STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G034	A. BUILDING _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC. WALNUT STREET GROUP HOME	1011 EAST WALNUT STREET GOLDSBORO, NC 27530

(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 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 psychotropic medications. In addition, client #4 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	W 125		

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

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W 125	Continued From page 1 revealed client #4 needed to have teeth extracted but needed an oral surgeon to administer IV sedation. As of 7/26/23, no appointment had been made to get the teeth extracted. Interview on 7/26/23 with client #4 revealed client #4 knew she had a wisdom tooth that needed to be pulled, but did not know the reason for the delay in teeth extraction. Client #4 was observed to look at the qualified intellectual disabilities professional (QIDP) for answers to more complex questions and would simply respond Yes. Interview on 7/26/23 with the QIDP revealed her opinion that client #4 can make her basic needs known but needed some guidance for medical issues.	W 125		
W 348	DENTAL SERVICES CFR(s): 483.460(e)(1) The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure follow-up dental treatment services were performed for 1 of 3 audit clients (#4). The finding is: Record review on 7/26/23 of client #4's dental note dated 12/1/22 revealed she was seen by a dentist and had a scheduled tooth pull for the following week. An additional note on 12/22/22	W 348		

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W 348	Continued From page 2 revealed client #4 had one tooth extracted. Client #4 would need IV sedation to extrat other teeth and should be referred to an oral surgeon. On 6/21/23, client #4 was seen by dentist for routine cleaning. Interview on 7/26/23 with the Home Manager revealed client #4 was her own guardian and had not been referred to an oral surgeon yet.	W 348		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide the prescribed diet to 1 of 5 audit clients (#1). The finding is: During dinner observations in the home on 7/26/23 at 5:45PM, revealed client #1 eating a tortilla that was cut up by Staff B in random size pieces, along with taco ingredients which included chopped lettuce. Client #1 ate the meal without incident. Review on 7/26/23 of client #1's individual program plan (IPP) dated 11/16/22 revealed all foods should be cut into 1/2" inch pieces with no raw vegetables or tossed salad. Interview on 7/26/23 with the home manager (HM) revealed staff should assist client #1 to cut up her food. The HM stated that client #1 should	W 460		

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W 460	Continued From page 3 have not received lettuce because it is a raw vegetable.	W 460		
W 488	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 adaptive equipment.	W 488		

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W 488	Continued From page 4 Interview on 7/26/23 with the Home Manager (HM) revealed they were unaware to not use a clothing protector underneath client plates. The HM acknowledged the clothing protectors were placed there because of spillage at meals.	W 488		