing to of occurrence. After reviewing the by the facility on 11 the immediate jeop STAFF TREATMER CFR(s): 483.420(d) The facility must depolicies and procedures and procedures that procedures that procedures that procedures that procedures that procedures that procedure that Staff medication room wand refused to take physically assisted room. Once they were staff in the staff of the staff	inserviced on promotion of ag, to include reporting apphasis on self-reporting to plan in the second of the second	W 127			

01-08-21;12:55PM; ;9197781911 # 8/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G339	B. WING_		11/	24/2020	
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 149	staff in the home or request crisis medireport Staff A being punching her in the contacted the qualiprofessional (QIDP regarding her injurithome, and the QID the QIDP reviewed At the time of the cobserved that after face, Staff A ran be hitting him four time observation, the QI Staff A was suspen investigation. Review on 11/24/20 Rights Policy dated revealed a section Consumer Well Be describes physical that results in or cophysical injury to a but are not limited to kicking, harmful resother instrument to addition, all alleged and crimes will be inwith appropriate coon findings. Any erabuses a consume property is guilty of Additional review or revealed "Based or rights violation invedisciplinary action valermination, as specific to the content of the content	ontacted the facility nurse to cation for client #2, as well as injured from client #2 face. The facility nurse fied intellectual disabilities. The QIDP contacted Staff A requested to go P allowed this. On 11/18/20, camera footage in the home. amera footage review, it was client #2 was punched in the hind client #2 down the hall, as in the back. Based on this DP initiated the investigation. ded until the conclusion of the point of the facility's Consumer 15/2014, revised 5/14/18, entitled Promotion of ing and Abuse Prevention abuse as "any physical action all potentially result in consumer. Examples include to hitting, beating, pinching, straint, and use of a weapon or inflict bodily harm." In a incidents of rights violations investigated and documented the consumer actions taken based in moloyee who intentionally a class 1 misdemeanor. If the Consumer Rights Policy in findings during the alleged estigation, appropriate will be taken, including possible colified in other policies dapted by the facility.	W 14	The facility will ensure that polic procedures that were developed implemented to prohibit mistreator abuse of the client. Staff will on policies and procedures as limistreatment, neglect, or abuse Client's will receive annual right educating them on the right to be abuse/neglect/mistreatment. Invocur will be conducted as polic reviewed. This will be monitored weekly by the facility managers inspections and biannually as p Compliance interviews. Any foll documentation will be indicated Formal Inquiry Form and attach internal documentation used but investigative statement, injury indocumentation, and disciplinary documentation, and disciplinary.	d will be treent, neglect, be re-in-serviced to relates to the client. It is assessment be free from vestigations that by states and done time as part of QA/QI ant of Corporate ow up on LIFE, Inc's sed to other it not limited to eports, NC IRIS		

01-08-21;12:55PM; ;9197781911 # 9/ 21

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B, WING		***************************************	11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH			1	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Interview on 11/24 the facility's invest 11/20/20. The QID received a written terminated for her that Staff A was a revealed that Staff facility since 4/20, clients, worked wh felt that it would be employment due to from being able to The QIDP confirm still present in the Further interview or revealed the facility Staff A and all other Intervention Prographicy regarding many The QIDP revealed lifted on 11/20/20, 11/20/20 and continually 11/24/20, training in the Gibbs of the facility's Consinglect as "serious supervision, care, an employee that in potentially result in Based on review of dated 11/18/20, re Rights Policy dates	/20 with the QIDP revealed that igation was concluded on DP revealed that Staff A warning instead of being actions because the facility felt good employee. The QIDP A had been working at the had a good rapport with the enever she was needed, and a wrong to terminate her to this incident and prevent her work doing what she enjoys, ed the potential for abuse was	W	149			
	physical abuse ag	allowing Staff A, who exhibited ainst a client, to return to work ork in direct contact with all	Valuable 4 and 10 April 10 Apr				,

