

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

PRINTED: 04/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G182		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2025	
NAME OF PROVIDER OR SUPPLIER LIFE, INC EDGEWOOD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 77 EDGEWOOD DR CHOCOWINITY, NC 27817			
(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 191	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained regarding client #3's behavioral needs. This affected 1 of 4 audit clients. The finding is:</p> <p>During morning observations in the home on 4/15/25 from 6:37am - 8:53am, client #3 was provided a one-to-one staff person (Staff B). Although Staff B assisted client #3 with various tasks in the home, the staff was also observed to interact with and assist other clients. Staff B was also observed to leave client #3 unsupervised for several minutes at a time while performing other tasks in the home.</p> <p>Interview on 4/15/25 with Staff B confirmed she was client #3's one-on-one staff person due to her behaviors. The staff added she also helps with other tasks in the home, if needed.</p> <p>Review on 4/14/25 of client #3's Behavior Support Plan (BSP) dated 11/1/24 revealed an objective to decrease the frequency of defined target behavior episodes to 6 or less per month for 6 consecutive months. The plan identified aggression/SIB, bossing, defiant behavior, property destruction, suicidal/homicidal threats, and vocal/verbal aggression as target behaviors. Additional review of the plan noted, "[Client #3] is assigned a 1:1 staff to assist her Sunday - Saturday from 6:30am to 2:30pm. This individual is responsible for monitoring/assisting [Client #3] with all aspects of</p>			W 191			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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W 191	Continued From page 1 daily living. The staff member will also assist with de-escalating behaviors and working with her away from others as behaviors escalate."	W 191			
W 240	Interview on 4/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3's one-on-one staff person should only interact with her and is strictly designated to work with her and not assisting with other tasks away from client #3. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included specific information to support her during after meal clean up. This affected 1 of 4 audit clients. The finding is: During 3 of 3 mealtime observations throughout the survey on 4/14 - 4/15/25, various staff cleared client #4's place setting after her meals. Client #4 was not prompted or assisted to clear her place after meals. Interview on 4/15/25 with Staff B and Staff C revealed client #4 has difficulty walking and cannot carry her dishes to the kitchen after meals. Additional interview indicated the staff have not been given any specific instructions regarding how client #4 can assist with clearing her dishes after meals.	W 240			

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W 240	Continued From page 2 Review on 4/15/25 of client #4's IPP dated 8/12/24 revealed no information regarding how client #4 can participate with clearing her own place setting after meals.	W 240			
W 249	<p>Interview on 4/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's IPP does not include specific information regarding her ability to clear her place after meals.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #1 received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking. This affected 1 of 4 audit clients. The finding is:</p> <p>During dinner preparation observations in the home on 4/14/25, client #1 assisted with kitchen tasks such as filling a pitcher, gathering items, rinsing/washing dishes and placing tater totes on a pan. Staff E performed all other tasks including</p>	W 249			

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W 249	Continued From page 3 cooking broccoli in a pot on the stove, heating hamburgers in the microwave, and preparing hamburgers on buns with lettuce and tomatoes. Although client #1 remained in the kitchen, the client was not prompted or encouraged to perform any other cooking tasks. Interview on 4/15/25 with Staff E revealed she does not let clients do anything around the stove because she is afraid they will get burned. The staff also revealed she had cooked brownies before the clients arrived home that afternoon. Review on 4/15/25 of client #1's IPP dated 10/29/24 revealed an objective to prepare a whole dessert (cupcake) with 100% independence for one month. Additional review of the IPP indicated she can make sandwiches, simple snacks, instant pudding and beverages. The plan also noted, "I like helping in the kitchen and all areas of the house."	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure a technique to manage client #6's inappropriate behavior was	W 288			

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W 288	<p>Continued From page 4</p> <p>included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is:</p> <p>During breakfast observations in the home on 4/15/25 at 7:36am, client #6 began screaming "No!" as staff continued to prompt her to perform various tasks at the meal. Staff D prompted her to stop and threatened to have her leave the table. After about a minute, Staff D asked the surveyor to leave the dining room. The staff stated, "Out of sight, out of mind".</p> <p>During an interview on 4/15/25, Staff D explained that client #6 was getting agitated due the surveyor's presence and she often responds this way when visitors are in the home. The staff did not indicate having visitors leave the area was included in client #6's behavior plan.</p> <p>Review on 4/15/25 of client #6's Behavior Support Plan (BSP) dated 8/23/24 revealed an objective to reduce behavior episodes to zero for 8 consecutive months. The BSP addressed behaviors of aggression, self-injury and attention seeking. Additional review of the plan did not include a technique of removing visitors from the room to address client #6's inappropriate behaviors.</p> <p>Interview on 4/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's current behavior plan does not indicate visitors in the home need to leave the room when client #6's has behaviors.</p>	W 288			
W 369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure</p>	W 369			

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W 369	<p>Continued From page 5</p> <p>that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#3) observed receiving medications. The finding is:</p> <p>During morning observations of medication administration in the home on 4/15/25 at 7:13am, client #3 ingested seven medications and one nasal spray was administered. No other medications or treatments were provided during this time.</p> <p>Interview on 4/15/25 with the Medication Technician (MT) revealed client #3 does not have her prescribed eye drops (Pataday) available in the home as they are waiting for them to come in from the pharmacy.</p> <p>Review on 4/15/25 of client #3's physician's order dated 2/18/25 noted an order for Pataday eye drops, "instill 1 drop in each eye once daily, am". Additional review of the client's Medication Administration Record (MAR) indicated the eye drops should be given at 8:00am.</p> <p>Interview on 4/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the order for client #3's eye drops was current, however, were not available in the home and they were waiting for them to arrive from the pharmacy.</p>	W 369			