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

PRINTED: 08/09/2023 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME (A4) ID SUMMARY STATEMENT OF DEFICIENCIES (CICH. STATE, ZIP CODE 1011 EAST WALNUT STREET GOLDSBORO, NC 27530 (A4) ID SECONDSBORO, NC 27530 (A5) ID SECONDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 audit clients (#4) had the right to a legally sanctioned decision maker. The finding is: Review on 7/25/23 of client #4's admission history dated 10/17/22, revealed she moved to the facility from an alternative family ining home with a caregiver and was unable to live with her grandmother. Client #4 had a diagnosis of moderate intellectual developmental disabilities and Schizophrenia. Review on 7/25/23 of the individual program plan (IPP) dated 11/15/22 revealed client #4 was assessed to need help understanding, in limited terms, her rights. Client #4 heeded help sometimes with making decisions on her behalf, regarding health, financial and medical issues. Client #4 se behaviors were monitored closely with a formal behavior support plan and use of psychotropic medications. In addition, client #4 | , , | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|------------------------------|--|---|--|----|---|-------------------------------|------------|
| INAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEATHFING INFORMATION) W 125 PROTECTION OF CLIENTS RIGHTS (CR): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 audit clients (#41) had the right to a legally sanctioned decision maker. The finding is: Review on 7/25/23 of client #4's admission history dated 10/17/22, revealed she moved to the facility from an alternative family living home with a caregiver and was unable to live with her grandmother. Client #4 had a diagnosis of moderate intellectual developmental disabilities and Schizophrenia. Review on 7/25/23 of the individual program plan (IPP) dated 11/15/22 revealed client #4 was assessed to need help understanding, in limited terms, her rights. Client #4 needed help sometimes with making decisions on her behalf, regarding health, financial and medical issues. Client #4's behaviors were monitored closely with a formal behavior support plan and use of | | 34G034 | | B. WING | | | 07/26/2023 | |
| PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 audit clients (#4) had the right to a legally sanctioned decision maker. The finding is: Review on 7/25/23 of client #4's admission history dated 10/17/22, revealed she moved to the facility from an alternative family living home with a caregiver and was unable to live with her grandmother. Client #4 had a diagnosis of moderate intellectual developmental disabilities and Schizophrenia. Review on 7/25/23 of the individual program plan (IPP) dated 11/15/22 revealed client #4 was assessed to need help understanding, in limited terms, her rights. Client #4 needed help sometimes with making decisions on her behalf, regarding health, financial and medical issues. Client #4's behaviors were monitored closely with a formal behavior support plan and use of | NAME OF PROVIDER OR SUPPLIER | | | | 10 | 011 EAST WALNUT STREET | , | |
| CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 audit clients (#4) had the right to a legally sanctioned decision maker. The finding is: Review on 7/25/23 of client #4's admission history dated 10/17/22, revealed she moved to the facility from an alternative family living home with a caregiver and was unable to live with her grandmother. Client #4 had a diagnosis of moderate intellectual developmental disabilities and Schizophrenia. Review on 7/25/23 of the individual program plan (IPP) dated 11/15/22 revealed client #4 was assessed to need help understanding, in limited terms, her rights. Client #4 needed help sometimes with making decisions on her behalf, regarding health, financial and medical issues. Client #4's behaviors were monitored closely with a formal behavior support plan and use of | PRÉFIX | (EACH DEFICIENC) | / MUST BE PRECEDED BY FULL | PREFI | × | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP |) BE | COMPLETION |
| had behavioral issues that increased during her menstrual cycle, where she also expressed concerns of heavy bleeding and pain. The IPP revealed client #4 needed 24 hours supervision due to her functioning level and lack of safety skills. Review on 7/26/23 of a dental visit on 12/22/22 ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE | | CFR(s): 483.420(a) The facility must en Therefore, the facility individual clients to of the facility, and a including the right to due process. This STANDARD is Based on record refacility failed to enshad the right to a lemaker. The finding Review on 7/25/23 dated 10/17/22, review on an alternative caregiver and was grandmother. Clien moderate intellecturand Schizophrenia. Review on 7/25/23 (IPP) dated 11/15/2 assessed to need herms, her rights. Cometimes with ma regarding health, find Client #4's behavior a formal behavior is psychotropic medical had behavioral issumenstrual cycle, which concerns of heavy revealed client #4 rights. Review on 7/26/23. | issure the rights of all clients. Ity must allow and encourage exercise their rights as clients is citizens of the United States, of file complaints, and the right is not met as evidenced by: eview and interviews, the ture 1 of 5 audit clients (#4) is gally sanctioned decision is: of client #4's admission history realed she moved to the facility family living home with a unable to live with her to the facility family living home with a unable to live with her to the facility family living home with a unable to live with her to the facility family living home with a unable to live with her to the facility family living home with a unable to live with her to the facility family living home with a unable to live with her to the individual program plants. In addition, in limited lient #4 needed help liking decisions on her behalf, nancial and medical issues. In addition, client #4 was needed and medical issues. In addition, client #4 was needed to see that increased during her nere she also expressed bleeding and pain. The IPP needed 24 hours supervision ng level and lack of safety | | 25 | | | (VG) DATE |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---------------------|----------------------|---|-------|-------------------------------|--|
| | | 34G034 | B. WING | | <u> </u> | 07/2 | 26/2023 | |
| NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME | | | | 101 | REET ADDRESS, CITY, STATE, ZIP CODE 1 EAST WALNUT STREET 1 LDSBORO, NC 27530 | , , , | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | × | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE | (X5) COMPLETION DATE | |
| W 125 | revealed client #4 n but needed an oral sedation. As of 7/26 been made to get the line of | seeded to have teeth extracted surgeon to administer IV 6/23, no appointment had ne teeth extracted. 3 with client #4 revealed client wisdom tooth that needed to obt know the reason for the ction. Client #4 was observed led intellectual disabilities of for answers to more complex disimply respond Yes. 3 with the QIDP revealed her 4 can make her basic needs some guidance for medical some guidance for medical some for make arrangements diagnostic and treatment lient from qualified personnel, lentists and dental hygienists nized dental services in-housement. 5 not met as evidenced by: eview and staff interviews, the large follow-up dental treatment formed for 1 of 3 audit clients | W 1 | | | | | |

