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

PRINTED: 09/26/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 09/26/2024	
		34G028	B. WING				
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILLIAM STREET HOME				407	REET ADDRESS, CITY, STATE, ZIP CODE NORTH WILLIAM STREET LDSBORO, NC 27530	1 031	20/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS	w o	00			
{W 262}	deficiencies cited of deficiencies were rewas found.	ucted on 9/26/24 for on 7/22/24 - 7/23/24. Two ecited. No new noncompliance TORING & CHANGE (3)(i)	{W 26	62}			
	monitor individual prinappropriate behavior in the opinion of the client protection and This STANDARD Based on record refailed to ensure the intervention plans (#1, #3, #4, #5 and	ould review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to ad rights. It is not met as evidenced by: eview and interview, the facility a restrictions in behavior (BIP) for 5 of 6 audit clients 146) were reviewed and uman rights committee (HRC).					
	9/8/23, revealed ta gesture threats, eld In addition, all kniv due to past threats	of client #2's BIP, dated rget behaviors of defiance, opement, and suicidal threats. es in the home are to locked. Consent for the restriction e client (guardian) on 9/11/23 in 9/14/23.					
		of consent forms for knife to be located for clients #1, #3,					
	Interview on 7/23/2 knives were locked	24 with Staff B confirmed I in the home.					
	Programs (DDP) re	4 with the Day of Day evealed she could not locate					
LABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
34G028		B. WING			R 09/26/2024		
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILLIAM STREET HOME				40	REET ADDRESS, CITY, STATE, ZIP CODE 7 NORTH WILLIAM STREET OLDSBORO, NC 27530	1 03/	20/2024
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
{W 262}	consent forms for conclude knife restrict former Qualified Int Professional (QIDF was not aware it has she left, as she was arrives next month consents for restrict clients within the horizon the facility Plan of 8/2/24, revealed the The facility will assure reviewed, approved programs that are cappropropriate beholient protections not techniques that are team will ensure apobtained. Once conformation will be a committee and will behavior consent for Review on 9/26/24 consent forms or re#1, #3, #4, #5, and Interview on 9/26/24	lients #1, #3, #4, and #5 to tions. The home had their ellectual Disabilities P) leave last month The DDP d not been completed before a covering until the new QIDP. The DDP acknowledged tions should be secured for all ome. Correction (POC), dated a following: ure that the committee has I, and continues to monitor any designed to manage aviors or that involve risks to do rights. All restrictive used will be reviewed and the appropriate consents are usent is obtained, the reviewed quarterly by the HRC be documented on the promise of the propriate consents are used to the propriate consents are used to be documented on the promise of the propriate consents are used to be documented on the promise of the propriate consents are used to be documented on the promise of the propriate consents are used to be documented on the promise of the propriate consents are used to be documented on the propriate that the propriate consents are used to be documented on the propriate that the propriate that the propriate consents are used to be documented on the propriate that the propriate that the propriate consents are used to be documented on the propriate that the propriate that the propriate consents are used to be documented on the propriate that the propriate	{W 26	52}			
{W 263}	continues to be res the knives in the ho the restriction and I for any other clients PROGRAM MONIT CFR(s): 483.440(f)	ional (QIDP) revealed client #2 tricted from knives by securing me. However, no consents for HRC review had been obtained a residing in the home. TORING & CHANGE (3)(ii) uld insure that these programs	{W 26	63}			

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AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		34G028				R 09/26/2024	
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILLIAM STREET HOME				4	STREET ADDRESS, CITY, STATE, ZIP CODE 107 NORTH WILLIAM STREET GOLDSBORO, NC 27530	1 03/	20/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
{W 263}	are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record refailed to ensure resconducted with the legal guardian for 5 #5, and #6). The fill Review on 7/23/24 intervention plan (Bit target behaviors of elopement, and suit knives in the home threats. Consent for by the client (guard Review on 7/23/24 restriction could now #4, and #5. Interview on 7/23/24 restriction could now #4, and #5. Interview on 7/23/24 restriction could now #4, and #5. Interview on 7/23/27 restriction could now #4, and #5. Interview on 7/23/27 restriction could include knife restriction forms for consent forms for consent forms for consent forms for consent forms for consents for restrictions on the professional (QIDF) was not aware it has the left, as she was arrives next month. consents for restrictions within the horizontal professional for restriction for restrictions within the horizontal professional for restriction for restrictio	with the written informed at, parents (if the client is a rdian. Is not met as evidenced by: eview and interview, the facility trictive programs were only written informed consent of a state of 6 audit clients (#1, #3, #4, andings are: of client #2's behavior of client #1, addition, all of are to locked due to past of the restriction was secured ian) on 9/11/23. of consent forms for knife of the behavior of clients #1, #3, #4, and #5 to of consent forms of the clients #1, #3, #4, and #5 to of clients #1, #3, #4, and #5 to of consent forms had their of clients #1, #3, #4, and #5 to of consent forms of the clients #1, #3, #4, #1, #1, #1, #1, #1, #1, #1, #1, #1, #1	{W 2	63}			

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34G028			B. WING				R 09/26/2024	
NAME OF PROVIDER OR SUPPLIER LIFE, INC WILLIAM STREET HOME				STREET 407 NO	ADDRESS, CITY, STATE, ZIP CODE RTH WILLIAM STREET BBORO, NC 27530	1 097.	26/2024	
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{W 263}	The facility will assureviewed, approved programs that are cappropropriate behacilient protections not techniques that are team will ensure apobtained. Review on 9/26/24 restrictions could not #4, #5, and #6. Interview on 9/26/24 Disabilities Professicontinues to be restricted to the knives in the horizontal provious protection.	ure that the committee has I, and continues to monitor any lesigned to manage aviors or that involve risks to d rights. All restrictive used will be reviewed and the propriate consents are of consent forms for knife of be located for clients #1, #3, 4 with the Qualified Intellectual fonal (QIDP) revealed client #2 tricted from knives by securing me. However, no consents for been obtained for any other	{W 26	53}				