

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

PRINTED: 05/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>34G234</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                         |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/28/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIFE, INC LOCKWOOD STREET GROUP HOME</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>156 COUNTRYSIDE ROAD SW<br/>SUPPLY, NC 28462</b> |  |  |                            |
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| W 104   | <p><b>GOVERNING BODY</b><br/>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to provide efficient oversight for staff while conducting fire drills. This potentially affected all clients in the home (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Review of facility fire drill reports from April 2024 - May 2025 revealed two third shift fire drills had been conducted. Additional review of the reports noted two staff assisted with the fire drills. Further review of the facility's staff work schedule for May 2025 noted only one staff person scheduled to work each night on 3rd shift.</p> <p>Interview on 5/28/25 with Staff D (third shift staff) revealed only one person is scheduled to work on third shift; however, she has never conducted a fire drill alone on her shift.</p> <p>Interview on 5/28/25 with the Home Manager (HM) confirmed only one person is scheduled to work each night on 3rd shift. The HM further indicated she routinely comes in to assist with third shift fire drills as they are scheduled.</p> <p>Interview on 5/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) also confirmed the facility only schedules one person to work on third shift and the HM always comes in for third shift fire drills. The QIDP acknowledged having a second person come in for the sole purpose of assisting with a fire drill is not a true representation of what would happen in an actual fire emergency.</p> |  |  | W 104  |  |  |                            |

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 136   | <p><b>PROTECTION OF CLIENTS RIGHTS</b><br/>CFR(s): 483.420(a)(11)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by:<br/>Based on document/record review and interviews, the facility failed to ensure 1 of 5 audit clients (#3) had the right to participate in religious and preferred outings of her choice. The finding is:</p> <p>Review on 5/28/25 of the facility's community outing calendar for March '25, April '25 and May '25 revealed client #3 had participated in dance classes, Special Olympics, an Easter egg hunt and eating out at various restaurants.</p> <p>Review on 5/27/25 of client #3's Individual Program Plan (IPP) dated 8/15/24 revealed she enjoys outings on a frequent basis and likes to shop.</p> <p>Interview on 5/28/25 with client #3 revealed she would like to go shopping but has not been. The client also indicated she wants to go to her family's church in Wilmington but no one from the home will take her.</p> <p>Interview on 5/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 has not been to church and has been asking about going to the Dollar Tree.</p> | W 136  |  |                            |  |
| W 137   | <p><b>PROTECTION OF CLIENTS RIGHTS</b><br/>CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients</p>  | W 137  |  |                            |  |

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| W 137   | <p>Continued From page 2</p> <p>have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review and interviews, the facility failed to ensure client #3 had the right to have access to her personal belongings. This affected 1 of 5 audit clients. The finding is:</p> <p>During morning observations in the home on 5/28/25, client #3 indicated to Staff A that she wanted to go out and smoke a cigarette. Staff A proceeded to retrieve five cigarettes from the locked medication room and gave them to client #3.</p> <p>Immediate interview with Staff A revealed client #3 can have five cigarettes per day and the remaining cigarettes are kept locked in the medication room.</p> <p>Review on 5/27/25 of client #3's Behavior Support Plan (BSP) dated 5/15/23 revealed an objective to reduce the frequency of defined inappropriate behavior episodes to 35 or less per month for 8 consecutive months. Additional review of the plan noted client #3 is allowed 5 cigarettes daily with the understanding that she must comply with daily showers and requests to use the bathroom. Further review of the BSP did not indicate client #3's cigarettes should be kept locked and inaccessible to her.</p> <p>Interview on 5/28/25 with the facility's Accountant and Qualified Intellectual Disabilities Professional (QIDP) indicated client #3's cigarettes are purchased with her personal money. Additional interview confirmed client #3's cigarettes are kept locked and are inaccessible to her.</p> | W 137  |  |                            |  |

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| W 227   | <p><b>INDIVIDUAL PROGRAM PLAN</b><br/>CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific objectives to meet her needs. This affected 1 of 5 audit clients. The finding is:</p> <p>Review on 5/27/25 of client #3's IPP dated 8/15/24 revealed, "I have a good understanding that money is used as a medium of exchange. I can count my money to a certain point. I understand the face value of money and will give the cashier the correct amount with minimal assistance...I can somewhat manage sums of money up to 10 dollars but will spend all my money at one time with no thought to not having anymore...I require prompts to buy needed items, to save money, and then if money is left to buy needed items..." Additional review of the client's IPP identified a need to increase money management. Further review of the plan did not identify a formal objective to address her money management needs.</p> <p>Interview on 5/28/25 with client #3 revealed she completes work tasks at day program and in the home and is paid every other Friday. The client indicated she likes to go shopping.</p> <p>Interview on 5/28/25 with the facility's Accountant and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 works and earns a maximum of \$6 per pay period. The QIDP</p> | W 227  |  |                            |  |

