

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

PRINTED: 08/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2023
NAME OF PROVIDER OR SUPPLIER LAKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 554 RIDGE LANE WILKESBORO, NC 28697		
(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>MEAL SERVICES 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 review, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 4 of 5 clients (#1, #2, #3, and #4). The findings are:</p> <p>A. The facility failed to ensure the prescribed diet for client #1. For example:</p> <p>Observations in the group home on 8/8/23 at 5:30 PM revealed the dinner meal to be beef stew, rice, biscuits with butter and chopped assorted fruits. Continued observations revealed staff to serve two whole biscuits to client #1, and client #1 to consume both biscuits without staff cutting up or modifying the biscuits in any manner.</p> <p>Record review on 8/9/23 revealed a nutritional evaluation for client #1 dated 4/10/23 stating that the client is currently on a regular diet and requires food to be cut to 1/2" consistency.</p> <p>B. The facility failed to ensure the prescribed diet for client #2. For example:</p> <p>Observations of the same dinner meal revealed staff to serve a whole biscuit to client #2, and the client to consume the biscuit without staff cutting up or modifying the biscuit in any manner. Additional observation revealed staff to place a second whole biscuit in front of client #2, then return and break up the biscuit before assisting the client to eat the biscuit.</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</p> <p>Record review on 8/9/23 revealed a nutritional diet order change for client #2 dated 6/1/23 stating, "Client has been putting too much food in his mouth at once and had a choking incident 5/16/23. Diet consistency changed to 1 inch with ground meats." Additional record review revealed an incident report dated 5/16/23 which indicated, "While eating lunch got choked and I did the Heimlich and was cleared. Will consult with nutritionist to get diet consistency changed."</p> <p>C. The facility failed to ensure the prescribed diet for client #3. For example:</p> <p>Observations of the same dinner meal revealed staff to serve two whole biscuits to client #3, and the client to consume both biscuits without staff cutting up or modifying the biscuits in any manner.</p> <p>Record review on 8/9/23 revealed a nutritional evaluation for client #3 dated 2/16/23 stating that the client is currently on a 1500 calorie weight loss diet and requires food to be cut to 1" consistency.</p> <p>D. The facility failed to ensure the prescribed diet for client #4. For example:</p> <p>Observations of the same dinner meal revealed staff to serve two whole biscuits to client #4, and the client to consume both biscuits without staff cutting up or modifying the biscuits in any manner.</p> <p>Record review on 8/9/23 revealed a nutritional evaluation for client #4 dated 11/22/22 stating that the client is currently on a low sodium diet and requires food to be cut to 1/2" consistency.</p>	W 474			

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W 474	Continued From page 2 Interview with the Qualified Intellectual Disability Professional (QIDP) and Director of Nursing (DON) for the facility on 8/9/23 confirmed the diet orders are current and each client should have had their food served in a consistency appropriate to their needs as set forth in their respective nutritional orders.	W 474			