PRINTED: 11/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G103	B. WING_	B. WING		11/08/2022	
MY PLAC	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(X4) <b>I</b> D PREF <b>I</b> X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPR <b>I</b> ATE	(X5) COMPLETION DATE	
	Therefore, the facilit treatment and care This STANDARD is Based on observatinterviews, the facility of 4 audit clients (home. The findings A. During observation 4:00pm, client #1 wide open. Further 4:01pm, a female codor to empty the treatment of the disposable brief under the female cliebedroom.  During an interview client #1 empties the once she begins she stated how the female the disposable trief under the disposable brief under the female cliebedroom.  During an interview client #1 empties the once she begins she stated how the female client #1 relies on sprivacy.  B. During observation observation of the door wide onto closed. At 5:33	sure the rights of all clients. Ity must ensure privacy during of personal needs. Is not met as evidenced by: Itions, record review and ity failed to ensure privacy for (#1, #4 and #5) residing in the	W 13	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING_		11.	/08/2022
MY PLAC	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
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W 130	bathroom where clithe toilet without an client #4 "did you resmell your armpits. remained open the taking her shower at Review on 11/8/22 Comprehensive Fu 5/12/22 revealed stindependently.  During an interview always keeps the bilient #4 takes a ship During an interview revealed the bathroclosed while client at 5:27pm, client #5 with the door wide of curtain open. Furthwhile the door remains reflection was seen walked past the open walked into the bath taking her shower at the bathroom door observed pulling the closing it. Client #5 with a towel covering backside was visible During an interview always keeps the bathroom door observed pulling the closing it. Client #5 with a towel covering backside was visible During an interview always keeps the bathroom door observed pulling the closing it. Client #5 with a towel covering backside was visible During an interview always keeps the bathroom door observed pulling the closing it.	ent #4 was observed sitting on by clothes on. Staff A asked eally take a shower; let me "The bathroom door entire time client #4 was and getting dressed.  of client #4's Annual nctional Assessment dated ne will close a door for privacy on 11/7/22, Staff A stated she athroom door open when lower because she might fall.  on 11/8/22, the QIDP oom door should have been #4 was taking her shower.  tions in the home on 11/7/22 at was seen taking her shower open, along with the shower open, along with the shower open, along with the shower open, client #5's in the mirror as the surveyor en door. At 5:29pm, Staff A hroom door while client #5 was and then walked out, leaving open. The QIDP was e bathroom door, but not is came out of the bathroom ong the front of her, while her	W 13	30		

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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
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W 130	Review on 11/8/22 Comprehensive Fu 4/21/22 revealed shindependently.  During an interview revealed the bathro	ge 2 of client #5's Annual nctional Assessment dated ne will close a door for privacy on 11/8/22, the QIDP om door should have been #5 was taking her shower.	W 1.	30			
W 252	PROGRAM DOCU CFR(s): 483.440(e) Data relative to acc specified in client in	MENTATION	W 2	52			
	Based on observatinterviews, the facil	s not met as evidenced by: cions, record review and tity failed to ensure 2 of 4 audit data for their goals was findings are:					
	preparing a salad; vindependently wash months; wash dishedollars; independer and wash her hair r	22 of client #3's goals: walk for thirty minutes; hands for three consecutive es; count correct number of atly give herself medication evealed data was missing for f: June 2022, August 2022, and October 2022.					