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10/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G339	B. WING			11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		10	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET /ASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From pa		W 1	49			
W 153	mistreatment, neglinjuries of unknowr immediately to the officials in accordar established proced. This STANDARD is Based on record of facility failed to ensure notified immediately abuse. This affects the finding is: Review on 11/23/20 dated 11/16/20 review on 11/16/20 between 11/16/20 between 11/16/20 medication client #2 were in the began displaying by his medications. So the medications or physically assisted room and once the punched Staff A in the client, hitting his Review on 11/23/20 initiated on 11/18/2 revealed that on 11 displaying continuous approximately 4:30	nsure that all allegations of act or abuse, as well as a source, are reported administrator or to other nee with State law through ures. Is not met as evidenced by: eviews and interviews, the ure that management was y of an incident of physical and 1 of 4 audit clients (#2). Of the facility's incident report ealed an altercation occurred an Staff A and client #2. administration, Staff A and e med room when client #2 ehaviors and refusing to take taff A asked client #2 to leave m, but he refused. Staff A client #2 out of the medication y were in the hallway, client #2 the face. Staff A ran behind m in the back. Of the facility's investigation 0 and completed on 11/20/20 /16/20, client #2 was	W 1	- Land Annual An	W153 The facility will ensure that all allegation mistreatment, neglect, or abuse as well injuries of unknown sources are reporte immediately to the administrator or to of officials in accordance with state law threstablished procedures by re-in-servicing on promotion of consumer well-being, cirights, and client's incidents. The training review current protocol of reporting responsibilities of witnesses. This will be monitored daily by checking consumer's Accident/Incident reports, one time weepart of manager's QA/QI inspections, are through biannual documented Corporate Compliance interviews and annual train which will be placed in the employees trailing the procedure of the procedure of the employees trailing the procedure of the procedure of the employees trailing the procedure of the pro	as d her ough g staff lient g will e k k ly as nd e ing	1/8/2021

01-08-21;12:55PM; ;9197781911 # 11/ 21

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

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G339	B. WING	***************************************	11/	24/2020	
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	ITS GROUP HOME		STREET ADDRESS, CITY, STAYE, ZIP CO 103 CIRCLE STREET WASHINGTON, NC 27889	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
W 153	agitated, and refus Staff A physically a medication room. client #2 punched & 11/18/20, the QIDP the home. At the ticamera footage, it #2 was punched in client #2 down the the back. Based o initiated the investiguntil the conclusion Review on 11/23/20 revealed that while #2 refused to take client #2 to leave the come in. Client #2 Staff A was trying to "Go ahead, go ahe doorway, client #2 When client #2 pur A reported she ran hitting him. Staff A grabbed a picture of her with it when Staff A was trying to medication room. The face, and ran displaced up the picture to picked up the picture A, but Staff B reported she recovered in the picture to gicked up the picture to picked up the pictu	when client #2 became more ed to take his medications. It is sesisted client #2 out of the Once they were in the hallway, it is a constant of the Yeviewed camera footage in the face. On the reviewed camera footage in the face, Staff A ran behind the face, Staff A ran behind hall, hitting him four times in this observation, the QIDP gation, Staff A was suspended to five investigation. Of Staff A's written statement in the medication room, client his medication. Staff A asked the room so another client could tried to slam the door, while to open the door. Staff A stated ad now." Once outside the punched her in the face, staff behind him but did not recall reported that client #2 off the wall and was about to hit	W				

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12/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED		
		34G339	B. WING	**************************************			11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		103	REET ADDRESS, CITY, 3 CIRCLE STREET ASHINGTON, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD CED TO THE APPROPMERICIENCY)	BE	(X\$) COMPLETION DATE
W 153	dated 11/17/20 reviupset with Staff A whis hands to himse distancing. Client at turned his music up glass. He came intat Staff A. After dir A names and giving reported that when she observed Staff Staff A pushed client #2 punched Staff A pushed client #2 picked up the wall at Review on 11/24/20 Habilitation Coording camera footage revithe medication rootake his medication redirect him out of review of the came trying to physically room. Once they will turned around and bedroom. Staff A whim, swinging her actient #2 four times	O of Staff C's written statement ealed that client #2 became when she asked him to keep If due to practicing social #2 went into his bedroom, to loudly, and broke some to the kitchen and was staring mer, client #2 was calling Staff of her the middle finger. Staff C she came around the corner, A and client #2 "tussling." In the face. At that time, Staff into the wall and client #2 art to hit Staff A with. O at 9:30am with the QIDP, mater and facility nurse of the wealed Staff A and client #2 in m. Client #2 was refusing to the medication room. Further are footage revealed Staff A assist client #2 out of the vere outside of the room and in #2 punched Staff A in the face, started running toward his was observed to run behind arms and appearing to strike on his back.	W	153				
	Rights Policy dated revealed a section Consumer Well Be which states "All er	0 of the facility's Consumer 15/2014, revised 5/14/18, entitled Promotion of ing and Abuse Prevention mployees of the facility will ng on promotion of consumer		***************************************				

