

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

PRINTED: 12/05/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G312 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/30/2021 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER RAVENDALE DRIVE GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1123 RAVENDALE DRIVE CHARLOTTE, NC 28216 | | |
| (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 474 | <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews the facility failed to ensure food for 1 of 3 sampled clients (#2) was served in a form consistent with their developmental level. The findings is:</p> <p>Observation in the group home at 7:20 AM on 11/30/21 revealed the breakfast meal to be one hard-boiled egg, one piece of toast, two pieces of bacon, and grapes. Continued observation revealed client #2 to participate in the breakfast meal and consume their breakfast in whole form. Interview with the home manager at 8:10 AM revealed they were told client #2's diet order is regular.</p> <p>Review of client #2's record on 11/30/21 revealed an individual support plan (ISP) dated 3/18/21. Review of the ISP indicated client #2's diet order is mechanical soft. Further review of client #2's record revealed a nutritional assessment dated 3/17/21. Review of the nutritional assessment indicated client #2's diet order is "1800 cal, mechanical soft." Continued review of the nutritional assessment indicated "client #2's mechanical soft order aids with food being easy to chew and swallow. Staff expressed concerns client #2 might be a choking risk due to his head posture and how rapidly he eats."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/21 verified client #2's nutritional assessment is current. Continued interview with the QIDP confirmed client #2's diet</p> | W 474 | | | |

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 474 | Continued From page 1 order should be followed as prescribed. | W 474 | | | |