

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

PRINTED: 06/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC ALBEMARLE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>243 COKE AVENUE EDENTON, NC 27932</b>		
(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 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure client #5 was taught to use and make informed choices about the use of his prescription eye glasses as identified as a need. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations at the day program on 6/21/22 from 11:15am-11:45am, client #5 did not wear his eyeglasses while setting up for lunch or eating his meal. An additional observation in the home from 3:30pm-6:00pm, client #5 did not wear his eyeglasses while assisting with meal preparation, table set up or eating his meal.</p> <p>During morning observations in the home on 6/22/22 from 6:30am-8:45am, client #5 did not wear his eyeglasses while brushing his teeth, assisting with meal preparation, domestic tasks or taking his medication. At 8:05am, the qualified intellectual disabilities professional (QIDP), greeted client #5 and signed to him "where are your glasses?", client #5 was observed to go to his room to gather them, with the habilitation coordinator (HC) following him to assist. When client #5 left his room, he was still not wearing eyeglasses.</p> <p>Review on 6/21/22 of client #5's annual vision exam on 6/8/21 stated that glaucoma was</p>	W 436			

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.

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

PRINTED: 06/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC ALBEMARLE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>243 COKE AVENUE EDENTON, NC 27932</b>		
(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 436	<p>Continued From page 1</p> <p>suspected. On 12/6/21 a prescription was written for client #5 to wear eyeglasses.</p> <p>Review on 6/21/22 of client #5's individual program plan (IPP) dated 2/24/22 revealed he wore eyeglasses and was independent with care.</p> <p>Interview on 6/22/22 with Staff B revealed that she saw client #5's eyeglasses locked up in the medication room this morning and went to the room to retrieve them for client #5. Staff B stated that she believed the glasses were secured to prevent them from being damaged.</p> <p>Interview on 6/22/22 with the HC revealed that client #5 mostly wore his eyeglasses but he would break them at times. Then the HC corrected her statement and revealed that client #5 did not break his eyeglasses as a behavior but sometimes the lenses would pop or padding would be missing from the nose piece that needed repair. When she went into his room this morning, to help him look for them, the eyeglasses was not in the case on his dresser.</p> <p>Interview on 6/22/22 with the QIDP revealed that client #5 would benefit from training on caring for his eyeglasses so they are available to be worn daily.</p>	W 436			