

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

PRINTED: 04/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER LIFETIME RESOURCES, INC ECHO FARMS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 220 DORCHESTER PLACE WILMINGTON, NC 28412		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment. The findings are:</p> <p>Observation throughout 4/22/24 to 4/23/24 in the day program and home environment revealed client #4 did not wear eye glasses as she participated in table activities, outside recreational activities and the meals. At no time was she prompted to wear her glasses.</p> <p>Review on 4/22/24 of client #4's IPP, dated 2/13/24, revealed she has glasses due to congenial cataracts, and she should be encouraged to wear glasses throughout the day. Further review revealed she has a service goal to clean her eyeglasses.</p> <p>Review on 4/23/24 of client #4's nursing evaluation, dated 2/12/24, revealed she wears glasses for vision.</p>	W 249			

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 249	Continued From page 1 Review on 4/23/24 of client #4's optometrist evaluation, dated 5/2/23, noted cataracts but did not note glasses. However, the earlier optometrist evaluation, dated 2/9/22, revealed she has glasses in good condition. Interview with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 understands the use of her glasses and has a service goal to ensure she cleans them, but often chooses not to wear them. The QIDP was unsure of the reason client #4 does not wear her glasses, but she should be encouraged to wear them.	W 249			
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 ensure client #2 received her specially-modified diet as indicated. This affected 1 of 3 audit clients. The finding is: Observations on 4/22/24 from 12:00 to 12:30pm at the day program revealed client #2 was served and consumed one-half ham and cheese roll-up, whole potato chips, and Ritz crackers broken into 2" - 3" pieces. During dinner from 5:30pm to 5:45pm, she was served and consumed taco soup, and whole tortilla chips. During breakfast on 4/23/24 from 6:30 to 6:45am at the home, client #2 was served cereal and	W 460			

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W 460	<p>Continued From page 2</p> <p>milk, coffee, juice, and an egg mcmuffin cut into 2" pieces.</p> <p>Review on 4/22/24 of client #2's Individual Program Plan (IPP), dated 10/24/23, revealed a prescribed regular, chopped, sugar-free diet with extra portions due to prediabetes. She requires chopped due to dental extractions and inability to wear dentures.</p> <p>Review on 4/23/24 of client #2's nutrition evaluation, dated 10/15/23, revealed a prescribed regular, chopped, sugar-free diet with extra portions due to prediabetes. She requires chopped due to dental extractions and inability to wear dentures.</p> <p>Interview on 4/23/24 with Staff A revealed client #2 receives a chopped diet and does not have teeth.</p> <p>Interview on 4/23/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 should have food in chopped texture and not served in cut texture.</p>	W 460			