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13/ 21

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

—	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i * '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G339	B. WING	WIND	11/24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME	1	STREET ADDRÉSS, CITY, STÂTE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
W 153	provided annually to direct services and the provision of quality abuse, neglect and review of the policy Consumer Rights and suspensive and alleged or with violations and suspensive aclass 3 misder Reports of the this someone in a supensure that immed Interview on 11/24/that based on the vand Staff C, they streported their obsections are thorough the facility must have a class on record of a clitty failed to ensure that the second of the consumer Rights For the facility must have a consumer Rights for the facility failed to ensure the consumer Rights for the facility failed to ensure abuse was thorough of 4 audit clients. Review on 11/23/26 dated 11/16/20 review on 11/16/20 between the consumer Rights for the facility failed to ensure abuse was thorough of the consumer Rights for the facility failed to ensure abuse was thorough of the consumer Rights for the facility failed to ensure abuse was thorough of the facility failed to ensure abuse was thorough of the facility failed to ensure abuse was thorough the facility failed to ensure abuse was thorough of the facility failed to ensure abuse was thorough the facility failed to ensure abuse was thorough the facility failed to ensure a consumer Rights for the facility failed to ensure a consumer Rights for the facility failed to ensure a consumer Rights for the failed to ensure a c	se prevention. Training will be all employees providing care to consumers to ensure ality care and prevention of mistreatment." Additional revealed a section entitled folence which states "All ected to immediately report essed incidents of rights ected abuse, neglect or ons served. Failure to report meanor punishable by a fine. nature should be directed to rvisory capacity role in order to late action is taken." 20 with the QIDP confirmed written statements of Staff B mould have immediately rvations based on the facilities Policy. NT OF CLIENTS (3)	W 154		

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

PRINTED: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

14/ 21

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE COM	SURVEY PLETED
		34G339	B. WING		11/2	4/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JD PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 154	began displaying behis medications. Since medication room physically assisted room and once the punched Staff A in the client, hitting him Review on 11/23/20 initiated on 11/18/2 revealed that on 11 displaying continuo approximately 4:30 9:15pm. Staff A an medication room wagitated, and refuse Staff A physically as medication room, client #2 punched so ther staff in the hoto request crisis meas report Staff A be punching her in the contacted the quality professional (QIDP regarding her injurity home, and the QIDP reviewed At the time of the cobserved that after face, Staff A ran behitting him four time observation, the QI Staff A was suspen investigation.	e med room when client #2 ehaviors and refusing to take taff A asked client #2 to leave m, but he refused. Staff A client #2 out of the medication y were in the hallway, client #2 the face. Staff A ran behind m in the back. Of the facility's investigation ond completed on 11/20/20 /16/20, client #2 was	W 15	The facility must have evidence that al violations are thoroughly investigated. Managers will comprise an investigativ QP will make necessary contacts to los Sheriff Department, HRC members, arguardians as well as thoroughly invest allegations by collecting and carefully staff and consumer statements, review camera footage (if available), providing monitoring of consumers, and conclud investigations based on the consumer and safety. Investigations will be monitored/forwarded to the Director of Advocacy as they occur. The Quality Assurance and Improvement Team will Documentation related to investigat This will allow for follow-up decisions to reviewed by a number of clinicians. All documentation will be included on LIFF Formal Inquiry form as reviewed as ne during and future investigations.	e team. cal DSS, id gate eviewing ing proper ing health l review ions. o be	1/8/2021

01-08-21;12:55PM; ;9197781911 # 15/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		34G339	B. WING			11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIG			1	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 154	#2 refused to take client #2 to leave to come in. Client #2 Staff A was trying "Go ahead, go ahe doorway, client #2 When client #2 put A reported she rare hitting him. Staff A grabbed a picture her with it when Staff A grabbed a picture her with it when Staff A was trying medication room. the face, and rand behind client #2 are causing a picture picked up the picture and received up the picture and received a picture and giving reported that when she observed Staff A pushed clief #2 punched Staff A picture and picture and giving reported that when she observed Staff A pushed clief #2 punched Staff A picture and picture and giving reported that when she observed Staff A pushed clief #2 punched Staff A picture and picture	his medication. Staff A asked the room so another client could be tried to slam the door, while to open the door. Staff A stated and now." Once outside the punched her in the face, niched Staff A in the face, Staff a behind him but did not recall a reported that client #2 off the wall and was about to hit	W	154			