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

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | TIPLE CONSTRUCTION ING | | E SURVEY MPLETED |
|---|---|--|--------------------|---|--------|----------------------------|
| | | 34G034 | B. WING | | 07 | /26/2023 |
| NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1011 EAST WALNUT STREET GOLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | ULD BE | (X5) COMPLETION DATE |
| W 348 | #4 would need IV s and should be refer | ge 2 lad one tooth extracted. Client edation to extrat other teeth red to an oral surgeon. On las seen by dentist for routine | W 3 | 348 | | |
| W 460 | revealed client #4 v not been referred to FOOD AND NUTRI CFR(s): 483.480(a) Each client must re | ceive a nourishing, | W 4 | 960 | | |
| | This STANDARD is Based on observatinterviews, the facil | ncluding modified and didets. s not met as evidenced by: tions, record review and ity failed to provide the of 5 audit clients (#1). The | | | | |
| | 7/26/23 at 5:45PM, tortilla that was cut pieces, along with t | rvations in the home on revealed client #1 eating a up by Staff B in random size aco ingredients which included ient #1 ate the meal without | | | | |
| | program plan (IPP) | of client #1's individual dated 11/16/22 revealed all tinto 1/2" inch pieces with no ossed salad. | | | | |
| | (HM) revealed staff | 3 with the home manager should assist client #1 to cut M stated that client #1 should | | | | |

