

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

PRINTED: 01/18/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 474	<p><b>MEAL SERVICES</b> 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 interview the facility failed to ensure food for 1 of 3 sampled clients (#4) was served in a form consistent with their developmental level. The finding is:</p> <p>Evening observation in the group home on 1/11/22 revealed the dinner meal to be chicken, dairy free macaroni and cheese, mixed vegetables, apricot salad, and toast. Continued observation of the dinner meal at 5:21 PM revealed staff A to serve client #4 a whole piece of toast. Further observation revealed client #4 to consume the toast in whole form and for staff A to serve a second piece of toast in whole form, which client #4 also consumed in whole form.</p> <p>Morning observation in the group home on 1/12/22 revealed the breakfast meal to be cereal of choice, bananas, and muffins. Continued observation at 6:35 AM revealed staff C to serve client #4 a muffin in whole form and for client #4 to consume the muffin in whole form. Further observation at 6:38 AM revealed the qualified intellectual disabilities professional (QIDP) to serve client #4 a second muffin and assist in cutting the muffin into small pieces.</p> <p>Review of client #4's record on 1/13/22 revealed an individual program plan (IPP) dated 8/6/21. Review of the IPP indicated client #4's diet is regular, 1/4-inch pieces, chopped, history of choking. Continued review of client #2's record revealed a nutritional evaluation dated 8/5/21.</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	<p>Continued From page 1</p> <p>Review of the nutritional evaluation indicated client #4's diet order is regular, cut into small pieces (chopped). Further review of client #4's record revealed physician orders dated 10/10/21. Review of the physician orders revealed client's diet is regular, food cut into small pieces, uses straws for fluids.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/13/22 verified client #4's diet orders are current. Continued interview with the QIDP confirmed client #4's diet order should be followed as prescribed at all times.</p>	W 474		