

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

PRINTED: 09/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER MYRTLEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 175 MYRTLEWOOD DRIVE MOUNT GILEAD, NC 27306		
(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 463	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 6 clients (#6) received their specially prescribed diet as ordered by the interdisciplinary team. The finding is:</p> <p>Observation in the group home on 9/12/23 revealed the dinner meal to include baked ham, brown rice, cooked cabbage, peaches, water, and tea. Continued observation revealed client #6 to participate independently in the dinner meal without being offered chocolate milk. Observation in the group home on 9/13/23 revealed the breakfast meal to include cereal, cheese toast, banana, milk, and water. Continued observation revealed client #6 to participate independently in the breakfast meal without being offered chocolate milk.</p> <p>Review of client #6's record on 9/13/23 revealed a nutritional evaluation dated 6/29/23. Review of the evaluation indicated client #6's diet guidelines include pureed consistency, double portions provided as desired, high calorie snacks and beverages, chocolate milk with all meals.</p> <p>Interview with the home manager (HM) on 9/13/23 confirmed client's diet guidelines are current. Continued interview with the HM revealed there is no chocolate milk available in the house. Further interview with the HM confirmed staff are responsible for ensuring client #6 receives his special diet as prescribed.</p>	W 463			

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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