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16/ 21

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

NAME OF PROVIDER OR SUPPLIER LIFE, INC BEAUPORT HEIGHTS GROUP HOME SIMMARY STATEMENT OF DEFICIENCIES TAGGET WASHINGTON, NC 27889 PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 154 Continued From page 14 picked up the wall art to hit Staff A with. Review on 11/24/20 at 8:30 am with the QIDP, Habilitation Coordinator and facility nurse of the camera footage revealed Staff A and client #2 in the medication room. Client #2 was refusing to take his medication, and Staff A was attempting to redirect him out of the medication room. Client #2 was refusing to take his medication room. Client #2 was refusing to take his medication room. Further review of the camera footage revealed Staff A in the face, turned around and started running toward his bedroom. Staff A was observed to run behind him, swinging her arms and appearing to strike client #2 four times on his back. Review on 11/24/20 of the facility S Consumer Rights Policy dated \$2/2014, revised 5/14/18, revealed a section entitled Promotion of Consumer Well Being and Abuse Prevention describes physical abuse as "any physical action that results in or could potentially "esuit in physical injury to a consumer. Examples include but are not limited to hilling, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm." In addition, all alleged incidents of rights voilations and crimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally shuses a consumer or exploits a consumer's properly is guilty of a class 1 mischemeanor. Additional review of the Consumer Rights Policy revealed "Based on findings during the alleged rights voilation investigation of the facility."		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
LIFE, INC BEAUFORT HEIGHTS GROUP HOME (A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) RESIDIATORY OR LISC IDENTIFYING INFORMATION) REVIEW on 11/24/20 at 9:30am with the QIDP. Habilitation Coordinator and facility nurse of the camera footage revealed Staff A and client #2 in the medication room. Further review of the camera footage revealed Staff A trying to physically assist client #2 out of the room. Once they were outside of the room and in the hallway, client #2 purched Staff A in the face, turned around and started running toward his bedroom. Staff A was observed to run behind him, swinging her arms and appearing to strike client #2 four times on his back. Review on 11/24/20 of the facility's Consumer Rights Policy dated 5/2014, revised 5/14/18, revealed a section entitled Promotion of Consumer Well Being and Abuse Prevention describes physical abuse as "any physical action that results in or could potentially result in physical injury to a consumer, Examples include but are not limited to hitting, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm." In addition, all alleged incidents of rights violations and orimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally abuses a consumer or exploits a consumer's property is guilty of a class 1 misdemeanor. Additional review of the Consumer Rights Policy revealed 'Based on findings during the alleged rights violation investigation, appropriate disciplinary action will be taken, including possible termination, as specified in other policies			34G339	B, WING			11/2	24/2020
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 154 Continued From page 14 picked up the wall art to hit Staff A with. Review on 11/24/20 at 9:30am with the QIDP, Habilitation Coordinator and facility nurse of the camera footage revealed Staff A and client #2 in the medication, and Staff A was attempting to redirect him out of the medication room. Further review of the camera footage revealed Staff A was attempting to redirect him out of the medication room. Further review of the camera footage revealed Staff A trying to physically assist client #2 out of the room. Once they were outside of the room and in the hallway, client #2 punched Staff A in the face, turned around and started running toward his bedroom. Staff A was observed to run behind him, swinging her arms and appearing to strike client #2 four times on his back. Review on 11/24/20 of the facility's Consumer Rights Policy dated 5/2014, revised 5/14/18, revealed a section entitled Promotion of Consumer Well Being and Abuse Prevention describes physical abuse as "any physical action that results in or could potentially result in physical injury to a consumer. Examples include but are not limited to hitting, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm." In addition, all alleged incidents of rights violations and crimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally abuses a consumer or exploits a consumer's properly is guilty of a class I misdemeanor. Additional review of the Consumer Rights Policy revealed "Based on findings Any employee who intentionally in the proper is properly is pushed to the policies termination, as specified in other policies termination, as specified in other policies.			TS GROUP HOME		1	03 CIRCLE STREET		
picked up the wall art to hit Staff A with. Review on 11/24/20 at 9:30am with the QIDP, Habilitation Coordinator and facility nurse of the camera footage revealed Staff A and client #2 in the medication room. Client #2 was refusing to take his medication, and Staff A was attempting to redirect him out of the medication room. Further review of the camera footage revealed Staff A trying to physically assist client #2 out of the room. Once they were outside of the room and in the hallway, client #2 punched Staff A in the face, turned around and started running toward his bedroom. Staff A was observed to run behind him, swinging her arms and appearing to strike client #2 four times on his back. Review on 11/24/20 of the facility's Consumer Rights Policy dated 5/2014, revised 5/14/18, revealed a section entitled Promotion of Consumer Well Being and Abuse Prevention describes physical abuse as "any physical action that results in or could potentially result in physical injury to a consumer. Examples include but are not limited to hitting, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm." In addition, all alleged incidents of rights violations and crimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally abuses a consumer or exploits a consumer's property is guilty of a class 1 misdemeanor. Additional review of the Consumer Rights Policy revealed "Based on finding during the alleged rights violation investigation, appropriate disciplinary action will be taken, including possible termination, as specified in other policies	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
phylogical and the taking.	W 154	Review on 11/24/20 Habilitation Coordinates a footage review of the camera footage	art to hit Staff A with. O at 9:30am with the QIDP, hator and facility nurse of the realed Staff A and client #2 in m. Client #2 was refusing to the medication room. Further ra footage revealed Staff A assist client #2 out of the rere outside of the room and in Paper P	W	154			

