DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	TIPLE CONSTRUCTION		· /	E SURVEY PLETED
		34G091	B. WING	B. WING			16/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	LAVENHAM GROUI			3	700 LAVENHAM ROAD		
		TOME		Ν	IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §482	(2) 3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2),	E O	39			
	§485.920(d)(2), §49	35.625(d)(2), §485.727(d)(2), 91.12(d)(2), §494.62(d)(2). .54, CORFs at §485.68, REHs					
	at §485.542, OPO, §485.727, CMHCs	"Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]:					
		cility] must conduct exercises cy plan annually. The [facility] bllowing:					
	community-based e (A) When a comm accessible, conduct exercise every 2 ye (B) If the [facilit	unity-based exercise is not t a facility-based functional ars; or y] experiences an actual					
	activation of the em exempt from engag community-based of functional exercise actual event.	de emergency that requires hergency plan, the [facility] is hing in its next required for individual, facility-based following the onset of the					
	years, opposite the functional exercise this section is cond not limited to the fo	0					
	functional exercise; (B) A mock disaster	or individual, facility-based or					
	. , .	ER/SUPPLIER REPRESENTATIVE'S SIGN			TITLE		(X6) DATE

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

PRINTED: 07/17/2024

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.

TATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	OMB NC (X3) DA	TE SURVEY			
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:		NG		COMPLETED			
		34G091	B. WING _		07/16/2024				
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
LIFE, IN	C LAVENHAM GROU	PHOME		3700 LAVENHAM ROAD NEW BERN, NC 28560					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE			
E 039	a facilitator and incl a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [fac maintain document exercises, and emerge [facility's] emergend *[For Hospices at 4 (2) Testing for hosp patient's home. The exercises to test the annually. The hosp (i) Participate in a f community based et (A) When a commu- accessible, conduct functional exercise (B) If the hospice et man-made emerge the emergency plar engaging in its next community-based functionset of the emergen (ii) Conduct an ado opposite the year the exercise under para is conducted, that no to the following: (A) A second full-sec community-based of exercise; or (B) A mock disaster (C) A tabletop exert	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] bices that provide care in the e hospice must conduct e emergency plan at least bice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not t an individual facility based every 2 years; or xperiences a natural or ncy that requires activation of n, the hospital is exempt from a required full scale exercise or individual onal exercise following the ency event. Itional exercise every 2 years, he full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	Ε 03	39					

		AND HUMAN SERVICES				FORM	07/17/2024 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	2) MULTIPLE CONSTRUCTION BUILDING			E SURVEY PLETED
		34G091	B. WING			07/16/2024	
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, IN	LIFE, INC LAVENHAM GROUP HOME				700 LAVENHAM ROAD IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	a narrated, clinically scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The h exercises to test the year. The hospice (i) Participate in an is community-based (A) When a commu- accessible, conduct facility-based functi (B) If the hospice et man-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an ador may include, but is (A) A second full-si- community-based or exercise; or (B) A mock disaste (C) A tabletop exer facilitator that include narrated, clinically-r and a set of probler messages, or prepa- challenge an emerge (iii) Analyze the ho- maintain document exercises, and emerge	y-relevant emergency of problem statements, or prepared questions age an emergency plan. bices that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual ional exercise; or xperiences a natural or ency that requires activation of n, the hospice is exempt from t required full-scale community sed functional exercise of the emergency event. ditional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or rcise or workshop led by a des a group discussion using a relevant emergency scenario, m statements, directed ared questions designed to	EC	039			

