STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G338	A. BUILDING _____ B. WING _____	11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC MINUTE MAN GROUP HOME	**388 MINUTE MAN LANE WASHINGTON, NC 27889**

(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 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that within 30 days of admission, the interdisciplinary team must prepare for each client an individual program plan. This effected 1 of 3 audit clients (#5). The finding is: Record review on 11/1/22 of client #5's record revealed that she was admitted to the facility on 7/14/22. Further review revealed that the interdisciplinary team had not prepared an individual program plan (IPP) for client #5 since admission. However, the client had objectives in place for matching coins, brushing teeth, washing hands independently and sanitizing doorknob. Interview on 11/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the team held a meeting on 8/14/22 for client #5 but that an IPP was not written following the meeting. The QIDP confirmed that an IPP should have been written within 30 days of admission.	W 226		
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 and interview, nursing	W 340		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G338	A. BUILDING _____ B. WING _____	11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 340	Continued From page 1 services failed to ensure that staff were sufficiently trained in the taking of temperatures of visitors in regard to COVID-19 protocol. This potentially effected all clients in the home. The finding is: During morning observations at the day program on 11/1/22 at 9:30am, a staff person greeted the surveyor on arrival. Further observations revealed the surveyor was not screened or asked to fill out the COVID-19 questionnaire that was on the counter. The surveyor filled it out independently, but temperature was never taken. During afternoon observations in the home on 11/1/22 at 3:45pm, the surveyor entered the home and was greeted by a staff person. The surveyor's temperature was not taken nor was a COVID-19 questionnaire provided to the surveyor to fill out. Further observations in the home on 11/2/22 at 6:15am, the surveyor was greeted by a staff person and allowed into the home. The surveyor's temperature was not taken nor was the surveyor provided the COVID-19 questionnaire to fill out. During an interview on 11/2/22, the facility's nurse revealed the surveyor's temperature should have been taken and a questionnaire asking about recent exposure to and symptoms of COVID-19 should have been filled out.	W 340		