STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G034	A. BUILDING _____ B. WING _____	07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC. WALNUT STREET GROUP HOME	1011 EAST WALNUT STREET GOLDSBORO, NC 27530

(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 338	NURSING SERVICES CFR(s): 483.460(c)(3)(v) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4 received a recommended follow up pap smear as ordered. The finding is: Review on 7/25/22 of client #6's record revealed she had a pap smear on 12/16/18. Further review revealed a recommendation was made for a 2 year follow up. Additional review of client #4's record revealed no follow up was conducted. During an interview with the facility nurse on 7/26/22, she confirmed client #4 did not receive a follow up pap smear in 2 years as recommended and no appointment has been made for a follow up as of yet..	W 338	Facility will ensure that all medical appointments and follow ups comply as indicated by the physician's order. This process will be conducted monthly by the ICF QP Checklist as well as by monthly appointment reviews. Reviews will be conducted by the facility nurse, QP1, and QPII of the facility.	9-24-2022
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, documentation and interview, nursing services failed to ensure that staff were sufficiently trained in the taking the temperature of visitors in regards to COVID-19 protocol. This potentially effected all clients	W 340		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan Pugh — TITLE: Director B ICF — (X6) DATE: 8/9/22

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 340	Continued From page 1 attending the day program. The finding is: During morning observations at the day program on 7/25/22 at 9:30am, a staff person from the day program greeted the two surveyors when they walked in. Further observations revealed the two surveyors temperatures were not taken. Further observations revealed the staff person did not ask the two surveyors to fill out the COVID-19 questionnaire. Additional observations revealed the two surveyors where lead into an area where there were at least twelve clients and four staff. During afternoon observations at the day program on 7/25/22 at 11:57am, a staff person from the day program greeted the two surveyors when they walked in. Further observations revealed the two surveyors temperatures were not taken. Further observations revealed the staff person did not ask the two surveyors to fill out the COVID-19 questionnaire. Additional observations revealed the two surveyors where lead into an area where there were at least twelve clients and four staff. During an interview on 7/26/22, the facility's nurse stated the two surveyors temperatures should have been taken and a questionnaire asking questions about COVID-19 should have been filled out.	W 340	Facility will ensure that necessary Covid protocols are followed at all facilities including Day Program Services. All staff including administrative staff will be in-serviced on the proper Covid protocols as stated in the Covid Policy. This procedure will be monitored daily to ensure that Covid protocol is always followed. Temperature checks along with visitation logs will be kept at all facilities including Day Program.	9-24-2022