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| W 227   | Continued From page 4<br>indicated client #3 has had money management<br>training in the past; however, she continues to<br>have needs in this area.  | W 227  |  |                            |  |
| W 247   | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(6)(vi)<br><br>The individual program plan must include<br>opportunities for client choice and<br>self-management.<br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and<br>interviews, the facility failed to ensure client #2<br>was afforded choice regarding his food<br>preferences. This affected 1 of 5 audit clients.<br>The finding is:<br><br>During observations of dinner and breakfast<br>preparation in the home on 5/27 - 5/28/25,<br>multiple food items were placed in a food<br>processor, blended to a pureed consistency and<br>presented to client #2 as one dish at both meals.<br>Client #2 was not given the opportunity to choose<br>to have his food blended together.<br><br>Interview on 5/28/25 with Staff B revealed they<br>normally blend client #2's food items together for<br>meals and have always done it this way.<br><br>Review on 5/28/25 of client #2's Individual<br>Program Plan (IPP) dated 9/12/24 revealed he<br>consumes a pureed diet with honey thick liquids.<br>Additional review of the plan noted the client is a<br>"strong self-advocate" and can make appropriate<br>choices when given visuals to choose from. The<br>IPP further indicated a need to be given the<br>opportunity to make choices during daily routines.<br><br>Interview on 5/28/25 with the Home Manager and | W 247  |  |                            |  |

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| W 247   | Continued From page 5<br>Qualified Intellectual Disabilities Professional<br>(QIDP) acknowledged client #2 should be given<br>the opportunity to choose to have all of his food<br>blended together and staff should not be making<br>that choice for him.   | W 247  |  |  |  |
| W 249   | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>As soon as the interdisciplinary team has<br>formulated a client's individual program plan,<br>each client must receive a continuous active<br>treatment program consisting of needed<br>interventions and services in sufficient number<br>and frequency to support the achievement of the<br>objectives identified in the individual program<br>plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews, and<br>interviews, the facility failed to ensure each client<br>received a continuous active treatment program<br>consisting of needed interventions and services<br>as identified in the Individual Program Plan (IPP)<br>in the area of leisure, meal preparation, family<br>style dining, self-help and dining skills. This<br>affected 3 of 5 audit clients (#3, #4 and #5). The<br>findings are:<br><br>A. During observations at the day program on<br>5/27/25 from 10:47am - 12:01p, client #4 did not<br>participate in any meaningful activities. During<br>this time, the client sat on the floor or in a chair in<br>a nearby office unengaged. During observations<br>in the home on 5/28/25 from 3:30pm - 6:03pm,<br>client #4 sat holding a book while infrequently<br>touching the pages or sat in the living room on | W 249  |  |  |  |

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| W 249   | <p>Continued From page 6</p> <p>the couch unengaged. During this time, the client was not assisted to participate in any meaningful activities.</p> <p>Interview on 5/27/25 with the facility's Accountant (the office the client sat in) revealed client #4 likes to come into her office and sit. Additional interview indicated she'll let her listen to music at times.</p> <p>Interview on 5/28/25 with Staff B revealed client #4 likes music and books. Additional interview indicated she was not sure if the client had any training objectives related to the day program.</p> <p>Review on 5/27 - 5/28/25 of client #4's IPP dated 3/13/25 revealed, "I interact with staff and the other consumers...I participate in social activities with my peers on a regular basis...I enjoy listening to music, looking at pictures, or one-on-one attention from staff and flipping through magazines." Additional review of the plan identified strengths for making simple choices, following simple one-step commands and remaining seated during training sessions. The IPP indicated needs for increasing time on task, developing pre-vocational skills and maintaining social skills.</p> <p>Interview on 5/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 likes holding books and flipping the pages; however, she does not actively engage in looking at the books. Additional interview indicated the client currently does not have any formal vocational objectives and "does not want to do anything" at the day program. The QIDP indicated the team is in the process of doing another vocational evaluation for her.</p> | W 249  |  |                            |  |

