STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G288	A. BUILDING _____ B. WING _____	07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC GREEN TEE LANE	**1320 GREEN TEE LANE ROCKY MOUNT, NC 27804**

(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 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2's Individual Program Plan (IPP) included specific information to support her independence with the use of her arm splint. This affected 1 of 4 audit clients. The finding is: During evening observations in the home on 7/19/21, on three separate occasions, various staff placed a soft splint around client #2's right wrist/hand. Each time the splint was applied, client #2 removed it and threw the splint to the floor. Interview on 7/19/21 with Staff D revealed client #2 does not like to wear the splint and will often remove it very quickly when applied. Additional interview indicated the splint was provided by the Occupational Therapist and used to help extend the client's wrist/hand. Additional interview revealed the device should be applied daily for one hour and taken off for two hours. The staff also indicated use of the splint was documented. Review on 7/20/21 of client #2's IPP dated 6/24/21 revealed, "I was admitted with a right cock-up splint. I continue to wear the splint five days a week for 6 hours a day...I wear a splint on my arm at scheduled times during the day." Additional review of the client's documented splint usage data form (6/20/21 - 7/20/21) noted the	W 240		

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

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W 240	Continued From page 1 splint was not consistently utilized for well over half of the month and client #2 had frequently refused to wear the device. Further review of the IPP did not include specific information for staff to support client #2 with using her arm splint as indicated. Interview on 7/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 will often refuse to wear the arm splint; however, staff have not been provided any specific instructions to support the client with utilizing the arm splint.	W 240		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 was provided adequate opportunities for choice and freedom of movement in her environment. This affected 1 of 4 audit clients. The finding is: During evening observations in the home on 7/19/21 from 4:35pm - 5:20pm, client #2 sat at the dining room table sporadically watching music videos and listening to music on a tablet. During this time, the client's wheels on her wheelchair were locked. At 5:21pm, client #2 began using her foot to move herself from the table into the kitchen area. As the client forcefully moved the chair with her foot, the wheels on her wheelchair remained locked. During morning observations in the home on	W 247		

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W 247	Continued From page 2 7/20/21 at 7:00am and 7:48am, the wheels on client #2's wheelchair were locked as she sat at the dining room table. Each time the client began using her foot to forcefully move her wheelchair to another area the wheels remained locked. Interview on 7/20/21 with the Habitation Coordinator revealed client #2's wheelchair is locked "for safety reasons" because she "may try and scoot away". Review on 7/20/21 of client #2's Individual Program Plan dated 6/24/21 revealed she "demonstrates the ability to make simple choices." Additional review of the plan did not indicate the need to lock client #2's wheelchair for safety reasons in the home or to prevent her from moving freely throughout her home environment. Interview on 7/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #2 can independently move her wheelchair using her feet and there was not need to lock her wheelchair while in the home.	W 247		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff	W 340		

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W 340	Continued From page 3 were sufficiently trained to implement the facility's current COVID-19 visitor screening process. The finding is: Upon arrival to the home on 7/19/21 at 9:15 am and 7/20/21 at 6:30 am, staff invited surveyors into the home. The surveyors' temperatures were not taken and no forms were presented for completion. Interview on 7/20/21 with Staff B revealed the COVID-19 visitor screening consists of temperature checks and completion of questions regarding COVID-19. Interview on 7/20/21 with Habilitation Coordinator (HC) revealed staff are required to screen visitors by doing temperature checks and having visitor complete a COVID-19 questionnaire prior to allowing entry into the home. Review on 7/20/21 of the facility's COVID-19 Procedures (no date) revealed, "Prior to the beginning of any visit, visitors must be screened outside the enrty way of the home. Screening will include temperature check as well as the completion of a COVID-19 questionnaire." Interview on 7/20/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed COVID-19 protocol is still in place and the screening should have been done before entry into the home was permitted.	W 340		