

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

PRINTED: 11/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>STARNES GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2823 STARNES ROAD CHARLOTTE, NC 28214</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 observation, record review, and interview, the facility failed to assure food consistency was served in a form according to clients' (#1 and #5) developmental levels. The findings are:</p> <p>A. The facility failed to assure food consistency for client #1 according to developmental level. For example:</p> <p>Afternoon Observations in the group home on 10/19/22 at 5:14 PM revealed staff to pour client #1 ginger ale in a cup and the client to drink independently. Continued observations at 5:19 PM revealed staff to prepare and serve client #1 the dinner meal consisting of the following: oven cooked chicken, mash potatoes, and green beans. Further observations revealed staff to cut up the oven cooked chicken and to serve the green beans whole. At no point during the dinner meal did staff provide client #1 with a ground diet.</p> <p>Morning observations in the group home on 10/20/22 at 6:41 AM revealed client #1 to participate in medication administration. Continued observations at 6:52 AM revealed client #1 to be assisted to the dining room table in his wheelchair. Further observations revealed staff to serve breakfast meal consisting of the following: frosted flakes and silk milk. Subsequent observations revealed client #1 to eat large amounts of dry frosted flakes and staff to prompt the client to slow down. At no point during the breakfast meal did staff provide client</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 #1 with a ground diet.</p> <p>Review of the record for client #1 on 10/20/22 revealed an individual support plan (ISP) dated 4/27/22. Continued review of the record revealed an annual nutritional assessment dated 7/11/22 which indicates that client #1 has a 1500 calorie, ground/pureed diet with assistive devices consisting of a scoop plate, plastic cup, 1 spoon and a paced eating program.</p> <p>Interview with the facility nurse revealed that client #1's prescribed diet is current. Continued interview with the facility nurse verified that the staff should be providing client #1 with a ground diet as prescribed.</p> <p>B. The facility failed to assure food consistency for client #5 according to developmental level. For example:</p> <p>Afternoon Observations in the group home on 10/19/22 at 5:16 PM revealed client #5 to wash hands and prepare for the dinner meal. Continued observations at 5:19 PM revealed staff to prepare and serve client #5 the dinner meal consisting of the following: oven cooked chicken, mash potatoes, green beans, water, and ginger ale. Further observations at 5:21 PM revealed client #5 to eat large pieces of oven cooked chicken. At no point during the dinner meal did staff assist client #5 with 1/2" chopped diet.</p> <p>Review of the record for client #5 on 10/20/22 revealed an ISP dated 1/20/22. Continued review of the record revealed an annual nutritional assessment dated 7/11/22 which indicates that client #5 has an ADA diet and add chopped modification to diet 1/2". The recommendations</p>	W 474			

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W 474	Continued From page 2 for a chopped modification were noted during observation and per staff report of consumer eating quickly with limited chewing.  Interview with the facility nurse revealed that client #5's diet is current. Continued interview with the facility nurse verified that the nurse was not aware of the diet changes for client #5. Interview with the qualified intellectual disabilities professional (QIDP) revealed that client #5 will not eat food with modifications.	W 474			