

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

PRINTED: 12/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/16/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC MINUTE MAN GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>388 MINUTE MAN LANE WASHINGTON, NC 27889</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 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> 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 client #2's Individual Program Plan (IPP) included specific information to support the use of one-on-one staffing to address the client's behaviors. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations throughout the survey on 12/15 - 12/16/25, client #2 was provided an assigned one-on-one staff person during the day and at night. Additional observations in the home on 12/16/25 revealed client #2's one-on-one staff (Staff H) assisting other clients with toileting, dressing and serving themselves at breakfast. Further observations revealed client #2 seating in a chair in the corner of the kitchen unengaged while her one-on-one staff person (Staff B) washed dishes and cleaned up the kitchen with another client.</p> <p>Interview on 12/16/25 with Staff B, Staff G and Staff H revealed client #2 has a 1 to 1 staff person assigned to her due to her behaviors. Additional interview with Staff H revealed as client #2's one-on-one staff, they also "help out" with other clients in the morning. Further interview with Staff B noted the client does not have an assigned one-on-one overnight on third shift.</p> <p>Review on 12/16/25 of client #2's IPP dated 3/27/25 revealed, "I do have a one-on-one staff 24/7 due to the extent of my behaviors." Additional review of the client's Behavior Support</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 Plan (BSP) dated 7/15/25 identified an objective to address compulsive behaviors, aggression, property destruction, rummaging, inappropriate toileting and food stealing. Further review of the BSP noted, "[Client #2] is assigned a 1:1 staff (Sunday - Saturday) to assist with behavior management." Further review of the plans did not include specific guidelines regarding the use of client #2's one-on-one staff person.  Interview on 12/16/25 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) acknowledged client #2's one-on-one staff person is also assigned kitchen duties or assigned to monitor "the front" area of the home on their shift. Additional interview confirmed more specific information needs to be included in client #2's program plan regarding the responsibilities of her one-on-one assigned staff.	W 240			
W 253	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2)  The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) included a significant event and change in her diet. This affected 1 of 5 audit clients. The finding is:  During 3 of 3 mealtime observations on 12/15 - 12/16/25, client #1 consumed her food at finely chopped consistency.  Review on 12/16/25 of client #1's IPP dated 3/27/25 and a client's diet list posted in the	W 253			

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W 253	<p>Continued From page 2</p> <p>kitchen (revised 9/2/25) revealed she consumes her food cut into bite size 3/4 " to 1 " pieces.</p> <p>Review on 12/16/25 of an incident report dated 5/7/25 revealed at the lunch meal, client #1 "started coughing and it appears that she started choking on her food." Additional review of an IRIS report for the incident noted the client was sent to the emergency room and it was determined that she had aspirated during the incident. Further review of client #1's record indicated the Occupational Therapist (OT) had reassessed the client on 7/16/25 and recommended a downgrade of her current food consistency from "3/4 (inch) to a full finely chopped diet". Review of client #1's IPP did not include any information regarding the incident or the change in her food consistency.</p> <p>Interview on 12/16/25 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed the choking incident involving client #1 had been investigated and she had been assessed by the OT with a downgrade in her food consistency. The QIDP confirmed this information was not included in client #1's current IPP.</p>	W 253			