PRINTED: 09/15/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		34G338	B. WING			09/	14/2021
NAME OF PROVIDER OR SUPPLIER  LIFE, INC MINUTE MAN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  388 MINUTE MAN LANE  WASHINGTON, NC 27889				
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	CFR(s): 483.440(d)(1) As soon as the interdiformulated a client's ir each client must receit treatment program cointerventions and servand frequency to suppobjectives identified in plan.  This STANDARD is not be a servation of the plan.  This STA	sciplinary team has individual program plan, live a continuous active insisting of needed vices in sufficient number bort the achievement of the inthe individual program  of met as evidenced by: line, record review and failed to ensure 2 of 4 audit led a continuous active lines as identified in the line (IPP) in the area of lite and implementing toileting ligs are: livetions in the facility on literature and asked light and serve and light and serve and serve light and serve and serve and serve light and serve and serve and serve and serve light an	W	249	W 249 Facility managers will ensure each of receives a continuous active treatme program including but not limited to needed interventions and services it sufficient numbers and frequency as pertains behavior management and implementing toileting programs to sthe achievement of the objectives as identified in the IPP. All BIP's will be reviewed as well as the IPP relative toileting programs. Any changes democessary by the team will be made addendums will be added to the My Plan. All staff will be in-serviced on a behavioral programs to include any updates made, for all clients as it pet to interventions in regards to toileting programs and needed interventions for a clients. On-going monitoring will be consistent while in the home but no than bi-weekly to ensure compliance area. Documentation on monitoring occur on LIFE Inc's facility inspection employee observation logs, toileting schedules as applicable and behavior documentation.	ent  n s it support s e to emed and Life all rtains g or III less e in this will n form,	11-13-2021
APARATORY		IPPLIER REPRESENTATIVE'S SIGNATURE			r 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER  MINUTE MAN GROUP H	OME		38	TREET ADDRESS, CITY, STATE, ZIP CODE 88 MINUTE MAN LANE VASHINGTON, NC 27889	•	
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	5:40pm, client #5 cont couch with wet pants. get up and go to the b clothing, she refused. client #5 to the bathrod supper. At 5:45, client room and was cued to for supper. However, s clothing and was still v she had the earlier toil.  After supper observation 9/14/21 at 6:15pm, client get up and take her platthe kitchen. Staff B got #5's chair under the tall surveyor left the facility taken to the bathroom ther clothing. This resul minutes of observation clothing in which she haccident.  Review on 9/13/21 of c program plan (IPP) data uses the bathroom with requires prompts for madditional review of the improve self help skills. program to take off her	ervations on 9/14/21 at inued to sit on a living room. The RM asked client #5 to athroom to change her. At 5:41pm, the RM took om to wash her hands for #5 came into the dining sit at the dining room table she had not changed her wearing the pants in which eting accident.  Ons were concluded on ent #5 was verbally cued to ates, cups and placemat to the placemat to	W	249			

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		34G338	B. WING_			09/14/2021	
	MINUTE MAN GROUP H			STREET ADDRESS, CITY, STATE, Z 388 MINUTE MAN LANE WASHINGTON, NC 27889	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TO THE APPROPRIATE	(X5) COMPLETION DATE	
	evaluation revealed shall toileting, dressing and does a thorough job of toileting and adjusting.  Review on 9/14/21 of a program (BSP) dated a target behaviors of deficient disruptive mealtime between the intervention for deverbal requests, give hand come back to her still not complied, staff amount of physical assompliance.  Interview on 9/14/21 with disabilities professional is a target behavior for confirmed that client #8 change her undergarm comply with verbal requiremental physical ensure she complies.  B. During morning obsequences amount of physical ensure she complies.  B. During morning obsequences amount of physical ensure she complies.  B. During morning obsequences amount of physical ensure she complies.  B. During morning obsequences and a cativities with drawing personal staff when client #2 jump chair, grabbed client #6 attempted to rip her ship a	gram to change her er review of the habilitation he need assistance with undressing to ensure she leaning her self after her clothing.  Client #5's behavior support 4/20/20 revealed she has fiance, vocal agitation, whavior and aggression. If she has should provide her her ample time to comply with the request. If she has should provide the least sistance to facilitate  I (QIDP) revealed defiance client #5. Further interview is has a formal program to ents and if she does not usests, staff should use the all assistance needed to	W 2	49			

