PRINTED: 06/15/2021 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		` /	E SURVEY IPLETED
		34G329	B. WING _		06/	15/2021
NAME OF PROVIDER OR SUPPLIER  KIMBERLY ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 1503 KIMBERLY ROAD NEW BERN, NC 28562		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 454	This STANDARD is Based on observat failed to ensure the cross-contamination potentially affected (#1, #2, #3, #4, #5 at A. During observatifrom 3:52pm throug observed sitting at the plastic microphone big Styrofoam block Client #6 touched the microphone to her in the Styrofoam block Throughout the observed sitting at the Styrofoam block Throughout the observed sitting and nasal discharge onto the objects. A all the Styrofoam block Throughout the objects. A all the Styrofoam block Throughout the flash box in the closet. To cleaned after being Interview on 6/15/2 Disabilities Professi Manager (HM) confibeen cleaned and sidrooled/dripped nasal discharge contamination of the confidence of the cleaned and sidrooled/dripped nasal discharge contamination of the confidence of the con	povide a sanitary environment and transmission of infections.  Is not met as evidenced by: Itions and interviews, the facility potential for an was prevented. This all clients residing in the home and #6). The findings are:  It ons in the home on 6/14/21 and 5:05pm, client #6 was the dining room table with a fin her hand, flash cards and as on the table in front of her. The flash cards, held the mouth and repeatedly used as to make things with.  It is ervations, client #6 drooled be would drip out of her nose to 5:05pm, client #4 gathered ocks and put them in their the bag in the closet, and in cards in a box and put the fine activity objects were not	W 45	TITLE		(X6) DATE

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

(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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG		E SURVEY IPLETED
		34G329	B. WING _		06/	15/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1503 KIMBERLY ROAD NEW BERN, NC 28562		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 454	Continued From page 1 4:45pm, Staff D used a napkin to clean the drool from client #6's hands. Staff D then handed client #6 the napkin and told her to wipe her nose. After wiping her nose, Staff D took the napkin from client #6 and used it to wipe client #6's mouth with.  Interview on 6/15/21 with the QIDP and HM confirmed a clean napkin should have been used to wipe client #6's mouth.  C. During observations in the home on 6/14/21 at 12:12pm, Staff B placed a plate of food on the table for client #6. During this time, client #5 was sitting in his wheelchair at the end of the table. Client #5 was observed to use his hand to feel around in the plate of food, and take a piece of the sandwich that was cut into four equal pieces. Staff B was observed to get the plate of food off the table and put it on the kitchen counter. At 12:30pm, client #6 was observed to eat the plate of food.  Interview on 6/15/21 with the QIDP and HM confirmed that the plate of food should have been thrown out and new food should have been prepared for client #6.  FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and		W 48			
		ncluding modified and				
	Based on observat	s not met as evidenced by: tions, record reviews, and ity failed to ensure 4 of 6 audit				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G329	B. WING			06/	15/2021
	NAME OF PROVIDER OR SUPPLIER  KIMBERLY ROAD			1503	EET ADDRESS, CITY, STATE, ZIP CODE  KIMBERLY ROAD  V BERN, NC 28562	, ,	
(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 SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 460	clients (#1, #4, #5 a prescribed diet as in A. During observation 12:33pm, client #5 His lunch included sandwich, with two sandwich, cut into be Additional observations. Staff A sandwich included two turkey Several pieces of the than 1" in size.  Further observations. Further observations. 18am revealed So "Thick It" thickener D was observed to the cup for approximation to client #5. Beclient #5 was observed to the cup for approximation of the cup	and #6) received their specially indicated. The findings are:  ons in the home on 6/14/21 at was observed eating lunch. a bologna and cheese pieces of bologna on the bite size pieces.  ions in the home on 6/14/21 at int #5 eating dinner. His dinner burgers, cut up into pieces. The turkey burgers were larger as in the home on 6/15/21 at taff D putting three scoops of into a plastic sippy cup. Staff pour water into the cup, shake mately 3 seconds, and give the etween 8:19am ad 8:28am, wed to cough 9 times.  of client #5's Individual of dated 6/5/20 revealed a diet of regular diet with foods ize (no larger than 1") pieces, proteins and liquids thickened	W 4	60			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		34G329	B. WING _		06	/15/2021	
NAME OF PROVIDER OR SUPPLIER  KIMBERLY ROAD  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 460 Continued From page 3  Manager (HM) confirmed client #5's sandwich should have included double meats, the turkey burgers should have been cut into smaller pieces				STREET ADDRESS, CITY, STATE, ZIP C 1503 KIMBERLY ROAD NEW BERN, NC 28562			
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 460	Manager (HM) conshould have includ burgers should have not to exceed 1" in have been thickened diet order indicates.  B. During observat 12:45pm, client #6 bologna and chees was cut into 4 equal Additional observat 5:34pm revealed conformer. The tur #6 whole. Client #6 burger and eat it, e2/3's of the burger, Review on 6/14/21 revealed a diet that into 1" bite size pie Interview on 6/15/2 confirmed client #6 should have been ther diet indicates.  C. During observat 12:18pm, client #4 bologna and chees was cut into 4 equal Review on 6/15/21 8/18/20 revealed a cut into 1/2" bite size Interview on 6/15/21 8/18/20 revealed a cut into 1/2" bite size Interview on 6/15/21 8/18/20 revealed a cut into 1/2" bite size Interview on 6/15/21	firmed client #5's sandwich ed double meats, the turkey be double meats, the turkey be been cut into smaller pieces size and the water should ed to the honey consistency his in the home on 6/14/21 at was observed eating a se sandwich. The sandwich all pieces.  It ions in the home on 6/14/21 at lient #6 eating a turkey burger key burger was served to client without any difficulty.  If consists of regular, meats cut ces.  If with the QIDP and HM is sandwich and turkey burger cut into 1" bite size pieces as ions in the home on 6/14/21 at was observed eating a se sandwich. The sandwich all pieces.  If client #4's IPP dated diet order of regular, all foods					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		34G329	B. WING			06/15/2021	
NAME OF PROVIDER OR SUPPLIER  KIMBERLY ROAD				STREET ADDRESS, CITY, STATE, ZIP COD 1503 KIMBERLY ROAD NEW BERN, NC 28562	)E		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION SI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 460	Continued From pacut into 1/2" pieces	age 4 as indicated by her diet order.	W 4	60			