STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G348	A. BUILDING _____ B. WING _____	05/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA FARMS GROUP HOME #1	31719 HERB FARM CIRCLE ALBEMARLE, NC 28001

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure staff were sufficiently trained to ensure clients received the appropriate food consistency. This affected 1 of 4 client audits (#4). The findings are: Staff were not sufficiently trained to ensure client #4 received the correct diet consistency. a. During dinner observations in the home on 5/7/18, client #4 received sliced ham, chopped greens, canned corn and a biscuit.The ham and biscuit were served whole. Review on 5/8/18 of client #4's individual program plan (IPP) dated 4/16/18 revealed he is to receive a heart healthy diet with food cut into bite sized pieces "to improve his ability to chew and swallow foods" and "staff should monitor for any choking or coughing that occurs at mealtime.". During an interview on 5/7/18, staff revealed client #4 requires his food to be cut into bite sized pieces. Interview on 5/8/18, with the home manager confirmed client #4 is to have his food cut into bite sized pieces and staff should have cut #4's ham and biscuit into bite sized pieces.	W 189		

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