

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

PRINTED: 08/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G346</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/19/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC KING STREET GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 KING STREET HALIFAX, NC 27839</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 340	<p><b>NURSING SERVICES</b> 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> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in allowing clients to be independent during medication administration for 1 of 3 audit clients (#4). The finding is:</p> <p>During medication administration observations in the home on 8/18/25 at 5:27pm, Staff A spoon fed client #4's her medications. At no time was client #4 given the opportunity to consume her medications herself.</p> <p>During an interview on 8/18/25, Staff A stated she is aware client #4 can feed herself; she was just helping client #4 feed herself.</p> <p>During medication administration observations in the home on 8/19/25 at 7:12am, Staff B spoon fed client #4's her medications. At no time was client #4 given the opportunity to consume her medications herself.</p> <p>During an interview on 8/19/25, Staff B stated she fed client #4 her medications because she did not want her to drop them. Further interview revealed Staff B does now client #4 can feed herself.</p> <p>During an interview on 8/19/25, the facility's nurse stated staff are aware they should let client #4 be</p>			W 340			

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 340	Continued From page 1 as independent as possible during medication administration.	W 340			
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 review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:  Review on 8/18/25 of the facility's fire drills revealed five fire drills conducted on first shift. Further review revealed three of the drill were conducted on 9/20/24 at 9:42am; 10/20/24 at 9:09am and 4/29/25 at 9am.  During an interview on 8/19/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the fire drills on first shift were not conducted during varied times.	W 441			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 2 of 3 clients (#5 and #6). The finding is:	W 454			

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W 454	Continued From page 2  During dinner observations in the home on 8/18/25, client #6 used the rocker knife to cut her ham. Further observations revealed Staff C asked client #6 to hand her the rocker knife. Staff C then began to cut client #5's ham with the same rocker knife. At no time was the rocker knife cleaned between the clients.  During an interview on 8/19/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the same rocker knife should have been used for clients #5 and #6.	W 454			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 1 of 3 audit clients (#4). The finding is:  During dinner observations in the home on 8/18/25 at 5:39pm, client #4 was observed consuming her dinner which consisted of ham, an egg and a biscuit. Further observations revealed the ham, egg and biscuit were longer than one inch. Client #4 consumed three pieces of the biscuit which were in hunks; by stuffing them in her mouth. At 5:33pm, client #4 coughed two times while eating. At no time did staff assist client #4 with cutting her food.	W 460			

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W 460	<p>Continued From page 3</p> <p>Review on 8/18/25 of client #4's Individual Program Plan (IPP) dated 8/14/24 revealed her food is to be chopped into 3/4 to 1 inch pieces.</p> <p>Review on 8/19/25 of the facility's diet orders dated 6/27/25 stated, "client #4 food should be of bite-sized consistency (3/4" - 1" pieces)."</p> <p>Review of on 8/19/25 of client #4's physician orders dated 8/1/25 - 10/31/25 revealed, "Food should be of bite-sized consistency (3/4 to 1" inch pieces)".</p> <p>During an interview on 8/19/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 should be 3/4 - 1 inch pieces.</p>	W 460			