

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

PRINTED: 04/03/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G182</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/02/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC EDGEWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 EDGEWOOD DR CHOCOWINITY, NC 27817</b>		
(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 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed 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 reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of eyeglasses. The findings are:</p> <p>A. During afternoon observations in the home on 4/1/24 from 4:15pm through 6pm, client #1 was not observed wearing her eyeglasses. At no time was client #1 prompted by staff to wear her eyeglasses.</p> <p>During morning observations in the home on 4/2/24 from 6:22am through 8:55am, client #1 was not observed wearing her eyeglasses. At no time was client #1 prompted by staff to wear her eyeglasses.</p> <p>Review on 4/1/24 of client #1's IPP dated 11/21/23 revealed she wears eyeglasses during awake hours.</p> <p>B. During afternoon observations in the home on 4/1/24 from 4:15pm through 6pm, client #2 was not observed wearing her eyeglasses. At no time was client #2 prompted by staff to wear her eyeglasses.</p>	W 436			

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

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 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 436	Continued From page 1 During morning observations in the home on 4/2/24 from 6:22am through 8:55am, client #2 was not observed wearing her eyeglasses. At no time was client #2 prompted by staff to wear her eyeglasses.  Review on 4/1/24 of client #2's IPP dated 7/6/23 revealed she wears eyeglasses during awake hours.  During an interview on 4/2/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed both clients #1 and #2 are to wear their eyeglasses during their awake hours. The QIDP also stated staff are to prompt clients #1 and #2 to wear their eyeglasses.	W 436			
W 460	<b>FOOD AND NUTRITION SERVICES</b> 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 reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 3 audit clients (#5). The finding is:  During dinner observations in the home on 4/1/24 client #5 was observed eating a sloppy joe sandwich, corn and carrots. At no time did client #5 prompted to eat a salad.  Review on 4/1/24 of client #5's Individual	W 460			

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W 460	Continued From page 2 Program Plan (IPP) dated 9/1/23 revealed client #5 is suppose to eat a salad during dinner.  During an interview on 4/2/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 should eat a salad with her dinner.	W 460			