

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

PRINTED: 03/10/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC GREY FOX RUN GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 GREY FOX RUN NEWPORT, NC 28570</b>
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(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
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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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client's Individual Program Plan (IPP) included specific information to support their independence. This affected 2 of 3 audit clients (#2 and #4). The findings are:</p> <p>A. Review on 3/9/26 of the facility's fire drill reports from February 2025 - February 2026, revealed reports dated 4/19/25, 7/26/25, 9/28/25, 12/22/25, 1/7/26, and 2/22/26. Additional review of the reports noted, "Trouble getting a consumer out of the house".</p> <p>Interview on 3/10/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the reports are referring to client #2. She indicated the client often has difficulty evacuating the home during fire drills. Additional interview revealed staff have been instructed to have a snack ready for client #2 during fire drills in order to help coax him out of the home.</p> <p>Review on 3/10/26 of client #2's IPP dated 7/24/25 did not include any specific information regarding client #2's difficulty with evacuating the home during fire drills or the assistance he requires.</p> <p>B. During 2 of 2 meal observations in the home on 3/9 - 3/10/26, client #4's dishes were removed and taken into the kitchen by staff after each meal. Client #4 was not prompted or assisted to</p>	W 240		
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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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NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC GREY FOX RUN GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 GREY FOX RUN NEWPORT, NC 28570</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>Continued From page 1 participate with this task.</p> <p>Interview on 3/10/26 with Staff D revealed client #4 used to be able to push back from the table towards the kitchen counter in his dining chair and place his dishes on the counter after meals. Additional interview indicated the client is no longer able to do this due to a decline in his leg strength. The staff noted he was not aware of any other way to assist client #4 with clearing his dishes after meals.</p> <p>Review on 3/10/26 of client #4's IPP dated 9/2/25 revealed no specific information regarding his ability to clear his own dishes after meals or the assistance needed to complete the task.</p> <p>Interview on 3/10/26 with the QIDP also indicated client #4 used to be able to clear his place after meals in the same manner as previously described; however, there have been no attempts to find other ways to assist the client with clearing his place.</p>	W 240		