STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G100	A. BUILDING _____ B. WING _____	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFETIME RESOURCES, INC ECHO FARMS GROUP HOME	220 DORCHESTER PLACE WILMINGTON, NC 28412

(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 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, nursing failed to ensure that physician's orders were clarified, before transcribing orders for 1 of 3 audit clients (#3). The finding is: Observations in the home on 4/29/25 at 6:25am revealed client #3 eating a full breakfast meal. At 7:00am, Staff D called client #3 to the medication room to take her medication. One of the medications consumed was Levothyroxin 25mcg at 7:05am. The package of Levothyroxin had a sticker affixed that read to "take on empty stomach." Record review on 4/29/25 of Physician's Orders for client #3 dated 4/15/25 revealed instructions to add Synthroid (Levothyroxin) 25mcg by mouth each morning. In addition, the 7/13/24 nursing evaluation acknowledged client #3 started Synthroid and should take on empty stomach 30-60 minutes before breakfast. Interview on 4/29/25 with Staff D revealed she gave client #3 the Levothyroxin after breakfast because the order said to give it at 8:00am and they are allowed to give it one hour early. Interview on 4/29/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was accustomed to seeing Levothyroxin given to clients before meals, but did not question the dosage to the nurse. Interview on 4/29/25 with the nurse revealed their	W 331		

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
	34G100	A. BUILDING _____ B. WING _____	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 331	Continued From page 1 nursing director completed the nursing evaluation and suggested to give the Levothyroxin before breakfast. The nurse also acknowledged the sticker was placed on the medication package by the pharmacy. The nurse revealed the physician wrote to take the medication at 8:00am, did not specify if the stomach should be empty; and further confirmed giving the medication after 7:00 am, would be after client #3 has already eaten.	W 331		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire drills were conducted at varying times and conditions. The finding is: Record review on 4/28/25, revealed the facility conducted third shift fire drills on the following dates and times: 3/27/25 at 4:49am 12/3/24 at 5:25am 9/25/24 at 12:10am 6/21/24 at 5:20am Interview on 4/29/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed all fire drills are coordinated with their maintenance supervisor who comes on site. The QIDP acknowledged that none of the third shift drills were done between deep sleep hours of 1:00am-4:00am.	W 441		