STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G090	A. BUILDING _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC OAKDALE HOME	907 OAKDALE AVE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were kept locked except during administration. The finding is: During observations in the home on 9/25/24 at 6:50am, all clients were awake, dressed, and moving about the home in the kitchen and activity room areas. Upon entering the dining room area, where medication administration takes place, the surveyor observed an open basket containing several medications on the table. No staff was present. Interview on 9/25/24 with Staff A revealed the medication basket was left out in error due to a client receiving medications earlier than others. Staff A acknowledged the medications should not be left unlocked. Interview on 9/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed medications should not be left out and unlocked.	W 382		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6	W 460		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G090	A. BUILDING _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC OAKDALE HOME	**907 OAKDALE AVE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 460	Continued From page 1 was provided his modified and specially-prescribed diets as indicated. The finding is: During breakfast observation in the home on 9/25/24, client #6 was served and consumed one serving of grits, one whole biscuit, and one whole slice of cheese. He ate over half of the biscuit in one bite. Client #6 consumed the food without difficulty. Review on 9/24/24 of client #6's individual program plan (IPP), dated 7/16/24, revealed a prescribed, regular diet with food cut to 1/2", bite-sized pieces. Food should be modified in the kitchen prior to serving due to his taking large bites from whole foods. Review on 9/25/24 of information posted on the refrigerator noted, "All food should be cut to 1/2" - 3/4" in the kitchen, prior to bringing to the table. All foods should be cut into bite-sized pieces before bringing to the table". Review on 9/25/24 of client #6's physician orders, dated 7/1/24, revealed all foods should be modified in the kitchen to 1/2" - 3/4" in size. Sandwiches and other whole foods should also be modified. Interview on 9/25/24 with Staff A revealed client #6's food should be cut into bite-sized pieces. Interview on 9/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's diet consisted of all foods cut to 1/2" - 3/4".	W 460		