

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462
--	---

(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#3). The finding is:</p> <p>During evening observations in the home on 6/3/24 at 5:40pm, client #3 entered the bathroom door, pulled down her pants along with her underwear and sat down on the toilet. The door remained open while client #3 was sitting on the toilet. At no time was client #3 prompted to shut the bathroom door. The door remained open for one minute.</p> <p>During an interview on 6/4/24, Staff A stated client #3 will sometimes close the bathroom door independently for privacy.</p> <p>Review on 6/4/24 of client #3's Individual Program Plan (IPP) dated 10/19/23 stated, "Staff regularly must remind me to close the door..."</p> <p>Review on 6/4/24 of client #3's Skills Assessment dated 10/2/23 stated that closing the bathroom, door for privacy is a need.</p> <p>During an interview on 6/4/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 needs to be verbally prompted to shut the bathroom door.</p>	W 130	<p>Facility will ensure the rights of all clients by ensuring privacy during treatment and care of personal needs.</p> <p>All staff will be re-in serviced on client rights specific to each clients right to privacy during personal hygiene care, dressing, and toileting. Assessments will be reviewed/ completed on each consumer to determine if training is warranted. Staff will also be re-in serviced on staff responsibility in ensuring privacy for all clients. Observations and inspections will be completed by the QII and Habilitation Manager to ensure daily implementation and future compliance of this plan of correction. Inspections will be completed and documented a minimum of three times monthly.</p>	8-1-2024
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has</p>	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan Ayers</i>	TITLE Director of ICF	(X6) DATE 6-17-2024
---	--------------------------	------------------------

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.

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462		
(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>Continued From page 1</p> <p>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 review and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of hand washing. The finding is:</p> <p>During evening observations in the home on 6/3/24 at 5:41pm, client #3 exited the bathroom after using the toilet, without washing her hands. Both the Qualified Intellectual Disabilities Professional (QIDP) and Staff B asked client #3 did she wash her hands; without redirecting her to wash her hands. Client #3 walked past both the QIDP and Staff B and went to the dining room table.</p> <p>During an interview on 6/4/24, Staff A stated client #3 needs to be verbally prompted or given gestures to wash her hands after using the bathroom.</p> <p>Review on 6/4/24 of client #3's Individual Program Plan (IPP) dated 10/19/23 stated, "...remind me to wash my hands".</p> <p>Review on 6/4/24 of client #3's Skills Assessment</p>	W 249	<p>249- Facility managers will ensure each client receives a continuous active treatment program including but not limited to needed interventions and services in sufficient numbers and frequency as it pertains behavior management and implementing toileting programs to support the achievement of the objectives as identified in the IPP. All BIP's will be reviewed as well as the IPP relative to toileting programs/handwashing. Any changes deemed necessary by the team will be made and addendums will be added to the My Life Plan. All staff will be in-serviced on all behavioral programs to include any updates made, for all clients as it pertains to interventions in regards to toileting programs and needed intervention for essential tasks or interventions for all clients. On-going monitoring will be consistent while in the home but no less than bi-weekly to ensure compliance in this area. Documentation on monitoring will occur on LIFE Inc's facility inspection form, employee observation logs, toileting schedules as applicable and behavior documentation.</p>	8-1-2024

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462		
(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 454	<p>Continued From page 3</p> <p>gestures to wash her hands after using the bathroom.</p> <p>Review on 6/4/24 of client #3's Individual Program Plan (IPP) dated 10/19/23 stated, "...remind me to wash my hands".</p> <p>Review on 6/4/24 of client #3's Skills Assessment dated 10/2/24 revealed she is totally independent with washing her hands after using the toilet.</p> <p>During an interview on 6/4/24, the QIDP stated client #3 can independently wash her hands after toileting.</p>	W 454			