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

| OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | IPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED |
|--|--|--|--|--|
| | 34G034 | B. WING _ | | 07/26/2023 |
| NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP COD 1011 EAST WALNUT STREET GOLDSBORO, NC 27530 | |
| (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE COMPLÉTION |
| Continued From pa | age 3 | W 46 | 60 | |
| vegetable. DINING AREAS AN | ND SERVICE | W 48 | 38 | |
| manner consistent level. This STANDARD i Based on observa interviews, the facil in a manner that was | with his or her developmental s not met as evidenced by: tions, record review and ity failed to ensure clients ate as not stigmatizing. This | | | |
| 5:45PM, revealed Sprotector worn arounderneath her planot sit as close as shad considerable sprotector. An addition 7/26/23 at 7:58 Aclothing protector undividual program | Staff B use the clothing und client #2's neck, te. Client #2 fed herself, did she could up to the table and pillage on the clothing onal observation at breakfast AM, revealed Staff E use the underneath client #2's plate. 7/26/23 revealed client #2's plan (IPP) dated 10/4/22 listed | | | |
| B. Dinner observati 5:45PM, revealed S protector worn arou underneath her pla Record review on 7 dated 7/9/22 listed | ions in the home on 7/25/23 at Staff B use the clothing und client #3's neck, te. 7/26/23 revealed client #3's IPP a clothing protector as | | | |
| | PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa have not received I vegetable. DINING AREAS AN CFR(s): 483.480(d The facility must as manner consistent level. This STANDARD i Based on observat interviews, the facil in a manner that wa effected 2 of 5 audi findings are: A. Dinner observati 5:45PM, revealed S protector worn arou underneath her pla not sit as close as s had considerable s protector. An additi on 7/26/23 at 7:58A clothing protector u Record review on 7 individual program a clothing protector B. Dinner observati 5:45PM, revealed S protector worn arou underneath her pla Record review on 7 dated 7/9/22 listed | PROVIDER OR SUPPLIER C. WALNUT STREET GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 have not received lettuce because it is a raw vegetable. DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients ate in a manner that was not stigmatizing. This effected 2 of 5 audit clients (#2 and #3). The findings are: A. Dinner observations in the home on 7/25/23 at 5:45PM, revealed Staff B use the clothing protector worn around client #2's neck, underneath her plate. Client #2 fed herself, did not sit as close as she could up to the table and had considerable spillage on the clothing protector. An additional observation at breakfast on 7/26/23 at 7:58AM, revealed Staff E use the clothing protector underneath client #2's plate. Record review on 7/26/23 revealed client #2's individual program plan (IPP) dated 10/4/22 listed a clothing protector as adaptive equipment. B. Dinner observations in the home on 7/25/23 at 5:45PM, revealed Staff B use the clothing protector worn around client #3's neck, underneath her plate. | A BUILDIN BERTIFICATION NUMBER: 34G034 B. WING_ PROVIDER OR SUPPLIER C. WALNUT STREET GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 have not received lettuce because it is a raw vegetable. DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients ate in a manner that was not stigmatizing. This effected 2 of 5 audit clients (#2 and #3). The findings are: A. Dinner observations in the home on 7/25/23 at 5:45PM, revealed Staff B use the clothing protector worn around client #2's neck, underneath her plate. Client #2 fed herself, did not sit as close as she could up to the table and had considerable spillage on the clothing protector. An additional observation at breakfast on 7/26/23 at 7:58AM, revealed Staff E use the clothing protector underneath client #2's plate. Record review on 7/26/23 revealed client #2's individual program plan (IPP) dated 10/4/22 listed a clothing protector as adaptive equipment. B. Dinner observations in the home on 7/25/23 at 5:45PM, revealed Staff B use the clothing protector worn around client #3's neck, underneath her plate. Record review on 7/26/23 revealed client #3's IPP dated 7/9/22 listed a clothing protector as | A BUILDING 346934 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE C. WALNUT STREET GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 have not received lettuce because it is a raw vegetable. DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients ate in a manner that was not stigmatizing. This effected 2 of 5 audit clients (#2 and #3). The findings are: A. Dinner observations in the home on 7/25/23 at 5:45PM, revealed Staff B use the clothing protector worn around client #2's neck, underneath her plate. Client #2 fed herself, did not sit as close as she could up to the table and had considerable spillage on the clothing protector underneath client #2's plate. Record review on 7/26/23 revealed client #2's individual program plan (IPP) dated 10/4/22 listed a clothing protector worn around client #3's neck, underneath her plate. Record review on 7/26/23 revealed client #3's IPP dated 7/9/22 listed a clothing protector worn around client #3's neck, underneath her plate. Record review on 7/26/23 revealed client #3's IPP dated 7/9/22 listed a clothing protector as adaptive equipment. |

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

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | FIPLE CONSTRUCTION NG | (X3) DAT COM | E SURVEY MPLETED |
|---|--|--|---------------------|--|-----------------|----------------------------|
| | | 34G034 | B. WING | | 07/ | /26/2023 |
| NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME | | | | STREET ADDRESS, CITY, STATE, ZIP O 1011 EAST WALNUT STREET GOLDSBORO, NC 27530 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETION DATE |
| W 488 | Interview on 7/26/2 (HM) revealed they clothing protector u HM acknowledged | age 4 3 with the Home Manager were unaware to not use a inderneath client plates. The the clothing protectors were use of spillage at meals. | W 4 | 88 | | |