

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

PRINTED: 11/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G338</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/02/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIFE, INC MINUTE MAN GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>388 MINUTE MAN LANE<br/>WASHINGTON, NC 27889</b> |
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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 226 | <p><b>INDIVIDUAL PROGRAM PLAN</b><br/>CFR(s): 483.440(c)(4)</p> <p>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:</p> <p>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.</p> <p>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.</p> | W 226 | <p>W226: Facility will ensure that within 30 days of admission, the team will prepare an IPP for each client. Facility managers will ensure the proper documentation is filed. Monthly OP checklist will ensure protocol is followed and in compliance as well as bi-annual audit of charts by the QA/QI team</p> | 12/28/2022 |
| W 340 | <p><b>NURSING SERVICES</b><br/>CFR(s): 483.460(c)(5)(i)</p> <p>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</p>   | W 340 | <p>DHSR - Mental Health</p> <p>DEC 02 2022</p> <p>Lic. &amp; Cert. Section</p>  |            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director ICE* (X6) DATE: *11/28/22*

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  | <p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | W 340   | <p>W340: Facility will ensure that Nursing services include the implementation of other members proactive and preventive health measures, including but not limited to health and hygiene. Facility managers and LPN will ensure staff are sufficiently trained in acquiring temperatures of visitors regarding covid-19 protocol. Staff will be re-in serviced on the importance of following covid protocol, to include temperature checks, questionnaires, and hand washing/sanitizing hands. Facility mangers and LPN monitor bi-weekly to ensure compliance of covid-19 protocol. Documentation will occur on LIFE-Inc's inspection form.</p> | 12/27/22  |