

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

PRINTED: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462		
(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 323	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i)</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 6 audit clients (#3) obtained an annual physical examination. The finding is:</p> <p>Review on 4/24/23 of client #3's record revealed her last physical was on 5/17/21. Additional review revealed there was not an updated physical examination for client #3.</p> <p>During an interview on 4/25/23, management reported client #3's guardian/mother takes her to the doctor for her physical examination. Further interview revealed the guardian/mother revealed she did not have a copy of client #3's physical examination. The guardian/mother stated to management the doctors' office said they faxed a copy to the day program.</p>	W 323			
W 455	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 4 of 6 clients in the home. The finding is:</p> <p>During dinner observations in the home on 4/24/23 at 5:34pm, client #4 was observed eating</p>	W 455			

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: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462		
(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 455	<p>Continued From page 1</p> <p>out of a serving bowl that was next to her on the dining room table. Further observations revealed the serving bowl contained cut up pieces of watermelon. Additional observations revealed the serving bowl containing the watermelon was passed around the table to four other clients (one client refused the watermelon). At 5:57pm the last of the four clients consumed the watermelon.</p> <p>During an interview on 4/24/23, Staff A stated she observed client #4 eating the two pieces of watermelon out of the serving bowl. When the surveyor asked why she did not stop the bowl from being passed to the other clients Staff A stated, "It would have caused a conflict with her co-workers".</p> <p>During an interview on 4/24/23, the Home Manager (HM) revealed the watermelon should have been taken off the table before the other clients were able to consume it.</p> <p>During an interview on 4/24/23, the Qualified Intellectual Disabilities Professional (QIDP) stated the watermelon should have been discarded.</p>	W 455		