

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/28/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFETIME RESOURCES, INC ECHO FARMS GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>220 DORCHESTER PLACE , WILMINGTON, North Carolina, 28412</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
W0102	<p>GOVERNING BODY AND MANAGEMENT</p> <p>CFR(s): 483.410</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>The facility failed to ensure all applicable provisions of Federal, State and local laws and regulations pertaining to staff training in emergency procedures, specifically in Cardiopulmonary resuscitation (CPR) and First Aid (W107).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to ensure emergency safety to clients and follow state law, which requires staff to obtain their certified CPR/First Aid training.</p>	W0102		
W0107	<p>COMPLIANCE W FEDERAL, STATE &amp; LOCAL LAWS</p> <p>CFR(s): 483.410(b)</p> <p>The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on employment records review and interviews, the facility failed to be in compliance with all applicable provisions of Federal, State and local laws and regulations pertaining to staff training in emergency procedures, specifically in Cardiopulmonary resuscitation (CPR) and First Aid. This potentially affected all clients residing in the home (#1, #2, #3, #4, and #5). The finding is:</p> <p>Record reviews on 4/27/26 of Staff A, Staff B and Staff C revealed:</p> <p>Staff A, a healthcare technician, was initially hired on 10/12/2020. No record of CPR/First Aid training was available.</p>	W0107		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0107	<p>Continued from page 1</p> <p>Staff B, a healthcare technician, was initially hired on 3/31/26. No record of CPR/First Aid training was available.</p> <p>Staff C, a healthcare technician, was initially hired on 11/21/23. No record of CPR/First Aid training was available.</p> <p>Review on 4/27/26 in the home of a staff directive posting, dated 7/24/25, revealed the facility nurse is on call during weekdays from 8:00am – 3:30pm at the day program only. Staff must call the on-call administrator, not the nurse, with concern. If the nurse is on "personal time", staff must call the Qualified Intellectual Disabilities Professional (QIDP) with nursing concerns.</p> <p>Interview on 4/27/26 with the QIDP revealed no staff in the home had been trained in CPR and First Aid by the facility. The QIDP confirmed that no staff in the home had received CPR certification outside of the facility or prior to beginning their employment. The QIDP was aware of the need to ensure staff were trained in CPR, but scheduling for training had not been completed at this time. The facility was unsure as to how to provide the training. When asked what staff would do in case of life-threatening emergency or choking, staff are directed to call the emergency medical services (EMS).</p> <p>Further interview on 4/28/26 with the QIDP revealed a training was scheduled on 4/27/26 for CPR/First Aid training on 5/7/26 for the home staff.</p> <p>The cumulative effect of this systemic practice resulted in the facility's failure to provide statutorily mandated personnel training on CPR and First Aid to ensure knowledge and skills to administer care, without causing injury. State Rule at 10A NCAC 27G 0202 Personnel Requirements required at least one staff, per shift, had the training and current certification from a course, similar to the American Red Cross and American Heart Association on CPR and First Aid.</p>	W0107		