STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G028	A. BUILDING _____ B. WING _____	R 09/26/2024

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 000	INITIAL COMMENTS A revisit was conducted on 9/26/24 for deficiencies cited on 7/22/24 - 7/23/24. Two deficiencies were recited. No new noncompliance was found.	W 000		
{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 5 of 6 audit clients (#1, #3, #4, #5 and #6) 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 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	{W 262}		

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

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	34G028	A. BUILDING _____ B. WING _____	R 09/26/2024

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{W 262}	Continued From page 1 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. The facility Plan of Correction (POC), dated 8/2/24, revealed the following: The facility will assure that the committee has reviewed, approved, and continues to monitor any programs that are designed to manage appropropriate behaviors or that involve risks to client protections nd rights. All restrictive techniques that are used will be reviewed and the team will ensure appropriate consents are obtained. Once consent is obtained, the information will be reviewed quarterly by the HRC committee and will be documented on the behavior consent form. Review on 9/26/24 of records revealed no consent forms or record of HRC review for clients #1, #3, #4, #5, and #6. Interview on 9/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 continues to be restricted from knives by securing the knives in the home. However, no consents for the restriction and HRC review had been obtained for any other clients residing in the home.	{W 262}		
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs	{W 263}		

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{W 263}	Continued From page 2 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 5 of 6 audit clients (#1, #3, #4, #5, and #6). 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 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. The facility Plan of Correction (POC), dated 8/2/24, revealed the following:	{W 263}		

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{W 263}	Continued From page 3 The facility will assure that the committee has reviewed, approved, and continues to monitor any programs that are designed to manage appropropriate behaviors or that involve risks to client protections nd rights. All restrictive techniques that are used will be reviewed and the team will ensure appropriate consents are obtained. Review on 9/26/24 of consent forms for knife restrictions could not be located for clients #1, #3, #4, #5, and #6. Interview on 9/26/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 continues to be restricted from knives by securing the knives in the home. However, no consents for the restriction had been obtained for any other clients residing in the home.	{W 263}		