

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

PRINTED: 01/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MT GILEAD CHILDREN'S HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306</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 475	<p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure 3 of 6 clients (#1, #3 and #5) were provided with appropriate utensils to enable them to eat as independently as possible in accordance with their highest functioning level. The finding is:</p> <p>Observation in the group home on 1/9/2020 at 6:35 AM revealed clients #1, #3 and #5 seated at the dining table eating their breakfast meals. Continued observation revealed the breakfast meal consisted of whole waffles and bacon slices. Further observation revealed the utensil place setting for clients #1, #3 and #5 consisted of a regular fork and spoon. Ongoing observations of the breakfast meal revealed client #1 and #3 each speared their waffles with their forks. While holding the speared waffle on their forks, clients #1 and #3 then ate large bites from around the edge of their waffles. Subsequent observation revealed at 6:41 AM client #1 had two large pieces of two-whole waffles remaining on his plate as he cleared away his table setting. Further observations revealed client #5 had not eaten his one waffle as he cleared away his table setting at 6:45 AM. At no time did staff offer or provide clients #1, #3 or #5 with a knife to cut their waffles.</p> <p>Interview on 1/9/2020 at 6:46 AM with the home manager (HM) confirmed all clients residing in the home should have access to all utensils with their meals. Continued interview with the HM</p>	W 475			

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 475	Continued From page 1 confirmed the facility has knives for clients to consume their meals with. Interview on 1/9/2020 with the qualified intellectual disabilities professional (QIDP) verified all clients residing in the home can independently eat using a knife. Continued interview with the QIDP verified clients #1, #3 and #5 should have been provided with a place setting consisting of a knife, fork and spoon during the breakfast meal on 1/9/2020.	W 475		