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	The Cherryville ICF home will provide persons' served with nursing services in accordance with their needs. The Director of Nursing will ensure that all clients receive recommended medical services. Upon review, the Director of Nursing has identified all unscheduled medical appointments for each persons' served within the Cherryville ICF home. The QIDP has scheduled the identified appointments and has provided the necessary confirmation and notification. Additionally, the QIDP and Director of Nursing will assure that all recommended medical services are received and monitored at least quarterly. This will assure all annual and specialist services are received in a timely manner and will prevent future scheduling errors from occurring. RECEIVED JUN 08 2022 DHSR-MH Licensure Sect	7/10/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Charlie Norton — TITLE: Executive Director — (X6) DATE: 6-1-22

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 331	Continued From page 1 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	W 331		

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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		