DEPARTMENT OF HEALTH	AND HUMAN SERVICES				APPROVED
CENTERS FOR MEDICARI	E & MEDICAID SERVICES			<u> </u>	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION		E SURVEY PLETED
	34G091	B. WING _		05/	19/2021
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC LAVENHAM GROU	IP HOME		3700 LAVENHAM ROAD NEW BERN, NC 28560		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249 PROGRAM IMPLE CFR(s): 483.440(d		W 24	49		
formulated a client each client must re treatment program interventions and s and frequency to s	's individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program				
Based on observa interview, the facili clients (#1) receive treatment program interventions and s Individual Program	is not met as evidenced by: ations, record review and ty failed to ensure 1 of 5 audit ed a continuous active consisting of needed services as identified in the n Plan (IPP) in the area of and mealtime assistance adings are:				
from 11:58am to 1 observed eating lu were on the table i juice and a cup of behind his plate. O around on the table his fork, he was ob his food. At 12:50 client #1, "Drink yo minutes of observa	tions in the home on 5/18/21 2:50pm, client #1 was nch. Client #1's plate and fork n front of him, and a cup of water were sitting on the table Client #1 was observed to feel e for his fork. Once he located oserved to use his fork to scoop pm, Staff A was observed to tell our juice." During the 52 ation, client #1 did not drink any lowever, he was observed to				
from 8:03am to 8:3	tions in the home on 5/19/21 37am, client #1 was observed DER/SUPPLIER REPRESENTATIVE'S SIGI		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

PRINTED: 05/19/2021

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.

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA). 0938-039 TE SURVEY MPLETED	
		B. WING			05/40/0004		
NAME OF	PROVIDER OR SUPPLIER	340031		STREET ADDRESS, CITY, STATE, ZIP CODE	05	5/19/2021	
LIFE, IN	C LAVENHAM GROU	РНОМЕ		3700 LAVENHAM ROAD NEW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
W 249	eating breakfast. C on the table in from a cup of water were plate. Client #1 wa the table for his for he proceeded to ea minutes of observa of his beverage und supplement at 8:37 observed to cough Review on 5/18/21 revealed client #1 h vision loss, with a h both eyes. Review on 5/18/21 assistance guidelin dining room of the provide sighted ass #1 to spear his food encourage client #' after every 3-4 bite mealtime assistance is at risk for aspirate Interview on 5/19/2 Disabilities Profess Habilitation Coordin mealtime assistance staff should be follo providing sighted a food with his fork a client #1 to drink a 3-4 bites of food. B. During observate and 5/19/21, client	Client #1's plate and fork were t of him, and a cup of milk and e sitting on the table behind his is observed to feel around on k. Once he located his fork, at his breakfast. During the 34 tion, client #1 did not drink any til Staff A gave him a Boost Yam. In addition, client #1 was 9 times. of client #1's IPP dated 8/7/20 has a diagnosis of significant history of cataract surgery in of client #1's mealtime es (undated) posted in the home revealed staff are to sistance as needed for client d with his fork and to 1 to take a sip of his beverage s of food. In addition, the the guidelines revealed client #1	W 2	49			