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		IPLE CONSTRUC		(X3) DATE SURVEY COMPLETED	
		34G339	8. WING		MICATION TO THE PROPERTY OF TH	11/3	24/2020
	ROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		103 CIRCLE S	ESS, CITY, STATE, ZIP CODE STREET ON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	COVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD PREFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 154	Continued From pa	ge 15	W 1	54			
W 247	the facility's investig 11/20/20. The QIDI received a written was terminated for her at that Staff A was a grevealed that Staff A facility since 4/20, holients, worked whe felt that it would be employment due to from being able to was The QIDP confirme still present in the honfirmed that Staff reported the incider it, INDIVIDUAL PROGUER(s): 483.440(c) The individual progue opportunities for clients (#1 and #3) opportunities for changement in their each of the individual progue opportunities for changement in their each opportunities for changement in his holients (#1 and #3) opportunities for changement in their each opportunities for changement in his holients (#1 was not movement in his holients) and the facility of the facil	(6)(vi) ram plan must include ent choice and s not met as evidenced by: ions, record review and ity failed to ensure 2 of 4 audit were afforded consistent oice and freedom of environment. The findings are: ot provided freedom of	W 2	17			

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18/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		34G339	B. WING		(CONTRACTOR OF THE CONTRACTOR	11/2	24/2020
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		1	TREET ADDRESS, CITY, STATE, ZIP CODE 03 CIRCLE STREET VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 247	back to your room.' the home revealed room on the couch #1 would stand up, back down or go to today." Review on 11/24/20 program plan (IPP) behavior objective v settings, [client #1] defined tantrum bel for 8 consecutive m Review on 11/24/20 Intervention Prograr revealed identified to vocal agitation, agg and defiance, "Bull target behavior. Interview on 11/24/20 intellectual disabilitir revealed if client #1 identified target behavior. Interview on 11/24/20 intellectual disabilitir revealed if client #1 identified target behavior would be confirmed that clien move freely around B. Client #3 was no opportunity for choice During observations through 11/24/20, con the couch in the forth. Throughout to observed to tell clie	en't bullying anyone today. Go ' Additional observations in client #1 sitting in the living or at the table. When client staff would say to him "Sit your room. No bullying Of client #1's individual dated 4/30/20 revealed a which states "Across all will reduce the frequency of haviors to 6 or less per month nonths." Of client #1's Behavior m (BIP) dated 4/30/20 target behaviors consisting of ression, self-abusive behavior ying" was not identified as a 20 with the qualified es professional (QIDP) was displaying any of his naviors, redirection to his appropriate. The QIDP at #1 should have been able to his home.	W	247	W247 The individual program plan must provice opportunities for client choice and self-management. Staff will be re-in-sent consumer's IPP emphasizing consumer interests and dislikes, in addition to not restricting individual's movement within living environment. Any restrictions in plus to reviewed with staff and documented line training form. Any suggestion for reswill need to be submitted and approved Program Specialist in conjunction with a guardian and HRC members. Clients will involved in quarterly house meeting to relikes and dislikes. Any new interests and will be added to the consumers IPP as we made aware, staff will also be in-service. Consumers will be afforced choice of accepts, etc., by providing input when are the activity calendar. This will be monito facility managers each day they work utility scheduled observations & weekly (inspections; to include meal observation Monitoring will occur annually during roundscripts.)	their ace will on LIFE, trictions by lient's il be aview didslikes ve are d. tivities, eating red by Ilzing QA/QI s.	1/8/2021