	teeth and count one missing for the enti	22 of client #4's goals: brush e to twenty revealed data was re months of: June 2022, ember 2022 and October					

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W 252	Continued From pa	ge 3	W 25	2		
W 255	Intellectual Disabilit staff have been traif for clients #3 and #	ORING & CHANGE	W 25	5		
	The individual progleast by the qualified professional and rebut not limited to sit successfully complidentified in the indication of the standard of the stan	ram plan must be reviewed at d intellectual disability vised as necessary, including, tuations in which the client has eted an objective or objectives vidual program plan. In sometimes as evidenced by:  Eview and interview, the facility of 4 audit clients (#3 and #4) in the target date has				
	revealed her prepa implemented on 4/2 was on 9/1/22. Fur #3's walking goal wand the completion Additional review regoal was implemented completion date warevealed client #3's implemented on 3/5 was on 10/1/22. Ad #3's count the correimplemented on 3/5 was on 9/1/22. Fur #3's give herself he	1/22 and the completion date ther review revealed client as implemented on 9/23/20 date was on 9/1/22. Evealed client #3's wash hands ted on 2/1/22 and the as on 9/30/22. Further review wash dishes goal was 5/21 and the completion date dditional review revealed client ect number of dollars was 5/21 and the completion date ther review revealed client				

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W 255	was on 9/1/22. Fur #3's wash hair thorout 4/1/22 and the come Additional review rewere not replaced on 11/7 revealed her count implemented on 9/2 was on 9/1/22. Fur #4's brush teeth go and the completion Additional review realphabet goal was in the completion date review revealed the replaced or revised During an interview Intellectual Disability revealed he has not for clients #3 or clients #4 or clients	ther review revealed client oughly was implemented on apletion date was on 9/1/22. Evealed these seven goals or revised with new ones.  1/22 of client #4's record to one to twenty goal was 23/20 and the completion date of their review revealed client al was implemented on 4/1/21 date was on 9/1/22. Evealed client #4's recite the implemented on 9/23/20 and the was on 9/1/22. Additional even three goals were not with new ones.  1/22 of client #4's record to one to twenty goal was 23/20 and the completion date the review revealed client #4's recite the implemented on 9/23/20 and the was on 9/1/22. Additional even three goals were not with new ones.  1/23 of client #4's record the goals was on 9/1/22. To Qualified the goals were not with new ones.  1/24 of client #4's record the goals were not	W 2			

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W 258	Continued From pa	ge 5	W 25	58		
	Program Plan (IPP) goal. Further review #1 is indicate choic During an interview Intellectual Disabilit revealed he has no for client #1. Further company in which the group home in I	on 11/8/22, the Qualified ies Professional (QIDP) t implemented any new goals er interview revealed the he QIDP works for acquired December 2021.				
W 260	CFR(s): 483.440(f): At least annually, the must be revised, as process set forth in This STANDARD is Based on record refacility failed to upd	ne individual program plan is appropriate, repeating the paragraph (c) of this section. is not met as evidenced by: eviews and interviews, the ate the Individual Program for 2 of 4 audit clients (#1 and	W 26	50		
	revealed an IPP da	22 of client #1's record ted 8/1/21. Additional review revealed no updated IPP				
	revealed an IPP da	22 of client #4's record ted 8/6/21. Additional review revealed no updated IPP				
	Intellectual Disabilit	on 11/8/22, the Qualified ies Professional (QIDP) 1 and #4 IPP's have not been				

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			1050 HOG	AN STREET			
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL			EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETION DATE	
CFR(s): 483.480(a) Each client must rewell-balanced diet is specially-prescribed. This STANDARD is Based on observatinterviews, the facil received a nourishin including modified as prescribed. This (#3 and #4). The find A. During evening 11/7/22 at 6:01pm, with three pears the observations reveat pear halves. Addititing pear halves were not be received on 11/7/22 9/26/22 for client #4 size."  During an interview Intellectual Disability confirmed client #4 into bite sized pieces.  B. During breakfast 7:04am, client #3 a oatmeal. Further olet client #3 get a set of the size of	ceive a nourishing, including modified and didets.  Is not met as evidenced by: tions, record reviews and ity failed to ensure each clienting, well balanced diet and specially prescribed diet affected 2 of 4 audit clients indings are:  Observations in the home on client #4 began eating a bowlet were cut in half. Further led client #4 consuming the onal observations revealed the ot cut.  Of the facility's diet list dated a stated, "Cut all foods bite  on 11/2/22, the Qualified ies Professional (QIDP) is pears should have been cut es.  It observations on 11/8/22 at sked for a second helping of bservations revealed Staff B econd helping of the oatmeal.	W 4	60				
client #3 should not	have been allowed a second						