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STATE BURKIT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDERSUPPLER (XI) DATE SURVEY COMPLETED (XI) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLER 346091 B. WINS (SI) DATE SURVEY COMPLETED LIFF, INC LAVENHAM GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE MUME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 370 LAVENHAM ROAD PARTY TAG SUMMARY STATEMENT OF DEFICIENCIES DEVIDERS FLAN OF CORRECTION (EACH OPERCINEW MUST EE PRECEDED BY FULL (EACH OPERCINEW ATTORY OR LSC IDENTIFYING INFORMATION) W 249 W 249 Continued From page 2 observed to assist client #1 with ambulating around his home, going from the living room to the distribution on staff word assist. W 249 W 249 Review on 5/18/21 of client #1 SIP dated 8/7/20 revealed client #1 is ambulatory and is supported with the use of a gait belt. W 268 W 268 Interview of S19/21 with the CIDP II, QIDP I and Habilitation Coordinator revealed that client #1 con be supported at times with staff depending on his side, hand on the gait belt, to assist client #1			AND HUMAN SERVICES			FORM	05/19/2021 APPROVED 0938-0391		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE, INC LAVENHAM GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE Image: Control of the contron of the control of the control of the contr	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,		(X3) DATI			
LIFE, INC LAVENHAM GROUP HOME 3700 LAVENHAM ROAD NEW BERN, NC 2850 NEW BERN, NC 2850 (PA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) IP PREFIX TAG IP (EACH CORSE-REFERENCE) TO THE APPROPRIATE DEFICIENCY) IO (CORSE-REFERENCE) TO THE APPROPRIATE DEFICIENCY IO (CORSE-REFERENCE) TO THE APPROPRIATE DEFICIENCY IO (CORSE-REFERENCE) TO THE APPROPRIATE DEFICIENCY IO (CORSE-REFERENCE) TO THE APPROPRIATE DEFICIENCY IO (CORSE-REFERENCE) TO THE APPROPRIATE APPROPRIATE TO THE APPROPRIATE DEFICIENCY IO (CORSE-REFERENCE) TO THE APPROPRIATE APPROPRIATE TO THE APPROPRIATE APPROPRIATE TO THE APPROPRIATE DEFICIENCY IO (34G091	B. WING		05/	19/2021		
LIFE, INC LAVENAM GROUP HOME NEW BERN, NC 28560 (X4) ID PREFIX TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST EE PRECEDED BY FULL REGULATORY ON USC DENTIFITING INFORMATION) PREFIX PREFIX TAC PROVIDERS PARA OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPMATE OWLCH DEFICENCY W 249 Continued From page 2 observed to assist client #1 with ambulating around his home, going from the dring room by either holding his hand or holding him under his arm, and at times staff were observed to walk backwards in front of client #1 and hold both his hands. At times, one staff would assist client #1 and at other times, now staff would assist client #1 and at other times, now staff would assist client #1 and at other times, two staff would assist client #1 and at other times, two staff would assist client #1 and at other times, agait belt. W 249 Review on 5/19/21 of client #1 SIPP dated 8/7/20 revealed client #1 is ambulatory and is supported with the use of a gait/transfer belt." Interview on 5/19/21 with the QIDP II, QIDP I and Habilitation staff, depending on his day. It was revealed the as had a decrease in his ambulation, skills with the onset of Dementia. The QIDP II confirmed that staff should be utilizing the gait belt by standing to his side, hand on the gait belt, to assist client #1 with ashubating. W 268 W 268 CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) W 268 These policies and procedures must promote the growth, development and independence of the client. W 268	NAME OF F	NAME OF PROVIDER OR SUPPLIER				ZIP CODE			
PREENT TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 W 249 W 249 Continued From page 2 w 249 W 249 W 249 observed to assist client #1 with ambulating around his home, going from the dining room by either holding his hand or holding him under his arm, and at times staff were observed to walk backwards in front of client #1 and hold both his hands. At times, one staff would assist client #1 and at other times, two staff would assist. W 249 Review on 5/18/21 of client #1's IPP dated 8/7/20 revealed client #1 is ambulatory and is supported with the use of a gait/transfer belt." Interview on 5/19/21 of client #1 Physical Therapy (PT) evaluation dated 3/23/16 revealed, 'two habilitation coordinator revealed that client #1 can be supported at times with one staff and other times may require two staff. depending on his day. It was revealed has had a decrease in his ambulation skills with the onset of Dementia. The QIDP II confirmed that staff should be utilizing the gait belt by standing to his side, hand on the gait belt by standing to his side, hand on the gait belt, to assist client #1 with ambulating. W 268 W 268 CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)() W 268 This STANDARD is not met as evidenced by: W 268	LIFE, INC LAVENHAM GROUP HOME								
observed to assist client #1 with ambulating around his home, going from the living room to the bathroom or living room to the dining room by either holding his hand or holding him under his arm, and at times staff were observed to walk backwards in front of client #1 and hold both his hands. At times, no staff would assist client #1 and at other times, two staff would assist client #1 and at other times, two staff would assist client #1 and at other times, two staff would assist. Review on 5/18/21 of client #1's IPP dated 8/7/20 revealed client #1 is ambulatory and is supported with the use of a gait belt. Review on 5/19/21 of client #1 Physical Therapy (PT) evaluation dated 3/23/16 revealed, "two habilitation staff to provide assistance and the use of a gait/transfer belt." Interview on 5/19/21 with the QIDP II, QIDP I and Habilitation staff to provide assistance and the use of a gait/transfer belt." Interview on 5/19/21 with the QIDP II, QIDP I and Habilitation skills with the onstel of Dementia. The QIDP II confirmed that staff should be utilizing the gait belt by standing to his side, hand on the gait belt, to assist client #1 with ambulating. W 268 W 268 CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. Thes STANDARD is not met as evidenced by:	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETION		
Client. This STANDARD is not met as evidenced by:		observed to assist of around his home, g the bathroom or livi either holding his ha arm, and at times s backwards in front of hands. At times, or and at other times, Review on 5/18/21 revealed client #1 is with the use of a gat Review on 5/19/21 (PT) evaluation date habilitation staff to p use of a gait/transfe Interview on 5/19/27 Habilitation Coordin can be supported a other times may red his day. It was reve in his ambulation sk Dementia. The QID should be utilizing to side, hand on the ga ambulating. CONDUCT TOWAR CFR(s): 483.450(a)	client #1 with ambulating toing from the living room to ng room to the dining room by and or holding him under his taff were observed to walk of client #1 and hold both his he staff would assist client #1 two staff would assist client #1 two staff would assist. of client #1's IPP dated 8/7/20 is ambulatory and is supported at belt. of client #1 Physical Therapy ed 3/23/16 revealed, "two provide assistance and the er belt." 1 with the QIDP II, QIDP I and hator revealed that client #1 t times with one staff and quire two staff, depending on ealed he has had a decrease kills with the onset of DP II confirmed that staff he gait belt by standing to his ait belt, to assist client #1 with RD CLIENT p(1)(i)						
		growth, developmen client. This STANDARD is	nt and independence of the s not met as evidenced by:						