Facility ID: 922110

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		AND HUMAN SERVICES				FORM	07/17/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G091	B. WING	i		07/ [,]	16/2024
NAME OF P	PROVIDER OR SUPPLIER	<u> </u>			STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	C LAVENHAM GROUI	РНОМЕ		-	3700 LAVENHAM ROAD NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a commu- accessible, conduct facility-based function (B) If the [PRTF, Ho actual natural or mar requires activation of [facility] is exempt for required full-scale of facility-based function onset of the emerge (ii) Conduct an and that may include following: (A) A second full-sc community-based of functional exercise; (B) A mock (C) A tabletop e- led by a facilitator at discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must a annual full-scale exercise that d; or unity-based exercise is not t an annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based f or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared I to challenge an emergency e [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E	039			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í	TIPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED		
		34G091	B. WING		07/46/0004		
	PROVIDER OR SUPPLIER	340031	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP	07/16/202		
	C LAVENHAM GROU	РНОМЕ		3700 LAVENHAM ROAD NEW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE COMPL E APPROPRIATE DA		
E 039	 (2) Testing. The PA exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a commu- accessible, conduct facility-based functiin (B) If the PACE expression man-made emerge the emergency plane engaging in its next based or individual, exercise following the event. (ii) Conduct an years opposite the exercise under para is conducted that may the following: (A) A second full-second full-second functional exercise; (B) A mock disaster (C) A tabletop exert a facilitator and inclusing a narrated, cl scenario, and a set directed messages designed to challent (iii) Analyze the PA maintain document exercises, and emer PACE's emergency 	CE organization must conduct e emergency plan at least E organization must do the annual full-scale exercise that d; or unity-based exercise is not t an annual individual, onal exercise; or periences an actual natural or ncy that requires activation of n, the PACE is exempt from t required full-scale community , facility-based functional he onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section hay include, but is not limited to cale exercise that is or individual, a facility based for er drill; or rcise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, , or prepared questions age an emergency plan. ACE's response to and ation of all drills, tabletop ergency events and revise the plan, as needed.	EO	39			

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TATEMEN	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DA). 0938-039 TE SURVEY MPLETED		
		34G091	B. WING		07/16/2024			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	/10/2024		
LIFE, IN	C LAVENHAM GROU	PHOME		3700 LAVENHAM ROAD NEW BERN, NC 28560				
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	ON SHOULD BE COMPLET HE APPROPRIATE DATE			
E 039	test the emergency including unannour emergency procedu ICF/IID] must do th (i) Participate in an is community-based (A) When a commu accessible, conduc facility-based functi (B) If the [LTC facility actual natural or marequires activation LTC facility is exem- required a full-scale individual, facility-ba following the onset (ii) Conduct an add may include, but is (A) A second full-scale individual, facility-ba following the onset (iii) Conduct an add may include, but is (A) A second full-scale functional exercise; (B) A mock disaste (C) A tabletop exer a facilitator includes narrated, clinically- and a set of problem messages, or prepa- challenge an emerg (iii) Analyze the [LT and maintain docur exercises, and emergent [LTC facility] facility *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must d	 plan at least twice per year, need staff drills using the ures. The [LTC facility, e following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual, fonal exercise. ity] facility experiences an an-made emergency that of the emergency plan, the opt from engaging its next e community-based or ased functional exercise that not limited to the following: cale exercise that is or an individual, facility based ; or er drill; or rcise or workshop that is led by s a group discussion, using a relevant emergency scenario, m statements, directed ared questions designed to gency plan. TC facility] facility's response to mentation of all drills, tabletop ergency events, and revise the 's emergency plan, as needed. e83.475(d)]: F/IID must conduct exercises for year. 	E 03					

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		AND HUMAN SERVICES				FORM	07/17/2024 APPROVED 0938-0391		
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G091	B. WING	;		07/ [,]	16/2024		
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
LIFE, INC	C LAVENHAM GROUP	P HOME	3700 LAVENHAM ROAD NEW BERN, NC 28560						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
E 039	is community-based (A) When a commu accessible, conduct facility-based function (B) If the ICF/IID ex- man-made emergen the emergency plane engaging in its next community-based of functional exercises emergency event. (ii) Conduct an addi may include, but is in (A) A second full-sc community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclu- using a narrated, cli- scenario, and a set directed messages, designed to challene (iii) Analyze the ICF maintain documenta exercises, and eme ICF/IID's emergence *[For HHAs at §484 (d)(2) Testing. The H to test the emergen least annually. The (i) Participate in a fu community-based; of (A) When a com-	d; or unity-based exercise is not t an annual individual, onal exercise; or. speriences an actual natural or ncy that requires activation of n, the ICF/IID is exempt from t required full-scale or individual, facility-based following the onset of the itional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based for r drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, , or prepared questions age an emergency plan. F/IID's response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. IID's response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed.	E	039					

		AND HUMAN SERVICES				FORM	07/17/2024 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G091	B. WING			07/	16/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	C LAVENHAM GROUP	PHOME			0700 LAVENHAM ROAD NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	 (B) If the HHA or man-made emery of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addi opposite the year the exercise under para is conducted, that limited to the followin (A) A second functional exercise; (B) A mock disa (C) A tabletop eled by a facilitator a discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the HHL documentation of a emergency plan, as *[For OPOs at §486 (d)(2) Testing. The following: (i) Conduct a paper workshop at least a led by a facilitator a discussion, using a emergency scenario following: 	experiences an actual natural rgency that requires activation lan, the HHA is exempt from required full-scale or individual, facility based following the onset of the itional exercise every 2 years, ne full-scale or functional agraph (d)(2)(i) of this section it may include, but is not ing: Ill-scale exercise that is or an individual, facility-based or aster drill; or exercise or workshop that is ind includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared t o challenge an emergency A's response to and maintain II drills, tabletop exercises, and and revise the HHA's s needed.	EC)39			

