STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G088	A. BUILDING _____ B. WING _____	05/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRYVILLE GROUP HOME	1102 REQUA ROAD CHERRYVILLE, NC 28021

(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 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 4 of 4 clients (#1, #3, #4, and #5) received recommended medical services as indicated. The findings are: A. Review of client's #1 record revealed the following medical services to be recommended and/or provided. For example: Dental examination report for client #1 dated 9/27/19 - consultation says FU PRN but should have routine exams every 6 months. Hematology/Oncology report dated 11/12/19 listed the next visit due 11/20. No current scheduled appointments were available to review for client #1 relative to the medical services listed. B. Review of client's #3 record revealed the following medical services to be recommended and/or provided. For example: Client #3 was recently admitted to the group home on 12/1/21. Dental appointment was mentioned in T-Log on 1/11/22 but no details were listed. Client #3 was supposed to have extensive cleaning and treatment completed. Ophthalmology services has no past, current or scheduled appointments in T-log to review. No current scheduled appointments were available to review for client #3 relative to the medical services listed. C. Review of client's #4 record revealed the following medical services to be recommended	W 331		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	34G088	A. BUILDING _____ B. WING _____	05/11/2022

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W 331	Continued From page 1	W 331		

and/or provided. For example:

Audiology visit for client #4 dated 10/19/19 with recommendations to return in 10/20 which did not occur as the client is required to wear hearing aids in both ears to assist with hearing. Dental appointment mentioned in T-Log on 7/23/19 recommended client #4 to return in 1/2020 which did not occur. Ophthalmology visit dated 5/7/19 recommended to return in 5/20 which did not occur. Client #4 wears prescription glasses to assist with his vision. Urology appointment dated 1/7/19 recommends a follow up in 1/20 which did not occur. No current scheduled appointments were available for review for client #4 relative to the medical services listed.

D. Review of client's #5 record revealed the following medical services to be recommended and/or provided. For example:

Audiology visit for client #5 dated 10/19/19 with recommendations to return in 10/20 which did not occur. Dental appointment mentioned in T-Log completed on 7/21/21. The dentist recommended client #5 needs to be seen under general anesthesia to complete the deep cleaning. Neurology appointment scheduled 4/14/21. There was no documentation to review that this appointment occurred. Client #5's diagnosis includes seizure disorder. No further scheduled appointments were available to review for client #5 relative to the medical services listed.

Interview on 5/11/22 with the facility nurse (RN) confirmed the medical appointments noted on clients #1, #3, #4 and #5 in T-Log were current and included overdue medical appointments. Continued interview with the RN confirmed that all

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	34G088	A. BUILDING _____ B. WING _____	05/11/2022

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W 331	Continued From page 2 medical appointments are primarily scheduled by the facility home manager (HM). Further interview with the RN verified all clients should receive recommended medical services timely and as prescribed.	W 331		