

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

PRINTED: 02/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2020
NAME OF PROVIDER OR SUPPLIER TUCKASEEGEE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208		
(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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on record review, and staff interviews, the facility failed to ensure a specifically prescribed diet was followed for 1 of 2 sampled clients (#3). The finding is:</p> <p>Observation on 2/10/2020 at the group home revealed a diet list of all the clients currently residing in the home affixed to a wall board in the dining room. Further observation of the diet list revealed alongside client #3's name was the designation of a heart healthy regular diet. Subsequent observation of the diet list did not reveal the notation for client #3 to receive double portions.</p> <p>Record review for client #3 on 2/10/20 revealed a nutritional evaluation dated 2/3/20. Review of the 2/2020 nutritional evaluation revealed a prescribed heart healthy, double vegetable portion diet. Additional review of the nutritional summary revealed client #3 is now within his desired weight range due to weight loss during the last quarter. Continued record review for client #3 revealed nutrition orders dated 2/10/20 to reflect a change in diet orders with: 1) Add 1 serving of fruit to Lunch daily, 2) Measure Height & inform RD., 3) Replace Crystal lite flavor packs with Stevia at DP., 4) Change Colace to PRN., 5) Decrease Vitamin D to 1000IUs QD. Subsequent record review of client #3's record for the past 6 months did not reveal a current physician's order</p>	W 460			

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.

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

PRINTED: 02/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2020
NAME OF PROVIDER OR SUPPLIER TUCKASEEGEE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208		
(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 460	<p>Continued From page 1 or staff training for the diet and dietary changes in 12/2019 or on 2/3/2020.</p> <p>Interview on 2/10/2020 with staff A revealed they use hand over hand assistance during meals with client #3. Further interview with staff A revealed, since the last two weeks, they have provided client #3 with double portions and extra fruit after meals. Interview on 2/10/2020 with staff B revealed client #3 often appeared recognizably hungry after eating his meals and he was not ordered double portions. Further interview with staff B revealed she has provided client #3 with extra portions throughout his residence at the facility. Staff B also noted she has previously informed the home manager (HM) and prior facility management about client #3 not getting enough to eat. Continued interview revealed client #3 receives a heart healthy diet and double portions were not included in his current menu. In addition, staff B identified a new diet list dated 2/3/2020 now affixed to the wall board in the dining room which was not there previously. Staff B further confirmed they have not received staff training on the new diet for client #3.</p> <p>Interview with the QIDP revealed on 2/3/2020 the interdisciplinary team (IDT), client #3 and guardian met for the client's ISP with several changes including a dietary change dated 2/3/2020. Further interview with the QIDP and the facility nurse confirmed there was no current physician's order for client #3's diet or staff training for his diet.</p>	W 460			