STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G346	A. BUILDING _____ B. WING _____	06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC KING STREET GROUP HOME	117 KING STREET HALIFAX, NC 27839

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#3) Individual Program Plan (IPP) included objectives to address her toileting needs. The finding is: Observation on 6/5/23 at 5:40pm in the dining area revealed client #3 taking her empty plates to the kitchen after finishing her evening meal. Client #3 placed her items in the kitchen sink and urinated on herself and the floor. Staff accompanied client #3 to the bathroom to be cleaned. During breakfast observation on 6/6/23 at 7:40am, client #3 took her dishes to the sink to begin rinsing her dishes. Client #3 emerged from kitchen having urinated on herself and the floor. Staff accompanied client #3 to the bathroom to be cleaned. Review on 6/5/23 of client #3's IPP, dated 10/13/22, revealed staff must accompany client #3 in the bathroom to avoid "smearing". In addition, the IPP stated client #3 wears pull ups. Review of training goals revealed no objectives pertaining to toileting. Review on 6/6/23 of client #3's skill assessment, dated 10/11/22, revealed client #3 toilets independently and thoroughly without help for bladder control in the daytime. Interview on 6/6/23 with the Qualified Intellectual	W 227		

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

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W 227	Continued From page 1 Disabilities Professional (QIDP) revealed that client #3 came to the facility last year wearing pull ups due to traveling. However, the QIDP stated that they realized client #3 did not need pull ups as she was letting staff know when she had to go to the bathroom. The QIDP stated this was discovered after staff began to communicate with her more in her native language, Portuguese. When asked if client #3 often had accidents, the QIDP stated that the accidents during the past two days were unusual for client #3. The QIDP stated the accidents occurred because client #3 had failed to go to the bathroom prior to meals as she was excited about eating her food. The QIDP stated training or toileting schedule should be implemented for client #3.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment and communication. The	W 249		

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W 249	Continued From page 2 finding is: During observation in the home throughout 6/5/23 and 6/6/23, client #3 repeatedly attempted to communicate with staff using her native language, Portuguese. Staff was observed to use pointing, gestures, and limited, Portuguese, vocabulary words when prompting client #3 to bathe, eat, and complete chores, as well as during behavior redirection. At no time did staff utilize a translation device for expressive or receptive communication. Review on 6/5/23 of client #3's IPP, dated 10/13/22, revealed it is important that staff use a translator device while communicating with client #3 to aid in understanding of English/Portuguese. Further review revealed an objective for client #3 to use Translator Talk to communicate. Interview on 6/5/23 with Staff B revealed staff use the translator device, but client #3 does not. Staff B stated that client #3 can become frustrated when attempting to communicate. Interview on 6/6/23 with the qualified intellectual disability professional (QIDP) revealed staff should be using the device when communicating with client #3 instead of using limited verbal vocabulary only. The QIDP stated staff should be using the device to translate from Portuguese to English to enable expressive language for client #3 as well.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed	W 436		

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W 436	Continued From page 3	W 436		

choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:
Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#3) was taught to use and make informed choices regarding the use of her eyeglasses. The finding is:

During observations throughout the survey on 6/5/23-6/6/23, client #3 did not wear eyeglasses. During dinner observation on 6/5/23, Staff A brought client #3's glasses to the table and prompted client #3 to put glasses on. Client #3 refused to wear glasses. Client #3 was not prompted to wear glasses at any other time.

Review on 6/5//23 of client #3's eye exam, dated 10/12/22, revealed a prescription for full-time glasses.

Review on 6/5/23 of client #3's individual program plan (IPP), dated 10/13/22, revealed a nursing service for glasses. The IPP further listed glasses as required adaptive equipment. No training objectives pertaining to eyeglass use was located.

Interview on 6/5/23 with Staff A revealed that client #3 refused to wear glasses.

Interview on 6/5/23 with the qualified intellectual disabilities professional (QIDP) revealed client #3 should be wearing glasses full-time. The QIDP stated that she has informed the staff to prompt client #3 in wearing her glasses and the expectation is for client #3 to be encouraged to

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W 436	Continued From page 4 wear glasses.	W 436		