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  FOOD AND NUTRI CFR(s): 483.480(a)  Each client must re well-balanced diet i specially-prescribed  This STANDARD is Based on observati including modified a as prescribed. This (#3 and #4). The fi  A. During evening 11/7/22 at 6:01pm, with three pears that observations reveat pear halves. Additi pear halves were not be reveauly and the review pear halves were not be review on 11/7/22 9/26/22 for client #4 size."  During an interview Intellectual Disability confirmed client #4 into bite sized piece  B. During breakfass 7:04am, client #3 a oatmeal. Further o let client #3 get a se  During an interview client #3 should not	ABOUT THE CORRECTION SERVICES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#3 and #4). The findings are:  A. During evening observations in the home on 11/7/22 at 6:01pm, client #4 began eating a bowl with three pears that were cut in half. Further observations revealed client #4 consuming the pear halves. Additional observations revealed the pear halves were not cut.  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #4 stated, "Cut all foods bite	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#3 and #4). The findings are:  A. During evening observations in the home on 11/7/22 at 6:01pm, client #4 began eating a bowl with three pears that were cut in half. Further observations revealed client #4 consuming the pear halves. Additional observations revealed the pear halves were not cut.  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #4 stated, "Cut all foods bite size."  During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's pears should have been cut into bite sized pieces.  B. During breakfast observations on 11/8/22 at 7:04am, client #3 asked for a second helping of oatmeal. Further observations revealed Staff B let client #3 get a second helping of the oatmeal.  During an interview on 11/8/22, Staff A stated client #3 should not have been allowed a second	STREET AL 1050 HOG FAYETTE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD AND NUTRITION SERVICES  CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#3 and #4). The findings are:  A. During evening observations in the home on 11/7/22 at 6:01pm, client #4 began eating a bowl with three pears that were cut in half. Further observations revealed client #4 consuming the pear halves. Additional observations revealed the pear halves were not cut.  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #4 stated, "Cut all foods bite size."  During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's pears should have been cut into bite sized pieces.  B. During breakfast observations on 11/8/22 at 7:04am, client #3 asked for a second helping of oatmeal. Further observations revealed Staff B let client #3 get a second helping of the oatmeal.  During an interview on 11/8/22, Staff A stated client #3 should not have been allowed a second	PROVIDER OR SUPPLIER  34G103  B. WING  STREET ADDRESS, CITY, STATE, ZIP COT 1050 HOGAN STREET FAYETTEVILLE, NC 28301  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#3 and #4). The findings are:  A. During evening observations in the home on 11/17/22 at 6:01 pm, client #4 began eating a bowl with three pears that were cut in half. Further observations revealed client #4 consuming the pear halves. Additional observations revealed the pear halves. Additional observations revealed the pear halves. Additional observations revealed the pear halves in the facility's diet list dated 9/26/22 for client #4 stated, "Cut all foods bite size."  During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's pears should have been cut into bite sized pieces.  B. During breakfast observations revealed Staff B let client #3 get a second helping of oatmeal. Further observations revealed Staff B let client #3 should not have been allowed a second	A BUILDING  34G103  B. WING  TROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD AND NUTRITION SERVICES  CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well-balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#3 and #4). The findings are.  A. During evening observations in the home on 11/7/22 at 6:01pm, client #4 began eating a bowl with three pears that were cut in half. Further observations revealed (left #4 consuming the pear halves. Additional observations revealed the pear halves were not cut.  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #4 stated, "Cut all foods bite size."  During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 s asked for a second helping of catmeal. Further observations revealed Staff B let client #3 gat a second helping of the oatmeal.  During an interview on 11/8/22, Staff A stated client #3 should not have been allowed a second	

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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
Continued From pa	ge 7	W 40	60			
Evaluation dated 6/ "Diet:Seconds of Review on 11/7/22 of 9/26/22 for client #3 of one fruit or veget During an interview client #3 should onl vegetables. Furthe should not have rec the oatmeal. MENUS CFR(s): 483.480(c)	27/22 indicated, one fruit or vegetable only".  of the facility's diet list dated a stated, "May have seconds table only."  on 11/8/22, the QIDP stated y get seconds of fruits or r interview revealed client #3 beived the second helping of (2)	W 48	31			
file for 30 days. This STANDARD is Based on observat failed to ensure foo documented. The file During review on 1' which states, "[CI Further review of th client #3 made a sa 5/19/22; 7/5/22; 7/7 7/21/22; 7/26/22 an During review on 1' revealed there was salad was used as client #3's meals. During an interview	s not met as evidenced by: ions and interviews, the facility d substitutions were finding is:  1/7/22 of a goal for client #3 ient #3] will prepare a salad" e documentation revealed lad on the following days 1/22; 7/12/22; 7/14/22; 7/19/22; d 7/29/22.  1/7/22 of the menu book no documentation indicating a a substitute during any of  on 11/7/22, the Qualified					
