

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

PRINTED: 04/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
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NAME OF PROVIDER OR SUPPLIER LIFE, INC EDGEWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EDGEWOOD DR CHOCOWINITY, NC 27817
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(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
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W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 3 audit clients (#3 and #4). The findings are:</p> <p>A. During observations in the home throughout the survey on 4/24/23 - 4/25/23, knives were kept locked in the kitchen pantry and the pantry was kept locked with only staff having a key to unlock the pantry door.</p> <p>Review on 4/25/23 of client #3's Mental Health Plan (MHP) dated 10/24/22 revealed no guardian consent for client #3's restriction to the kitchen pantry or sharp objects.</p> <p>Interview on 4/25/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's MHP should include written informed consent for a rights restriction for knives and the kitchen pantry.</p> <p>B. During observations in the home throughout the survey on 4/24/23 - 4/25/23, knives were kept locked in the kitchen pantry and the pantry was kept locked with only staff having a key to unlock the pantry door.</p> <p>Review on 4/25/23 of client #4's MHP dated 6/21/22 revealed no guardian consent for client #4's restriction to the kitchen pantry or sharp</p>	W 263		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 263	Continued From page 1 objects. Interview on 4/25/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #4's MHP should include written consent for a rights restriction for knives and the kitchen pantry.	W 263			