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

PRINTED: 10/16/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
					R		
34G034			B. WING			10/10/2023	
NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME				10	TREET ADDRESS, CITY, STATE, ZIP CODE 011 EAST WALNUT STREET 00LDSBORO, NC 27530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W C	000			
{W 125}	10/10/23 for all prev 7/26/23. The follow corrected, W460 ar deficiencies remain and W348.		{W 1:	25}			
	Therefore, the facili individual clients to of the facility, and a including the right to due process. This STANDARD is Based on record refacility failed to ens	isure 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 ure 1 of 5 audit clients (#4) gally sanctioned decision is:					
	dated 10/17/22, rev from an alternative caregiver and was grandmother. Clien	of client #4's admission history realed she moved to the facility family living home with a unable to live with her t #4 had a diagnosis of al developmental disabilities					
	(IPP) dated 11/15/2 assessed to need h terms, her rights. C sometimes with ma regarding health, fir Client #4's behavior	of the individual program plan 2 revealed client #4 was help understanding, in limited lient #4 needed help liking decisions on her behalf, nancial and medical issues. The series were monitored closely with upport plan and use of					
LABORATOR'	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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

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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		34G034	B. WING			R 10/10/2023		
NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME				10	TREET ADDRESS, CITY, STATE, ZIP CODE 011 EAST WALNUT STREET 0LDSBORO, NC 27530	1 10/	10/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	IVE ACTION SHOULD BE COMPLE DAT		
{W 125}	psychotropic medic had behavioral issumenstrual cycle, wh concerns of heavy revealed client #4 r due to her functioni skills. Review on 7/26/23 revealed client #4 r but needed an oral	age 1 sations. In addition, client #4 les that increased during her here she also expressed bleeding and pain. The IPP heeded 24 hours supervision ng level and lack of safety of a dental visit on 12/22/22 heeded to have teeth extracted surgeon to administer IV 6/23, no appointment had	{W 1:	225}				
	Interview on 7/26/2 #4 knew she had a be pulled, but did n delay in teeth extra to look at the qualif professional (QIDP questions and woul Interview on 7/26/2 opinion that client #	• • •						
	exam on 7/26/23 reinsight were impaired developmental disanoted the complexi increased due to didevelopmental disato report symptoms experiencing which multiple chronic columns diagnosed with	ability. The nurse practioner ty of client #4's care had agnosis of intellectual ability which affected her ability						

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		A. BOILDING			R			
34G034			B. WING			10/10/2023		
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE			
LIFE INC	C. WALNUT STREET (GROUP HOME		10	11 EAST WALNUT STREET			
Lii L, iiv	. WALKOT OTKLET	SKOOT HOME		G	OLDSBORO, NC 27530			
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{W 125}	Continued From page 2		{W 12	25}				
	prescribed Cogentin, Clonazepam, Risperdal, Metformin, Amantadine, Haldol and Sertraline for her conditions.		•					
	Record review on 10/10/23 of client #4's Rights Assessment dated 10/3/23 by the QIDP and Home Manager revealed "[Client #4] does not understand all issues regarding her medical status and is not able to make informed decisions about whether to accept or refuse treatment. She can relay pain and discomfort Due to the complexity of these issues, [client #4's] level of functioning impedes her from thoroughly assessing all the pros' and con's associated with the use of drugs and restraints and would not be able to make a rational decision regarding such. [Client #4's] guardian should intervene on her behalf regarding the need for use of drugs and restraints in order to make an informed decision on her behalf."							
{W 348}	there is no family to for client #4 and the to have one assigne she had not contact		{W 34	48}				
	for comprehensive services for each cl including licensed of	ovide or make arrangements diagnostic and treatment lient from qualified personnel, dentists and dental hygienists nized dental services in-house ment.						

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34G034		B. WING			R			
NAME OF PROVIDER OR SUPPLIER			B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	10/	10/2023	
LIFE, INC. WALNUT STREET GROUP HOME			1011 EAST WALNUT STREET GOLDSBORO, NC 27530					
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{W 348}	This STANDARD is Based on record refacility failed to ensist services were performed. The finding is: Record review on 7 note dated 12/1/22 dentist and had a sign following week. An revealed client #4 his would need IV sign and should be refer 6/21/23, client #4 with cleaning. Interview on 7/26/22 revealed client #4 with not been referred to linterview on 10/10/2 and Qualified Intellet (QIDP) revealed a man appointment was client #4 to be examined. The light reverse with the dentist and day program could never examined. The	s not met as evidenced by: eview and staff interviews, the ure follow-up dental treatment ormed for 1 of 3 audit clients	{W 34	18}				