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa  Review on 11/7/22 (Evaluation dated 6/ "Diet:Seconds of  Review on 11/7/22 (9/26/22 for client #3 of one fruit or veget  During an interview client #3 should onl vegetables. Furthe should not have rectine oatmeal.  MENUS  CFR(s): 483.480(c)  Menus for food actufile for 30 days. This STANDARD is Based on observat failed to ensure food documented. The fill of the should not have rectine for some food actufile for 30 days.  This STANDARD is Based on observat failed to ensure food documented. The fill of the states, "[CII Further review of the client #3 made a sa 5/19/22; 7/5/22; 7/7/21/22; 7/26/22 and During review on 12 revealed there was salad was used as client #3's meals.  During an interview	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  Review on 11/7/22 of client #3's Nutritional Evaluation dated 6/27/22 indicated, "DietSeconds of one fruit or vegetable only".  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #3 stated, "May have seconds of one fruit or vegetable only."  During an interview on 11/8/22, the QIDP stated client #3 should only get seconds of fruits or vegetables. Further interview revealed client #3 should not have received the second helping of the oatmeal.  MENUS  CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:  During review on 11/7/22 of a goal for client #3 which states, "[Client #3] will prepare a salad"  Further review of the documentation revealed client #3 made a salad on the following days 5/19/22; 7/5/22; 7/7/22; 7/12/22; 7/14/22; 7/14/22; 7/19/22; 7/21/22; 7/26/22 and 7/29/22.  During review on 11/7/22 of the menu book revealed there was no documentation indicating a salad was used as a substitute during any of	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  Review on 11/7/22 of client #3's Nutritional Evaluation dated 6/27/22 indicated, "Diet:Seconds of one fruit or vegetable only".  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #3 stated, "May have seconds of one fruit or vegetable only."  During an interview on 11/8/22, the QIDP stated client #3 should only get seconds of fruits or vegetables. Further interview revealed client #3 should not have received the second helping of the oatmeal.  MENUS  CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:  During review on 11/7/22 of a goal for client #3 which states, "[Client #3] will prepare a salad" Further review of the documentation revealed client #3 made a salad on the following days 5/19/22; 7/5/22; 7/17/22; 7/112/22; 7/114/22; 7/19/22; 7/21/22; 7/12/22; 7/12/22; 7/114/22; 7/19/22; 7/21/22; 7/26/22 and 7/29/22.  During review on 11/7/22 of the menu book revealed there was no documentation indicating a salad was used as a substitute during any of client #3's meals.  During an interview on 11/7/22, the Qualified	A BUILDING  34G103  B. WINS  PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  Review on 11/7/22 of client #3's Nutritional Evaluation dated 6/27/22 indicated, "DietSeconds of one fruit or vegetable only".  Review on 11/7/22 of the facility's diet list dated 9/26/22 for client #3 stated, "May have seconds of one fruit or vegetable only."  During an interview on 11/8/22, the QIDP stated client #3 should only get seconds of fruits or vegetables. Further interview revealed client #3 should have received the second helping of the oatmeal.  MENUS  CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:  During review on 11/7/22 of a goal for client #3 which states, "(Client #3) will prepare a salad"  Further review of the documentation revealed client #3 made a salad on the following days 5/19/22; 7/22; 7/12/22; 7/14/22;	RECORRECTION BENTIFICATION NUMBER  34G103  8. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  Review on 1177/22 of client #3's Nutritional Evaluation dated 6/27/22 indicated, "Diet Seconds of one fruit or vegetable only".  Review on 1177/22 of the facility's diet list dated 9/26/22 for client #3's stated, "May have seconds of one fruit or vegetable only."  During an interview on 1178/22, the QIDP stated client #3's should only get seconds of fruits or vegetables. Further interview revealed client #3's should not have received the second helping of the oatmeal.  MENUS  CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:  During review on 1177/22 of a goal for client #3 which states, " [Client #3] will prepare a salad" Further review of the documentation revealed client #3 made a salad on the following days 5/19/22, 77/5/22, 77/727, 71/272, 71/4/22, 71/9/22, 72/12/22, 72/522, 207 2022.  During review on 1177/22 of the menu book revealed there was no documentation indicating a salad was used as a substitute during any of client #3's meals.  During an interview on 1177/22, the Qualified	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G103	B. W <b>I</b> NG		11/	11/08/2022	
MY PLAC	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	·		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		JLD BE	(X5) COMPLETION DATE	
W 481	confirmed there was no documentation indicating a salad was used as a substitute for client #3.		W 2				
W 508	CFR(s): 483.430(f)(s) § 483.430 Condition staffing.  (f) Standard: COVII staff. The facility molicies and proced fully vaccinated for this section, staff arif it has been 2 wee completed a primar COVID-19. The covaccination series f as the administration the administration multi-dose vaccine.  (1) Regardless of contact, the policies to the following faci care, treatment, or and/or its clients:  (i) Facility employee (ii) Licensed practiti (iii) Students, traine (iv) Individuals who other services for the under contract or by (2) The policies and onot apply to the (i) Staff who exclustelemedicine service and who do not have clients and other staff of this section; and	n of Participation: Facility D-19 Vaccination of facility rust develop and implement rures to ensure that all staff are COVID-19. For purposes of re considered fully vaccinated re consid	W 5	008			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G103	B. W <b>I</b> NG			11/08/2022	
