STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G285	A. BUILDING _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC NINE FOOT ROAD GROUP HOME	1229 NINE FOOT ROAD NEWPORT, NC 28570

(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 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained from client #4's guardian for his restrictive Behavior Support Plan (BSP). This affected 1 of 3 audit clients. The finding is: Review on 10/24/22 of client #4's BSP dated 3/24/21 revealed an objective to reduce the frequency of defined behavior episodes to 1 or less per month for 8 consecutive months. Additional review of the plan noted the use of Zyprexa Zydis to address his inappropriate behaviors. Further review of the record did not include a current written informed consent for client #4's BSP. Interview on 10/25/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no current written consent was available for review.	W 263		
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, interview and record review, the facility failed to ensure staff were	W 340		

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

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	34G285	A. BUILDING _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC NINE FOOT ROAD GROUP HOME	**1229 NINE FOOT ROAD NEWPORT, NC 28570**

(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 340	Continued From page 1 sufficiently trained to implement visitation protocols and procedures regarding COVID-19. The finding is: Upon arrival to the home on 10/24/22 at 3:35pm and 10/25/22 at 6:15am, the surveyor's temperature was not taken and no COVID-19 screening questions were asked. Review on 10/25/22 of the facility's COVID-19 visitor screening form revealed the visitor's temperature should be taken and five questions asked. Interview on 10/25/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all visitors to the home should be screened for COVID-19 including having their temperature taken and asked the five screening questions.	W 340		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's specially ordered diet was followed as written. This affected 1 of 3 audit clients. The finding is: During evening observations in the home on 10/24/22 at 5:50pm, client #1 was assisted to serve herself a single serving of hash browns, scrambled eggs and a biscuit. The items were a	W 460		

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	34G285	A. BUILDING _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC NINE FOOT ROAD GROUP HOME	**1229 NINE FOOT ROAD NEWPORT, NC 28570**

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W 460	Continued From page 2 ground consistency. Although turkey bacon was on the menu, client #1 was not served bacon. Interview on 10/25/22 with Staff E revealed each client's diet was posted on the refrigerator and this is what they follow. Review on 10/24/22 of a diet list posted on the refrigerator in the home, client #1's IPP dated 1/13/22 and the client's current physician's orders noted she consumes a ground consistency diet with "double portions of meat, eggs and non-starchy vegetables." Interview on 10/25/22 with the facility's nurse confirmed client #1 should receive double servings of meats, eggs and non-starchy vegetables when these items are on the menu.	W 460		