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING		11/24/2020	
	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 249	3/17/20 revealed cli Autism. Interview on 11/24/2 rocking back and for self-stimulating behave revealed that client bedroom that he en revealed that if clier making loud noises some of his peers in staff should prompt to sit in his rocking of that if none of client him rocking in the lithe plastic on the costay in the living rocking in the living ro	of client #3's IPP dated ent #3 has a diagnosis of 20 with the QIDP revealed that with is considered a possible avior for client #3. The QIDP #3 has a rocking chair in his joys rocking in. The QIDP at #3 is rocking hard and he could potentially agitate in his home. If this occurs, client #3 to go to his bedroom chair. The QIDP confirmed #3's peers are bothered by ving room and the noise from buch, he should be allowed to m and rock. MENTATION (1) rdisciplinary team has a individual program plan, beive a continuous active consisting of needed ervices in sufficient number poort the achievement of the in the individual program.	W 2		l umber nt of ce in is it be grams, conthly ring will anagers	
	interview, the facility	ions, record review and related to ensure 1 of 4 audit 1 a continuous active				

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20/ 21

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		CONSTRUCTION	(X3) DATÉ SURVEY COMPLETED	
		34G339	B, WING		A A A STATE OF THE	11/3	24/2020
-	PROVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889		3 CIRCLE STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	treatment program interventions and so Individual Program program implement During observations through 11/24/20, chis head on the wal as well as slam his Throughout the obseto ignore the behave Review on 11/23/20 program plan (IPP) #4 has a training obsettings, [client #4] defined tantrum belier month for 10 con Review on 11/24/20 10/15/19 revealed is which includes fallir self-injurious behavior prompt interventions/conse behaviors which includes fallir review of client #4's interventions/conse behaviors which includes fallir prompt "[Client #4], behavior." If he sto prompts, staff shou activity at hand and - If self-injurious be repeat verbal promp while at the same tile.	consisting of needed ervices as identified in the Plan (IPP) in the areas of ration. The finding is: s in the home on 11/23/20 lient #4 was observed to bang I, door and back of the couch, hands onto the table. rervations, staff were observed for or call the client's name. of client #4's individual dated 8/6/20 revealed client objective that states "Across all will reduce the frequency of navior episodes to 8 or less onsecutive months." of client #4's BIP dated dentified target behaviors and to the floor, aggression, ior and property destruction. Vior is defined as hitting is head, hitting his body against finger in his nose, etc. Further BIP revealed quences for self-injurious	W2	249			

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

AND PLAN OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G339	B. WING	·	and the second s	11/	24/2020
	OVIDER OR SUPPLIER BEAUFORT HEIGH	TS GROUP HOME		1	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CIRCLE STREET WASHINGTON, NC 27889		
(X4) JD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BĘ	(X5) COMPLETION DATE
- I pr In in [c In in to th	revent the behavion terview on 11/24/2 iterventions are netilent #4] does." Interview on 11/24/2 itellectual disabilities evealed that it may itervene as the belot staff reaching clies estaff should be f	cedures as often as needed to ir. 20 with Staff D revealed no heded as "That's just what to with the qualified es professional (QIDP) be difficult to physically havior may have stopped prior ent #4. The QIDP confirmed following the interventions as s BIP and not simply call his	W	249			

Company name: LIFE, INC.

Phone: (919)778-1900

Fax: (919)778-1911

Address: 2609 Royall Avenue Goldsboro, NC 27534

To: Sustin Foster	_ From: Life Inc Ashland Twin
Fax#: 919 715 8078 Date: 182021	# of pages: 20
• •	
Message: Beaufort Heights	Plan of corrections

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