STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G205	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC DIXON ROAD GROUP HOME	ROUTE 1, BOX 842-B CHOCOWINITY, NC 27817

(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 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 3 audit clients (#3) was reviewed and monitored by the human rights committee (HRC). The findings is: Review on 9/22/25 of client #3's Behavior Support Plan (BSP) revealed an addendum dated 5/27/25 that stated the client would have a door alarm placed on his bedroom door, snacks would be locked and the pantry that contained cleaning supplies would be locked. The BSP also included the use of Haldol, Hydroxyzine and Propranolol to control behaviors. Further review on 9/22/25 of client #3's plan revealed no review or consent by the HRC. Interview on 9/23/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 did not have HRC consent for the restrictions listed on the BSP..	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 263		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G205	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC DIXON ROAD GROUP HOME	**ROUTE 1, BOX 842-B CHOCOWINITY, NC 27817**

(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 263	Continued From page 1 failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#3). The findings is: Review on 9/22/25 of client #3's Behavior Support Plan (BSP) revealed an addendum dated 5/27/25 that stated the client would have a door alarm placed on his bedroom door, snacks would be locked and the pantry that contained cleaning supplies would be locked. The BSP also included the use of Haldol, Hydroxyzine and Propranolol to control behaviors. Further review on 9/22/25 of the BSP revealed no guardian consent had been obtained. Interview on 9/23/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no written consent had been obtained by the guardian for client #3's BSP.	W 263		
W 289	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the use of systematic interventions to manage clients inappropriate behaviors were incorporated into the client's individual program plan (IPP). This affected 2 of 3 audit clients (#2 and #5). The findings are:	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G205	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE, INC DIXON ROAD GROUP HOME	**ROUTE 1, BOX 842-B CHOCOWINITY, NC 27817**

(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 289	Continued From page 2 A. During observations in the home throughout the survey on 9/22/25 - 9/23/25, the pantry in the kitchen was kept locked. Review on 9/22/25 of client #2's Behavior Support Plan (BSP) dated 2/20/25 did not reveal a rights restriction for the pantry to be locked. B. During observations in the home throughout the survey on 9/22/25 - 9/23/25, the pantry in the kitchen was kept locked. Review on 9/22/25 of client #5's BSP dated 2/24/25 did not reveal a rights restriction for the pantry to be locked. Interview on 9/23/25 with the QIDP revealed the cabinet is locked due to another resident in the home having restricted access to cleaning supplies. The QIDP confirmed client #2 and client #5's BSP should include a rights restriction for the locked pantry.	W 289		