Facility ID: 922110

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		AND HUMAN SERVICES				FORM	05/19/2021 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G091	B. WING			05/19/2021		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
LIFE, INC	C LAVENHAM GROU	РНОМЕ			700 LAVENHAM ROAD EW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 268	failed to ensure tha provided for 5 of 5 a #5). The finding is: During observations 10:30am through 1 were observed to ta tone of voice. For et to tell client #2 to "ju very harshly, and w Staff A said in a sha 12:16pm, Staff A wa wipe his mouth. Cli told him, "Oh come a harsh tone. At ap was assisting client lunch. Client #4, "Just doing" in a harsh to Qualified Intellectua (QIDP) I told staff to when speaking to the Additional observat from 6:30am throug were observed to ta tone of voice, or po hand, motioning for without saying anyth Review on 5/19/21 Rights Policy" revea consideration, resp dignity and individual Interview on 5/19/2 Habilitation Coordin	t positive interactions were audit client (#1, #2, #3, #4 and s in the home on 5/18/21 from :00pm, Staff A and Staff B alk to the client's in a harsh example, Staff A was observed ust get something to play with" then client #2 looked at her, arp tone, "Yeah, you!" At as observed to tell client #1 to ient #1 sat there and Staff A on, its right in front of you" in pproximately 12:18pm, Staff B t #4 with making his plate for as looking around, and Staff B pay attention to what you're one of voice. At this time, the al Disabilities Professional o watch their tones of voice he clients. tions in the home on 5/19/21 gh 9:00am, Staff A and Staff B alk to the clients in a harsh int at the client and wave their them to move out of the way hing. of the facility's "Consumer aled, "Be treated with ect and full recognition of his ality." 1 with the QIDP II, QIDP I and hator confirmed staff should in a positive manner and not	W 2	68				

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		AND HUMAN SERVICES				FORM	05/19/2021 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	34G091 B. WING				05/ [,]	19/2021	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC	C LAVENHAM GROU	PHOME			700 LAVENHAM ROAD IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 368	that all drugs are ad	(1) g administration must assure dministered in compliance with	W 3	868			
	Based on observat interview, the facility medications were a	s not met as evidenced by: tion, record review and y failed to ensure client #5's administered in accordance lers. This affected 1 of 5 audit					
	in the home on 5/19 client #5 were obse 2000 unit capsules, 25mg tablet, one Li Hydrochlorthiazide Docusate 100mg S The medications we plastic bag and Sta	s of medication administration 9/21 at 7:00am, Staff A and erved to punch two Vitamin D3 , one Metoprolol Succ ER sinopril 40mg tablet, one 12.5 capsule, and one oft Gel into a medication cup. ere then transferred to a small ff A was observed to crush the before mixing them into apple					
	Orders dated 4/30/2 Metoprolol Succ EF mouth every day. D	of client #5's Physician's 21 revealed an order for R 25mg, "Take one tablet by to not crush," and an order for oft Gel, "Take 1 capsule by to not crush."					
	confirmed that clier been administered physician's orders,	1 with the facility's Nurse ht #5's medication should have in accordance with the and the Metoprolol Succ ER ocusate 100mg Soft Gel en crushed.					

