

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

PRINTED: 07/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G028</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC WILLIAM STREET HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>407 NORTH WILLIAM STREET GOLDSBORO, NC 27530</b>			
(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 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dressing and personal care. The findings are:</p> <p>A. During observations in the home on 7/14/25 from 5pm - 6:35pm, client #5's pants were hanging below his hips. Further observations revealed client #5 was not wearing a belt. Client #5's zipper was also undone. At no time was client #5's pants or zipper corrected for him.</p> <p>Review on 7/15/25 of client #5's IPP dated 1/15/25 stated, "I require assistance with dressing....I am not able to put on a belt correctly without assistance".</p> <p>Review on 7/15/25 of client #5's Skill Assessment dated 2/20/25 stated, "Zips zipper when putting on pants independently".</p> <p>During an interview on 7/15/25, the Home</p>			W 249			

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.

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

PRINTED: 07/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G028</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC WILLIAM STREET HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>407 NORTH WILLIAM STREET GOLDSBORO, NC 27530</b>			
(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 249	<p>Continued From page 1</p> <p>Manager (HM) revealed client #5 can dress himself, but does need redirection from staff to ensure his pants are fitting correctly.</p> <p>B. During observations in the home on 7/14/25 at 5pm, client #5's pants were hanging loose and his disposable diaper was visible when he stood up and began walking. At no time was client #5's pants adjusted for him by staff.</p> <p>Review on 7/15/25 of client #5's Skill Assessment dated 2/20/25 stated, "...I wear pull-ups at night...."</p> <p>During an interview on 7/15/25, the HM was not sure why client #5 was wearing a disposable diaper.</p> <p>During an interview on 7/15/25, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 does need assistance from staff to ensure his clothes are fitting properly.</p>			W 249			