

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2023
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NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 EAST WALNUT STREET GOLDSBORO, NC 27530
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>Review on 7/26/23 of a dental visit on 12/22/22</p>	W 125	<p>125: The facility will ensure the rights of all clients and allow/encourage each to exercise their rights as clients of the facility, and as citizens of the US including the right to file complaints and the right to due process. Each consumer will be assessed and determined level of assistance needed and changes will be pursued in accordance with findings of the assessments.</p> <p style="text-align: center;">DHSR - Mental Health AUG 24 2023 Lic. & Cert. Section</p>	9-24-2023
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Susan P. [Signature]* TITLE *Director [Signature]* (X6) DATE *8/14/23*

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 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	348: The facility will make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentist and dental hygienists either through organized dental services in house or through arrangements. Each client will be assessed and all recommendations will be followed up in a timely manner. Any needs or recommendations noted during these assessments will be addressed. Recommendations will be reviewed by Nursing staff during quarterly reviews, by QP during monthly QP reviews as well as bi-annually during audits completed by corp clinicians and documented in the FIDS audit form.	9-24-2023

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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.	W 348		
W 460	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. 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	Facility will ensure all receive a nourishing well balance diet to include all modification as ordered. A core team meeting will be held to discuss all clients in the facility in regards to OT assessments and review the recommendations to ensure all clients' needs are addressed. Any clarifications needed will be obtained and shared with team members. All staff will be in serviced on client training specifically all clients' needs and capabilities with regards to OT assessments as well as diet orders as prescribed. QPI, LPN., Habilitation Manager and Day Program Manager will monitor training at least 3 times monthly to ensure future compliance with this regulation. A record of this monitoring will be recorded on an observation form	9-24-2023

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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	W488 The facility will ensure that each client eats in a manner consistent with his or her developmental level. A core team will be held to discuss all clients' strengths and needs in the area of dining and services. An in-service will be held in the area of dining and services. This will be monitored by QP, HM, DPM and/or nurse on a weekly basis. A record of monitoring will be recorded on a Life Inc. Observation Form	9-24-2023	

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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		
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