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	34G028	A. BUILDING _____ B. WING _____	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC WILLIAM STREET HOME	407 NORTH WILLIAM STREET GOLDSBORO, NC 27530

(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	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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 observation, record review and interview, the facility failed to ensure that privacy was maintained during medication administration for 2 of 5 audit clients (#2 and #5). The findings are: During observations of the morning medication administration in the home on 7/23/24 at 7:05am, Staff A administered medications to client #2 with the door completely open to the den area. Client #2 was visible from the den as he had his blood pressure taken, and Staff A could be heard as she read his blood pressure aloud, called out his medication name, and stated the purpose for the medication. Further observation of the morning medication administration at 7:15am revealed Staff A taking client #5's blood pressure with the door remaining open. He was visible to the den area. At 7:18am, Staff B entered to take over medication administration with client #5. Staff A remained in the room, and the door remained open. Staff B administered 14 medications to client #5 before the door was closed to the den. Review on 7/23/24 of the facility medication administration policy revealed privacy should be ensured by closing doors during medication administration. Interview on 7/23/24 with the Director of Day Programs (DDP), on duty administrator, revealed	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 the door should be closed during medication administration. This morning was not normal due to Staff B being late to work and trying to begin medications. However, the facility normally closes the door.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the Individual Program Plan (IPP) included interventions to support 1 of 5 clients (#1) relative to communication. The finding is: During observations throughout the day in the day program and home on 7/22/24 - 7/23/24, client #1 held to walls and furniture to ambulate independently throughout the home. For leisure time, he sat on the sofa and fiddled with the throw pillows next to him to place them where he wanted them to be. Staff neither used tactile signing, nor did they encourage the use of tactile signing for client #1 when communicating. Review on 7/22/24 of client #1's IPP, dated 5/16/24, revealed he is blind and hearing impaired. While he is non-verbal, he can use very basic signs for communication. His expressive communication includes taking staff hands and guiding them to a desired item. He may use basic signs to express himself and become upset if others do not understand and act out through behaviors. Receptively, he understands requests	W 227		

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W 227	Continued From page 2 through basic signs on the hand and guiding in tasks. Staff should give familiar tactile signs throughout day. Further review revealed no training objective to further enhance client #1's ability to communicate through tactile signing. Interview on 7/23/24 with Staff E revealed client #1 can understand some signing on the hand. Interview on 7/23/24 with the Director of Day Programs (DDP) revealed staff should be using tactile signing, but formal training may be implemented to better serve client #1.	W 227		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure training was developed for 2 of 5 audit clients (#2 and #4) to address toileting skill needs identified in the individual program plan (IPP) to promote personal independence. The findings are: A. Review on 7/22/24 of client #2's IPP, dated 9/26/23, revealed he uses the toilet independently. However, he wears pull ups due to occasional urinary accidents. Further review revealed client #2 had no formal or informal toilet	W 242		

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W 242	Continued From page 3 training in place. Review on 7/23/24 of client #2's skills assessment, dated 9/20/23, revealed he is verbal and independent in signaling and to staff when he needs to use the bathroom. Review on 7/23/24 of client #2's habilitation evaluation, dated 9/26/23, revealed he is independent in toileting. but may need assistance to clean himself. He wears pull ups due to urinary accidents. B. Observation on 7/22/24 and 7/23/24 revealed client #4 wearing visible pull-ups under his pants. He independently set the table for dinner and moved about the home to the bathroom. Review on 7/22/24 of client #4's IPP, dated 10/31/23, revealed he uses the toilet independently, but may have occasional accidents. Further review revealed no mention of pull ups could be located in the IPP. In addition, client #4 had no formal or informal toilet training in place. Review on 7/23/24 of client #4's skills assessment, dated 11/1/22, revealed he has partial to total indecent skills in toileting. Review on 7/23/24 of client #4's habilitation evaluation, dated 10/16/23, does not state his toileting skills. Interview with the Director of Day Programs (DDP), interim Qualified Intellectual Disabilities Professional, on 7/23/24 revealed client #2 and #4 have urinary accidents due to age and may wet their pants some. Client #4 tends to be	W 242		

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W 242	Continued From page 4 embarrassed if his pants get wet, so the facility has used pull ups. The DDP acknowledged toileting training should be in place for clients #2 and #4.	W 242		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of leisure activities and meal preparation. This affected 5 of 5 audit clients (#1, #2, #3, #4, and #5). The findings are: A. During observations in the home on 7/22/24 from 3:00pm to 6:00pm (a total of three hours) all clients in the home were observed to be in the living room watching "Good Times" as it played continuously. Client #5 stood at the door and repeatedly verbalized "Hey" to staff. Client #2 held the remote and sat on the couch watching the television. Client #1, #3, and #4 sat on the sofas, looking down or around the room, but not looking at the television. Staff D and C alternated	W 249		

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sitting in the den with clients with completing household chores and medication administration. At 3:23pm, client #2 walked with Staff D to complete his laundry and return to the sofa at 3:30pm. At 4:30pm, Staff C went to the kitchen to prepare supper alone. At 4:59pm, client #4 placed cups, plates, and dinnerware on the table in the dining room. He then returned to the den. No other leisure activities were offered.

During observations in the home on 7/23/24 from 6:30am to 8:00am (a total of 1.5 hours) all clients in the home were observed to be in the living room of the home watching music videos briefly before the television was switched to "Good Times" while medication administration was ongoing and staff prepared breakfast. Staff E entered the living room to assist clients, in turn, to straighten their rooms. No other activity was offered.

Interview on 7/23/24 with Staff E revealed the home has various table activities available in the dining area that is usually used in the afternoon. However, new staff have been hired and still training in how to use the activities.

