

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

PRINTED: 07/30/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G034		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2025	
NAME OF PROVIDER OR SUPPLIER LIFE, INC. WALNUT STREET GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1011 EAST WALNUT STREET GOLDSBORO, NC 27530			
(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 104	<p>GOVERNING BODY 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: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine cleaning, repairs and maintenance at the group home were completed in a timely manner. This affected 6 out of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Observation on 7/29/25 to 7/30/25 revealed excessive, peeling paint throughout the entire hallway chair rail area and on the den fireplace. In addition, several of the doors were in need of painting maintenance due to excessive peeling.</p> <p>Interview with the Director revealed the facility had determined it was due to humidity or water damage and received quotes on paint repair at one point. However, they have not done anything about the needed maintenance at this point.</p>			W 104			
W 249	<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>			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.

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W 249	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of medication administration and meal preparation skills. This affected 2 of 4 audit clients (#2 and #5). The findings are:</p> <p>A. During medication administration on 7/29/25 at 4:58pm, Staff B was observed to retrieve medication for client #2, pop her pill bubbles, pour her drink, and prick her finger for a blood sugar reading. Client #2 then took her medications independently. At no time was she encouraged to participate in medication administration. On 7/30/25 at 7:55am, client #2 was observed to pop her pill bubbles, but Staff C was pricked her finger for a blood sugar reading. At no time was client #2 encouraged to participate in checking her blood sugar.</p> <p>Review on 7/29/25 of client #2's IPP, dated 6/24/25, revealed she can participate in medication administration by stating the name of the medication, punching pill bubbles, and assisting with checking blood sugar before each meal and before bedtime. She should be encouraged to do as much as possible with medication administration.</p> <p>Interview on 7/30/25 with Staff A revealed client #2 can help with checking her blood sugar before meals and punching out her medications.</p> <p>Interview on 7/30/25 with the facility nurse revealed client #2 can assist with checking her blood sugar.</p>	W 249			

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W 249	Continued From page 2 Interview on 7/30/25 with the Director revealed client #2 can assist with medication administration and checking her blood sugar, and she should be encouraged to do so. B. During dinner preparation observations in the home on 7/29/25, client #5 assisted Staff D in the kitchen by setting the table, washing dishes, and stirring food two times. Staff D completed all other cooking duties for the meal and placed food on the table. During breakfast preparation in the home on 7/30/25, client #5 set the table. Staff E completed all food preparation, to include using the stove and oven, measuring grits, baking biscuits, and blending items. No other clients were encouraged to help during meal preparation. Review on 7/30/25 of client #5's skill assessment, dated 4/18/25, revealed she is independent in preparing breakfast and dinner; using the stove, microwave, oven, and blender; and using recipes as needed. She can "prepare meals with minimal staff assistance". Interview on 7/30/25 with the Director revealed client #5 can assist with meal preparation and should be encouraged to do more.	W 249			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to ensure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is:	W 440			

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W 440	<p>Continued From page 3</p> <p>Review on 7/29/25 of the facility's fire drills revealed no second shift fire drills completed during July 2024 - December 2024. In addition, no third shift fire drills were completed during January 2025 - March 2025.</p> <p>Interview with the Director revealed the home has been in a transition of leadership, with new staff and new managers being hired in the past two months. Many of the missed fire drills were during the employment of previous leadership. However, the fire drills should have been conducted on each shift quarterly.</p>	W 440			