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		AND HUMAN SERVICES				FORM	05/19/2021 APPROVED 0938-0391
		• •			(X3) DATE SURVEY COMPLETED		
		34G091	B. WING			05/ [,]	19/2021
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
LIFE, INC	C LAVENHAM GROUI	PHOME			700 LAVENHAM ROAD IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	FOOD AND NUTRI CFR(s): 483.480(a)		W 4	160			
	Each client must re well-balanced diet i specially-prescribed	ncluding modified and					
	Based on observat interviews, the facili specially-prescribed	s not met as evidenced by: tions, record reviews and ity failed to ensure d diets for 4 of 5 audit clients were followed as indicated.					
	5:38pm, client #1 w On client #1's plate chicken. Client #1's bone by staff and p	ons in the home on 5/18/21 at vas observed eating dinner. was green beans, corn and s chicken was pulled off of the ulled apart into pieces. Client nd chicken were larger than					
	8:03am, client #1 w Staff B was observe toast into a chopper consistency. The to	ions in the home on 5/19/21 at vas observed eating breakfast. ed to put a piece of cheese r and modify it into a ground past was placed on client #1's med it. At no time was the ened.					
	Program Plan (IPP) regular diet, finely c	of client #1's Individual) dated 8/7/20 revealed a chopped into 1/2 inch pieces uld be moistened as needed c."					
	Disabilities Professi	1 with the Qualified Intellectual ional (QIDP) II, QIDP I and nator confirmed client #1's					

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		AND HUMAN SERVICES				FORM	05/19/2021 APPROVED 0938-0391
		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G091	B. WING			05/ [,]	19/2021
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
LIFE, INC LAVENHAM GROUP HOME					700 LAVENHAM ROAD EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	chicken and green i chopped to a 1/4 in- have been moisten order. B. During observati 12:05pm, client #3 The hotdog had been pieces with the mea Additional observat 5:43pm revealed cli included a chicken pulled off the bone and a biscuit that w chicken had large p pieces of biscuit we size. Review on 5/19/21 9/19/20 revealed a meats and other ap inch bite size pieces pieces, be sure piece pieces, be sure piece included should have pieces, and that his have been cut into 3 indicated by his dief C. During observati 5:46pm, client #2 w Client #2's dinner in which had been pul	beans should have been finely ch size, and his toast should ed as indicated by his diet ons in the home on 5/18/21 at was observed eating a hotdog. en cut into approximately 5 at still in the bun in each piece. ions in the home on 5/18/21 at ient #3 eating dinner, which leg and thigh that staff had and pulled apart into pieces, ras cut into 5 pieces. The pieces mixed in it, and the ere larger than 3/4 - 1 inch in of client #3's IPP dated diet order which consists of propriate foods cut into 3/4 - 1 s and sandwiches cut into 16 ces are completely separated. 1 with the QIDP II, QIDP I and hator confirmed that client #3's e been serrated into smaller s chicken and biscuit should 3/4 - 1 inch pieces as t order.	W 4	460			

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		AND HUMAN SERVICES				FORM	05/19/2021 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X					(X3) DATE SURVEY COMPLETED		
	34G091		B. WING	i		05/19/2021	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	•	
LIFE, INC	C LAVENHAM GROU	РНОМЕ		-	3700 LAVENHAM ROAD NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 460	Review on 5/18/21 revealed a diet orde bite size pieces. Interview on 5/19/2 Habilitation Coordir chicken should hav pieces as indicated D. During observati 12:02pm, client #5 The hotdog had be pieces with the mea Additional observat 5:48pm revealed cl included a chicken pulled off the bone and a biscuit that w chicken had large p pieces of biscuit we size. Review on 5/18/21 revealed a diet orde other appropriate for size pieces and sar be sure pieces are Interview on 5/19/2 Habilitation Coordir hotdog should have pieces, and that he	of client #2's IPP dated 7/1/20 er to cut foods into 3/4 - 1 inch 1 with the QIDP II, QIDP I and nator confirmed that client #2's re been cut into 3/4 - 1 inch I by her diet order. ions in the home on 5/18/21 at was observed eating a hotdog. en cut into approximately 5 at still in the bun in each piece. tions in the home on 5/18/21 at ient #5 eating dinner, which leg and thigh that staff had and pulled apart into pieces, /as cut into 4 pieces. The pieces mixed in it, and the ere larger than 3/4 - 1 inch in of client #5's IPP dated 8/7/20 er that includes meats and pods cut into 3/4 - 1 inch bite ndwiches cut into 16 pieces, completely separated. 1 with the QIDP II, QIDP I and nator confirmed that client #5's e been serrated into smaller r chicken and biscuit should 3/4 - 1 inch pieces as	W 2	160			

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