Interview on 7/23/24 with the Director of Day Programs (DDP), interim Qualified Intellectual Disabilities Professional, revealed there are activities available and staff should use a variety of activities during leisure time.

B. During observations in the day program and home throughout 7/22/24 and 7/23/24, staff completed all meal preparation duties without any client participation. On 7/22/24 at the day program from 11:30am, Staff F set the table with plates and cups while Staff B retrieved the lunch

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bag and placed food at each setting. Clients #1, #2, #3, #4, and #5 sat at the activity table waiting. On 7/22/24 at the home from 4:30pm to 6:00pm, Staff D and Staff E prepared the evening meal. Staff D cooked ham, retrieved items from the refrigerator and freezer, placed biscuits and hash browns on pans and into the oven, peeled eggs, and used the can opener to open fruit. Staff E used the blender to texturize food, covered bowls, and placed food items on the table. All food was prepared, precut, and served at the table by staff. No clients participated in meal preparation, with the exception of client #4 setting the table.

Observation on 7/23/24 from 7:30am to 8:00am revealed Staff G and Staff E preparing breakfast of cinnamon bread, boiled eggs, mixed berries, and beverages. Staff E texturize food according to individual dietary requirements by using the blender. No clients participated in meal preparation, with the exception of client #4 setting the table.

Review on 7/23/24 of client #2's Adaptive Behavior Inventory (ABI), dated 9/20/23, revealed he can independently read recipes, prepare frozen food in the oven or microwave, bake, and use small kitchen appliances. In addition, he needs to maintain his meal preparation skills.

Review on 7/23/24 of client #3's Adaptive Behavior Inventory (ABI), dated 10/12/22, revealed he can complete some meal preparation duties with staff assistance.

Review on 7/23/24 of client #4's IPP, dated 10/31/24, revealed he can complete household chores and prepare simple meals.

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W 249	Continued From page 7 Review on 7/23/24 of client #5's Adaptive Behavior Inventory (ABI), dated 10/13/23 revealed he can prepare powdered drinks and assist with making simple food items. Interview on 7/23/24 with Staff B revealed the clients can not assist in the kitchen for meal preparation because of some having tremors and other not being able to be around knives. Staff B acknowledged knives were in a locked cabinet and could be secured. Interview on 7/23/24 with the DDP revealed clients should be a part of their meal preparation. The home can look at options to ensure they assist.	W 249		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictions in behavior intervention plans (BIP) for 4 of 5 audit clients (#1, #3, #4, and #5) were reviewed and monitored by the human rights committee (HRC). The findings are: Review on 7/23/24 of client #2's BIP, dated 9/8/23, revealed target behaviors of defiance, gesture threats, elopement, and suicidal threats. In addition, all knives in the home are to locked due to past threats. Consent for the restriction was secured by the client (guardian) on 9/11/23	W 262		

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W 262	Continued From page 8 and by the HRC on 9/14/23. Review on 7/23/24 of consent forms for knife restriction could not be located for clients #1, #3, #4, and #5. Interview on 7/23/24 with Staff B confirmed knives were locked in the home. Interview on 7/23/24 with the Day of Day Programs (DDP) revealed she could not locate consent forms for clients #1, #3, #4, and #5 to include knife restrictions. The home had their former Qualified Intellectual Disabilities Professional (QIDP) leave last month The DDP was not aware it had not been completed before she left, as she was covering until the new QIDP arrives next month. The DDP acknowledged consents for restrictions should be secured for all clients within the home.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian for 4 of 5 audit clients (#1, #3, #4, and #5). The findings are: Review on 7/23/24 of client #2's behavior intervention plan (BIP), dated 9/8/23, revealed target behaviors of defiance, gesture threats, elopement, and suicidal threats. In addition, all	W 263		

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W 263	Continued From page 9 knives in the home are to locked due to past threats. Consent for the restriction was secured by the client (guardian) on 9/11/23. Review on 7/23/24 of consent forms for knife restriction could not be located for clients #1, #3, #4, and #5. Interview on 7/23/24 with Staff B confirmed knives were locked in the home. Interview on 7/23/24 with the Day of Day Programs (DDP) revealed she could not locate consent forms for clients #1, #3, #4, and #5 to include knife restrictions. The home had their former Qualified Intellectual Disabilities Professional (QIDP) leave last month. The DDP was not aware it had not been completed before she left, as she was covering until the new QIDP arrives next month. The DDP acknowledged consents for restrictions should be secured for all clients within the home.	W 263		
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure needed adaptive equipment was provided for 1 of 5 audited clients (#4). The finding is: During breakfast observations in the home on 7/23/24 from 8:00am to 8:30am, client #4's adaptive equipment included a clothing protector, high sided section plate, non-slip mat, two cups	W 484		

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with hands and covers, one mug with cover, and a built up spoon. No straw was provided. At 8:30am, he began to cough repeatedly while drinking his coffee. Staff E approached him and ensured he was safe.

Review on 7/22/23 of client #4's individual program plan (IPP), dated 10/31/23, revealed adaptive dining equipment to include weighted utensils, weighted cup, and sectioned plate. In addition, the IPP stated to use forks, spoon, cups, knives, plates, and placemat while eating.

Review on 7/23/24 of client #4's adaptive equipment consent form, dated 12/15/23, revealed he uses a sectional plate, weighted cup, weighted placemat, weighted utensils, straw and bib clothing protector.

Interview on 7/23/24 with Staff E revealed client #4 should have a straw at meals.

Interview on 7/23/24 with the Director of Day Programs (DDP) revealed client #4 does use a straw and it was probably overlooked.