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| W 249   | <p>Continued From page 7</p> <p>B. During breakfast preparation observations in the home on 5/28/25, Staff B completed all food preparation tasks without any client involvement. During this time, several clients, including client #3 and client #5, were seated at the dining room table unengaged. Clients were not observed to be prompted or encouraged to participate with food preparation tasks.</p> <p>During an interview on 5/28/25, with Staff B, when asked why none of the clients assisted with food preparation, the staff stated, "I can't answer that question." The staff later indicated client #3 or client #5 "usually help" in the kitchen.</p> <p>Review on 5/28/25 of client #3's IPP dated 8/15/24 revealed she likes to assist staff with meal preparation and routine home living chores. Additional review of client #3's Skills Assessment dated 9/6/24 included various strengths in the area of meal preparation including preparing beverages, preparing frozen foods, canned foods, fresh vegetables, combination dishes, baking muffins/cookies/bread, planning/preparing meals, using a manual or electric can opener, using measuring spoon, a mixer, a blender and a toaster.</p> <p>Review of client #5's IPP dated 10/10/24 revealed she follows simple directions/commands and can prepare simple meals with assistance. Additional review of the client's Skills Assessment dated 10/10/24 revealed various strengths in the area of meal preparation including preparing beverages, preparing frozen foods, canned foods, fresh vegetables, combination dishes, baking muffins/cookies/bread, planning/preparing meals, and using the microwave, oven and stove top.</p> | W 249  |  |                            |  |



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| W 249   | <p>Continued From page 8</p> <p>Interview on 5/28/25 with the Home Manager and QIDP confirmed client #3 and client #5 can assist with meal preparation tasks.</p> <p>C. During dinner observations in the home on 5/27/25 at 6:03pm, client #4's food was prepared on a plate in the kitchen and served to her at the table. The client's food was cut up by staff and her drinks were pre-poured before she arrived at the table. Client #4 consumed her meal independently with intermittent monitoring and/or verbal prompts from staff. After the meal, client #4's items were cleared by staff with no prompts for her assistance.</p> <p>Interview on 5/28/25 with Staff B revealed staff generally cut up client #4's food for her and she cannot clear her dishes after meals. Additional interview indicate the client requires hand-over-hand assistance with serving food.</p> <p>Review on 5/28/25 of client #4's IPP dated 3/13/25 revealed, "I need assistance to complete family style dining." Additional review of the client's Skills Assessment dated 3/13/25 identified needs in the area of eating including using a knife for cutting, using a napkin to wipe her mouth, serving herself from a bowl/platter, pouring from a small pitcher and removing items from the table.</p> <p>Interview on 5/28/25 with the Home Manager and QIDP confirmed client #4 requires hand-over-hand assistance to complete most tasks centered around serving, pouring, cutting and wiping her mouth at meals.</p> <p>D. During breakfast observations in the home on 5/28/25 at 7:59am, client #4 refused to hold her</p> | W 249  |  |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIFE, INC LOCKWOOD STREET GROUP HOME</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>156 COUNTRYSIDE ROAD SW<br/>SUPPLY, NC 28462</b>                             |                            |  |
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| W 249   | Continued From page 9<br>spoon and feed herself. After a few attempts,<br>Staff A proceeded to feed the client. During the<br>meal, the staff consistently wiped client #4's<br>mouth for her. Client #4's dishes were also<br>cleared for her after the meal.<br><br>Interview on 5/28/25 with Staff A revealed client<br>#4 uses her spoon "sometimes" but they have to<br>help her because she will make a mess. The staff<br>noted the client can wipe her mouth with<br>hand-over-hand assistance.<br><br>Review on 5/28/25 of client #4's IPP dated<br>3/13/25 revealed, "I feed myself independently<br>with my fingers. I need verbal prompting to use to<br>spoon and sometimes require hand over hand<br>assistance if it is a food item that is hard to scoop<br>up with a spoon." Additional review of client #4's<br>Skills Assessment dated 3/13/25 identified needs<br>under eating including eating with a spoon, using<br>a napkin to wipe her mouth, and removing<br>dishes/utensils from the table.<br><br>Interview on 5/28/25 with the QIDP revealed<br>client #4 has done well with feeding herself but<br>this depends on her mood. Additional interview<br>confirmed the client could wipe her mouth with<br>assistance and could likely clear her dishes given<br>additional assistance. | W 249  |  |                            |  |
| W 288   | MGMT OF INAPPROPRIATE CLIENT<br>BEHAVIOR<br>CFR(s): 483.450(b)(3)<br><br>Techniques to manage inappropriate client<br>behavior must never be used as a substitute for<br>an active treatment program.<br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and  | W 288  |  |                            |  |

