

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

PRINTED: 08/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G331		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2025	
NAME OF PROVIDER OR SUPPLIER LIFE, INC ALBEMARLE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 243 COKE AVENUE EDENTON, NC 27932			
(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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>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 the Individual Program Plan (IPP) included specific information to support the use of eye glasses and to support safe evacuation from the facility during emergencies. This affected 2 of 4 audit clients (#1 and #2). The finding is:</p> <p>A. During observations throughout the survey on 8/11 - 8/12/25, client #1 wore eye glasses while completing various tasks at the day program and in the home.</p> <p>Interview on 8/11/25 with Staff A revealed client #1 wears his eye glasses all the time.</p> <p>Review on 8/11/25 of client #1's vision examination report dated 12/6/23 revealed myopia and astigmatism. Additional review of the report noted eye glasses had been prescribed. Further review of the client's IPP dated 2/4/25 did not include any specific information regarding his eye glasses or their use.</p> <p>Interview on 8/12/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's IPP did not include any specific information regarding his eye glasses.</p> <p>B. During observations in the home throughout the survey on 8/11 - 8/12/25, client #2 utilized a wheelchair for all mobility and required two staff to assist with his transfers.</p>			W 240			

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 240	Continued From page 1 Review on 8/12/25 of client #2's IPP dated 11/12/24 revealed he is able to "move about the group home with staff assistance via wheelchair" and he needs "staff assistance when evacuating during fire drills." The IPP did not include any specific instructions for staff regarding his transfer needs and how to safely evacuate client #2 during an evacuation drill. Interview on 8/12/25 with Staff E (third shift staff) revealed only one person works on third shift. The staff noted she does not move or transfer client #2 during the overnight shift since he requires two staff for transfers. Additional interview indicated if they had to move client #2 during fire drills on third shift, they would have to "call the supervisor" or "put him on a sheet" to evacuate him from the building. The staff indicated she has only worked at the home for a few months.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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	W 249			

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W 249	<p>Continued From page 2 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review 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 area of cooking, This affected 2 of 4 audit clients (#1 and #4). The findings are:</p> <p>During evening observations of dinner preparation in the home on 8/11/25 from 4:28pm - 5:30pm, client #4 was prompted to complete tasks such as obtaining/throwing away items for the staff and setting the table. Throughout the observations, the client was not prompted or assisted to complete any cooking tasks or tasks which involved preparation of food items.</p> <p>During morning observations of breakfast preparation in the home on 8/12/25 from 6:51am - 7:53am, client #1 or client #4 was prompted to the kitchen to assist. During this time, Staff performed the various tasks to prepare muffins and cereal for the meal. Client #1 put cereal in a container and briefly stirred juice in a pitcher. Client #4 watched the staff spread butter over the muffins and put them into a pan. Throughout the observations, both clients were not prompted or assisted to complete cooking tasks to their maximum potential.</p> <p>Interview on 8/12/25 with Staff A revealed client #4 can assist with setting the table, reading he menu, making toast with butter or making drinks. The staff noted client #1 doesn't necessarily like</p>	W 249			

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W 249	Continued From page 3 helping in the kitchen but will usually do what is asked of him. When asked how clients assist with actual food preparation or cooking, the staff indicated she does not like to have clients assisting around the stove because she is fearful of them getting hurt. Review on 8/12/25 of client #4's IPP dated 4/3/25 revealed he can assist staff in meal preparation by baking a potato in the microwave, making simple snacks/beverages, scrambling eggs, heating items on the stove, preparing pancakes using pancake mix, preparing muffing/cornbread, preparing pizza, making tuna, preparing tossed salad, and preparing poultry for baking. Review on 8/12/25 of client #1's IPP dated 2/4/25 revealed he is "able to assist in meal preparation." The plan also noted he can make simple snacks/beverages. Interview on 8/12/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be more involved with cooking tasks as indicated in their program plans.	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure staff were sufficiently trained regarding the appropriate use	W 340			

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W 340	<p>Continued From page 4 of latex gloves. The findings are:</p> <p>A. During meal preparation observations in the home on 8/11/25 from 4:28pm - 5:30pm, Staff consistently wore latex gloves while performing various task. Throughout the observations, the staff wore the same pair of latex gloves without changing them while touching various surfaces, using a marker, washing vegetables, cooking food on the stove, manipulating items from the pantry/refrigerator and washing dishes. During this time, client #5 also wore latex gloves; however, the staff periodically prompted him to change his gloves.</p> <p>Interview on 8/12/25 with Staff A indicated they do not generally wear latex gloves during meal preparation.</p> <p>Review on 8/12/25 of the facility's Personal Protective Equipment (PPE) Hazard Assessment noted various personal care tasks which require "protective gloves" such as cutting finger/toe nails, removal of fecal impaction, ear irrigation, mouth care, etc. The assessment did not indicate gloves were required during meal preparation tasks.</p> <p>Interview on 8/12/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff have not been trained to wear latex gloves while preparing meals.</p> <p>B. During lunch and dinner observations in the home on 8/11 - 8/12/25, staff wore latex gloves while assisting client #2 to consume his meal.</p> <p>Review on 8/12/25 of client #2's IPP dated 11/12/24 revealed guidelines for assisting him at</p>	W 340			

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W 340	Continued From page 5 meals. The guidelines noted, "Staff may assist with feeding after 2 verbal prompts for me to do so independently...." Additional review of the IPP did not indicated staff were required to wear latex gloves while assisting client #2 at meals. Interview on 8/12/25 with the QIDP indicated staff have not been trained to wear latex gloves while assisting client #2 at his meals and this is not included in his guidelines.	W 340			