

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

PRINTED: 03/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TIMBERLEA GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5691 MACK LINEBERRY ROAD CLIMAX, NC 27233</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 447	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(2)(iii)</p> <p>The facility must file a report and evaluation on each evacuation drill. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure a report of each evacuation drill was thoroughly completed. The finding is:</p> <p>Review of the facility's fire evacuation drills for January 2022 through February 2023 revealed only two reports with recorded times for the fire evacuation drills. All other reports reviewed were dated and the assigned shift was circled, or the report was just dated.</p> <p>Interview on 2/28/23 with the assistant manager revealed the facility used to use a form that recorded the times of the drill, but had changed the form approximately one year ago and the times are not reflected.</p> <p>Interview with the clinical supervisor confirmed the times should be reflected on the fire evacuation drill reports.</p>	W 447			
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 reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level for 2 of 5 audit clients (#2 and #5). The findings are:</p> <p>A. The facility failed to follow client #2's diet as prescribed. For example:</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	Continued From page 1  During observations in the home on 2/27/23 at 6:05pm, client #2 was observed eating dinner which consisted of tossed salad, two pieces of cheese pizza, and several pieces of boneless chicken wings. Staff B was observed to cut the boneless wings into pieces, but the pizza remained in whole form.  Review on 2/27/23 of client #2's nutritional evaluation dated 8/25/22 revealed a regular, high calorie diet with foods cut into bite size pieces.  Interview on 2/28/23 with the clinical supervisor confirmed client #2's pizza should have been cut into bite size pieces.  B. The facility failed to follow client #5's diet as prescribed. For example:  During observations in the home on 2/27/23 at 6:05pm, client #5 was observed eating dinner which consisted of tossed salad, two pieces of cheese pizza, and several pieces of boneless chicken wings. Client #5's pizza and boneless wings were served in whole form, and he consumed his entire meal.  Review on 2/27/23 of client #5's nutritional evaluation dated 10/14/21 revealed a regular, high calorie diet with finely chopped foods.  Interview on 2/28/23 with the clinical supervisor confirmed client #5's pizza and boneless wings should have been finely chopped.	W 474			