

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

PRINTED: 05/16/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2018
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff were sufficiently trained to ensure clients received the appropriate diet. This affected 2 of 4 client audits (#1, #4). The finding is:</p> <p>Staff were not sufficiently trained to ensure client's #1 and #4 received the correct diet.</p> <p>Observations on 5/9/18 of breakfast meal revealed clients #1 and #4 consuming Chocolate Peanut Butter Cheerios cereal along with French Toast Sticks and Canadian Bacon.</p> <p>Observations on 5/9/18 of cereals in the home's kitchen pantry areas revealed Kellogg's Raisin Bran and Peach Cheerios.</p> <p>Review on 5/9/18 of the home's breakfast menu revealed "Any Fruit Juice/Fresh Fruit, Canadian Bacon, French Toast with sugar free pancake syrup, skim milk, cereal (no sugar coated) or hot cereal."</p> <p>Review on 5/9/18 of client #1's physician orders last signed 5/18 revealed "...No concentrated sweets." In addition, review on 5/9/18 of client #1's nutritional review dated 4/2/18 revealed "wt - 188.7# DBW 170-175#. Continuous weight gain 182.0# (side arrow sign here) 188.7# 6.7# (up</p>	W 189			

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 189	<p>Continued From page 1 arrow here) since Jan. No change in nutrition plan weight gain 2° what reason...is eating habits changed...continue to encourage compliance with nutrition plan..."</p> <p>Review on 5/9/18 of client #1's individual program plan (IPP) dated 8/8/17 revealed "No concentrated sweets..." and "[client #1] should be encouraged to choose healthy foods to maintain/improve weight status." In addition, review on 5/9/18 of client #1's diagnoses revealed diabetes, hypothyroidism.</p> <p>Review on 5/9/18 of client #4's physician orders last signed 5/18 revealed "No concentrated sweets." In addition, review on 5/9/18 of client #4's diagnoses revealed diabetes, hypertension, hypothyroidism.</p> <p>Interview on 5/9/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 and #4 should not receive sugar coated cereal. Further, the QIDP revealed staff is in need of training on client diets.</p>	W 189		