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		34G338	B. WING				9/14/2021	
NAME OF PROVIDER OR SUPPLIER  LIFE, INC MINUTE MAN GROUP HOME			3	STREET ADDRESS, CITY, STATE, ZIP CODE 388 MINUTE MAN LANE WASHINGTON, NC 27889		0,1,1,2021		
PREFIX (EACH DE	EFICIENCY	NTEMENT OF DEFICIENCIES  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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
6:53am, the R bedroom and oredirect client at the surveyor. In physically redirect client at the surveyor. In physically redirect clients at the surveyor. In physically redirect clients at time, staff C was staff D was in the Clients at 2 and bedroom until cued to go to the medications.  Review on 9/14 program (BSP) target behavior rummaging/proproperty, inapperinappropriate to program for ina "Intervene and Continued review prompts/guidar in her lap for 3 she continues as the group and in a should be removed bedroom/activities defined as 5 millioning behaviors."  Interview on 9/14 disabilities professhould be removed.	r bedroot red observer bedroot red observer bedroot red observer bedroot rected of shut the resident the kitch #3 rem 7:30 am ne media dated 8 s of agit perty de ropriate bileting. ppropriate bileting provide rew reverse to pure seconds staff show the period of the period red of th	ervations in the facility at standing outside client #2's rd staff D attempt to grabbing and scratching dential manager (RM) lient #3 into client #2's bedroom door. During this nistering medications and ten cooking breakfast. ained in client #2's when client #2's when client #2 was verbally cation room to receive at #3's behavior support 8/16/21 revealed she has tation, aggression, estruction/misuse of touching and linterventions in this ate touching include verbal prompt to stop. aled, "Provide at her hands to her side or is without interruption. If all redirect her away from the in an activity. If {client these behaviors, she	W	249				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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W 249	inappropriate touching interview revealed tak bedroom and closing to client #3's BSP. Further is also the possibility of	until she is calm. Further ing client #3 to client #2's the door is not following er interview revealed there of further aggression by #3 in the same room when	W 2	249			
	This STANDARD is not Based on observation failed to ensure staff we use of sanitizing agent affected 1 of 4 audit cli During evening observ 9/14/21 at 5:06pm, clied room couch and her part between her legs. At 5:00 mentioned to staff D the wet. At 5:25pm, staff B client #5 to go to the bar pants. Client #5 refused Interview on 9/14/21 with revealed every 2 hours the opportunity to go to Further interview reveal accident, that staff should be staff should be supported by the control of the staff should be supported by the staff should be supported by the control of the staff should be supported by the staff should be sup	de a sanitary environment ransmission of infections.  In the met as evidenced by: In and interviews, the facility ere sufficiently trained on so in the facility. This ents (#5). The finding is: In ations in the facility on the facility on the surveyor at client #5's pants were walked over and asked atthroom to change her do to go with staff B.  Ith staff B at 5:30pm staff should offer client #5 the bathroom for toileting. Ith led if she has a toileting all diverbally redirect her to the her clothing as soon as	W 4	The facility will ensure that all employees re training to ensure a sanitary environment to sources and transmissions of infections. Far managers will ensure that sanitizing agents for soiled areas throughout the home in a time manner. Staff will be in-serviced to ensure a protocols are being followed throughout the includes, but not limited to ensuring that all surfaces are cleaned properly and effectively timely manner using approved sanitation prostaff will receive updated training regarding to compliance as well as proper hygiene to precross contamination. This plan of correction monitored by the QP/HC/Nurse on an ongoin through scheduled inspections a minimum of a month and documented in the FIDs apport inspections.	avoid cility be used nely ll sanitary day. This soiled y in a stocol. All BBP and vent will be ng basis f 3 times	11-13-2021	

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	5:40pm, client #5 cont couch with wet pants. client #5 to the bathror supper. At 5:45pm clie room and was cued to for supper, still wearing the earlier toileting acc room couch where clie been sanitized.  After supper observations and take her plaked in the supper observation of the supper observation observation of the supper observation of the supper observation of the supper observation observation observation of the supper observation observati	ervations on 9/14/21 at inued to sit on a living room At 5:41pm the RM took om to wash her hands for ent #5 came into the dining sit at the dining room table g the pants that she had sident. At 5:45pm, the living ent #5 was sitting had not ons were concluded on ent #5 was verbally cued to ates, cups and mat to the ent the surveyor left the trouch in the living room in chair had not been when the qualified intellectual I (QIDP) confirmed when accident, the area where	W	454			