MY PLA	PROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE D50 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 508	the facility setting a contact with clients paragraph (f)(1) of (3) The policies ar a minimum, the fol (i) A process for er paragraph (f)(1) of staff who have perbeen granted, exerequirements of this whom COVID-19 will delayed, as recomplicated precautions received, at a minimulation vaccine, or the first vaccination series vaccine prior to state treatment, or other its clients; (iii) A process for the documenting the Call staff specified in section; (v) A process for the documenting the Cany staff who have as recommended I (vi) A process by we exemption from the requirements base (vii) A process for the documenting information of the company staff who have as recommended I (vi) A process for the documenting the Cany staff who have as recommended I (vii) A process for the documenting information of the requirements base (vii) A process for the documenting information of the requirements base (vii) A process for the documenting information of the requirements base (vii) A process for the documenting information of the requirements base (viii) A process for the documenting information of the requirements base (viii) A process for the documenting information of the requirements base (viii) A process for the documenting information of the requirements base (viii) A process for the requirements base (viiii) A process for the requirements base (viiii) A process for the requirements base (viiii) A process for the requirements base (viiiii) A process for the requirements base (viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	formed exclusively outside of and who do not have any direct and other staff specified in this section.  Indeprocedures must include, at lowing components: assuring all staff specified in this section (except for those iding requests for, or who have imptions to the vaccination is section, or those staff for accination must be temporarily mended by the CDC, due to and considerations) have in mum, a single-dose COVID-19 and dose of the primary for a multi-dose COVID-19 and for a multi-dose COVID-19 and for services for the facility and/or ensuring the implementation of cons, intended to mitigate the accinated for COVID-19, for all staff accinated for COVID-19; racking and securely covID-19 vaccination status of a paragraph (f)(1) of this eacking and securely covID-19 vaccination status of obtained any booster doses	W	508			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		11.	/08/2022
MY PLACE	PROVIDER OR SUPPLIEF	2		STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(X4) ID PREF <b>I</b> X TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPR <b>I</b> ATE	(X5) COMPLETION DATE
W 508	has granted, an ec COVID-19 vaccina (viii) A process for documentation, we clinical contraindicand which support exemptions from and dated by a lict the individual requise acting within the as defined by, and applicable State at ensuring that such (A) All information authorized COVID contraindicated for and the recognized contraindications; (B) A statement by recommending the exempted from the vaccination required recognized clinical (ix) A process for secure documents staff for whom CO temporarily delayed CDC, due to clinic considerations, inclinidividuals with a COVID-19, and in monoclonal antibor COVID-19 treat (x) Contingency process for COVID-19 treat (x) COVID-19 treat	exemption from the staff ation requirements; rensuring that all hich confirms recognized cations to COVID-19 vaccines ts staff requests for medical vaccination, has been signed ensed practitioner, who is not resting the exemption, and who eir respective scope of practice d in accordance with, all and local laws, and for further and documentation contains: specifying which of the po-19 vaccines are clinically reference to the staff member to receive documents for staff based on the local laws, and for the and the staff member be efacility's COVID-19 ements for staff based on the local contraindications; ensuring the tracking and ation of the vaccination must be end, as recommended by the stall precautions and cluding, but not limited to, cute illness secondary to dividuals who received or convalescent plasma atment; and lans for staff who are not fully IVID-19.	W	508		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		11	/08/2022
MY PLAC	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP ( 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPR <b>I</b> ATE	(X5) COMPLETION DATE
W 508	vaccinated for COV who have been gravaccination require staff for whom COV temporarily delayed CDC, due to clinical considerations; This STANDARD is Based on record refacility failed to ensistaff have been vacexemption against During review on 10 COVID-19 vaccinated discovered that one or approved for an During an interview Intellectual Disability there was one staff	this section are fully /ID-19, except for those staff nted exemptions to the ments of this section, or those /ID-19 vaccination must be d, as recommended by the II precautions and s not met as evidenced by: eview and interviews, the ure that 100 percent of their ecinated or had an approved COVID-19. The finding is: 1/8/22 of the facility's cion information, it was e staff had not been vaccinated	W 5	08		