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STATEMENT	OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	TIPLE CONSTRUCTION	(X3) DA). 0938-039 TE SURVEY MPLETED	
		34G091	B. WING		07/16/2024		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	•		
LIFE, IN	C LAVENHAM GROU	P HOME		3700 LAVENHAM ROAD NEW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
E 039	questions designed plan. If the OPO ex- man-made emerge the emergency plan engaging in its nex following the onset (ii) Analyze the OP documentation of a emergency events OPO's] emergency *[RNCHIs at §403 (d)(2) Testing. The exercises to test th must do the followi (i) Conduct a paper least annually. A ta discussion led by a clinically-relevant e of problem statement prepared questions emergency plan. (ii) Analyze the RN maintain document and emergency even emergency plan, au This STANDARD Based on docume facility failed to ens community/facility- tabletop exercise to Preparedness (EP) finding is: Review on 7/15/24 2024) did not inclus community/facility- tabletop exercise.	d to challenge an emergency (periences an actual natural or ency that requires activation of n, the OPO is exempt from t required testing exercise of the emergency event. O's response to and maintain all tabletop exercises, and , and revise the [RNHCI's and y plan, as needed. .748]: RNHCI must conduct is emergency plan. The RNHCI ng: r-based, tabletop exercise at bletop exercise is a group a facilitator, using a narrated, emergency scenario, and a set ents, directed messages, or a designed to challenge an HCI's response to and tation of all tabletop exercises, ents, and revise the RNHCI's s needed. is not met as evidenced by: int review and interviews, the gure a full scale based exercise, mock drill or o test their Emergency) plan was conducted. The	EO	39			

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	-	AND HUMAN SERVICES	1			/ APPROVE[). 0938-039 ⁻			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		34G091	B. WING		07	/16/2024			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	i				
LIFE, ING	C LAVENHAM GROU	PHOME		3700 LAVENHAM ROAD NEW BERN, NC 28560					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE			
E 039 W 240	emergency plan ha 3/20/24. However, f any specific emerges statements, directe questions designed plan. Interview on 7/16/2 Disabilities Profess their emergency pla reviewed/discussed QIDP acknowledge working on revising conduct their emergency INDIVIDUAL PROC CFR(s): 483.440(c) The individual prog relevant interventio toward independer This STANDARD i Based on observati interviews, the facil Individual Program information to supp This affected 1 of 3 During observations 7/15/24, client #3 d client participated in puzzle together, co reading activity. The client #3 was not pr wear eyeglasses. Interview on 7/16/2	zard had been conducted on the document did not include ency scenarios, problem d messages or prepared t to challenge their emergency 4 with the Qualified Intellectual ional II (QIDP) confirmed all of an hazards were d in March 2024. However, the ed the facility is currently the procedures for how they gency prepardness exercises. SRAM PLAN 0(6)(i) ram plan must describe ns to support the individual nce. s not met as evidenced by: tions, record review and ity failed to ensure client #3's Plan (IPP) included specific ort his use of his eyeglasses. a udit clients. The finding is: s at the day program on id not wear eyeglasses. The n tasks such as putting a mpleting math problems and a roughout the observations, rompted or encouraged to 4 with Staff A revealed client eyeglasses "all the time" but	E C						

		AND HUMAN SERVICES					FORM	07/17/2024 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G091	B. WING	i			07 /'	16/2024
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP COD)E		
LIFE, IN	C LAVENHAM GROU	РНОМЕ			700 LAVENHAM ROAD IEW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
W 240	Continued From pa	ige 10	W 2	240				
	6/21/24 revealed, " Additional review of had a vision examin noted bilateral myo cataracts. In additio eyeglasses was als client #3's IPP did r regarding eyeglass Interview on 7/16/2 confirmed client #3 his eye appointmer eyeglasses were pi Additional interview	of client #3's IPP dated No issues with vision." f the record indicated the client nation on 2/15/24. The report pia, astigmatism and on, a prescription for so provided. Further review of not include any information es or their use. 4 with the facility nurse was prescribed eyeglasses at at on 2/15/24 and the cked up a few weeks later. 7 indicated the client does not glasses and will frequently						

Facility ID: 922110

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