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| W 288   | Continued From page 10<br>interviews, the facility failed to ensure a technique<br>to manage client #3's inappropriate behavior was<br>included in a formal active treatment program.<br>This affected 1 of 5 audit clients. The finding is:<br><br>During morning observations in the home on<br>5/28/25, client #3 indicated to Staff A that she<br>wanted to go out and smoke a cigarette. Staff A<br>proceeded to retrieve five cigarettes from the<br>locked medication room and gave them to client<br>#3.<br><br>Immediate interview with Staff A revealed client<br>#3 can have five cigarettes per day and the<br>remaining cigarettes are kept locked in the<br>medication room.<br><br>Review on 5/27/25 of client #3's Behavior Support<br>Plan (BSP) dated 5/15/23 revealed an objective<br>to reduce the frequency of defined inappropriate<br>behavior episodes to 35 or less per month for 8<br>consecutive months. Additional review of the plan<br>noted client #3 is allowed 5 cigarettes daily with<br>the understanding that she must comply with daily<br>showers and requests to use the bathroom.<br>Further review of the BSP did not indicate a<br>technique of locking away client #3's cigarettes.<br><br>Interview on 5/28/25 with the Qualified Intellectual<br>Disabilities Professional (QIDP) indicated client<br>#3 will smoke all of her cigarettes at one time if<br>they are not kept locked. Additonal interview<br>confirmed the technique of locking away client<br>#3's cigarettes was not included in her BSP. | W 288  |  |  |  |
| W 312   | DRUG USAGE<br>CFR(s): 483.450(e)(2)<br><br>be used only as an integral part of the client's  | W 312  |  |  |  |

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| W 312   | <p>Continued From page 11</p> <p>individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a drug used to manage client #5's inappropriate behaviors was used only as an integral part of her Individual Program Plan (IPP). This affected 1 of 5 audit clients. The finding is:</p> <p>Review on 5/27/25 of client #5's Behavior Support Plan (BSP) dated 5/1/24 revealed an objective to address target behaviors of defiance, vocal/verbal agitation, aggression/SIB, hallucinations, and elopement. Additional review of the plan identified the use of Ativan, Melatonin, Zyprexa Zydis, and Depakote to address her inappropriate behaviors. Further review of client #5's current physician's orders dated 4/25/25 also revealed an order for Celexa 10mg by mouth every morning. The use of Celexa was not included in client #5's behavior plan.</p> <p>Interview on 5/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 ingests Celexa for behavior control; however, the medication was not included in her behavior plan.</p> |  |  | W 312  |  |  |                            |
| W 340   | <p><b>NURSING SERVICES</b></p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p>   |  |  | W 340  |  |  |                            |

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| W 340   | <p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, document review and interviews, the facility failed to ensure staff were sufficiently trained regarding the proper use of latex gloves. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During dinner and breakfast preparation observations in the home on 5/27 - 5/28/25, Staff C and Staff B consistently wore a single pair of latex gloves while completing various meal preparation tasks. For example, during dinner preparation on 5/27/25, Staff C repeatedly touched surfaces, door knobs, cabinets, the refrigerator handle, her face, and food without changing her gloves. Staff C was also noted to rinse off her gloved hands during this time. During breakfast preparation on 5/28/25, Staff B continued to wear the same gloves while touching various kitchen surfaces, an ink pen, door knobs, cabinets, performing different cooking tasks and working with multiple clients at the breakfast meal.</p> <p>Interview on 5/28/25 with Staff B revealed she had been trained to wear latex gloves while performing cooking tasks. The staff indicated it was her preference to wear the gloves at meals because she's assisting different clients.</p> <p>Review on 5/27/25 of the facility's Bloodborne Pathogens - Exposure Control Plan (last reviewed on 5/1/13) revealed, "Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated</p> | W 340  |  |                            |  |

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| W 340   | Continued From page 13<br>items or surfaces...Disposable gloves used at this<br>facility are not to be washed or decontaminated<br>for re-use, and are to be replaced as soon as<br>practical when they become contaminated..."<br><br>Interview on 5/28/25 with the Qualified Intellectual<br>Disabilities Professional (QIDP) indicated staff<br>have not been trained to wear latex gloves while<br>performing cooking tasks or at meals. The QIDP<br>indicated gloves should be worn per the facility's<br>Bloodborne Pathogens policy. | W 340  |  |                            |  |