STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G019	A. BUILDING _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHIGAN STREET HOME	1006 MICHIGAN STREET KANNAPOLIS, NC 28081

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interview, the team failed to assure privacy for 3 of 3 sampled clients (#1, #2, #5) residing in the facility. The findings are: Observations conducted on 4/9/19 revealed staff accompanied clients individually to a medication area in the home from 8:05 -8:46 AM to administer their morning medications. Continued observations revealed the medication administration area provided no privacy but was located in a hallway adjacent to the medication closet. Further observations revealed clients #1, #2 & #5 were administered their medications in the hallway area in plain view as others passed by them during the administering of their morning medications. Subsequent observations revealed no privacy screen or other privacy method was utilized during the administration of medications to clients 1, #2, and #5 as they received their morning medications. Interview with the group home staff on 4/9/19 revealed they had not thought of using a screen or other method to provide privacy during medication administration. Continued interview with the facility qualified intellectual disabilities professional (QIDP) confirmed that privacy should have been provided to clients in the home while receiving their morning medications.	W 130		
W 478	MENUS	W 478		

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 478	Continued From page 1 CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, document review and staff interview, the facility failed to assure 5 of 5 clients residing in the home (#1,#2,#3,#4, and #5) were offered the variety of foods listed on the menu. The finding is: Observations in the home on 4/9/19 revealed a menu in the kitchen which listed the breakfast menu items for 4/9/19 as 1 pack of instant oatmeal, two tablespoons of raisins, cheese toast, milk, and a beverage. Continued observations of the breakfast meal from 7:40 AM-8:05 AM revealed all clients received oatmeal, cheese toast milk, and a beverage, however none of the 6 clients were offered raisins as prescribed on the menu by the dietician. Interview with the group home staff who prepared breakfast revealed she had laid out the breakfast menu items the night before and had forgotten to include raisins. Further interview with the group home staff stated she usually serves raisins and realizes the needed health benefits they provide to all clients of increasing daily fiber, decreasing inflammation in the body, reducing blood pressure and LDL, and increasing a feeling of satiety. Continued interview with qualified intellectual disabilities professional confirmed all menu items should be included in each meal and the menu served as written by the dietician, in order to	W 478		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 478	Continued From page 2 provide the full nutrients and health benefits to each client as needed.	W 478		