STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G348	A. BUILDING _____ B. WING _____	02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA FARMS GROUP HOME #1	31719 HERB FARM CIRCLE ALBEMARLE, NC 28001

(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 200	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(3) A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a current occupational therapy assessment on file for 2 of 6 clients (#3 and #4). The findings are: Review of records on 2/27/24 revealed an individual support plan (ISP) for client #3 dated 7/1/23. Continued review of the ISP revealed a physician order dated 1/1/24 that client #3 is prescribed a sectional high sided plate for use at mealtimes. Further review of the ISP revealed no evidence of a current occupational therapy assessment on file. Review of records on 2/27/24 revealed an ISP for client #4 dated 11/1/23. Continued review of the ISP revealed that client #4 is prescribed a scoop plate at all meals. Further review of the ISP revealed no evidence of an occupational therapy assessment on file. Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) confirmed that the facility did not have an occupational therapy assessment on file for client #3 or client #4.	W 200		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

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 249	Continued From page 1	W 249		

formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to assure a continuous active treatment program identified as an individual need was implemented for 1 of 6 clients (#3). The finding is:

Observations in the group home 2/27/24 at 7:24 AM revealed client #3 to sanitize his hands and participate in the breakfast meal. Continued observation revealed client #3 to be provided with the following adaptive equipment: a dycem mat, a scoop plate, built-up spoon, built-up fork, and built-up knife. At no time during the breakfast meal observation was client #3 provided with his prescribed sectional plate (high-sided).

Review of the record on 2/27/24 for client #3 revealed an individual support plan (ISP) dated 7/1/23. Continued review of the ISP revealed a physician order dated 1/1/24 that revealed client #3 is prescribed a sectional high sided plate for use at mealtimes. Further review of the ISP revealed no evidence of a current occupational therapy assessment on file.

Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) verified that client #3's ISP was current. Continued interview

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W 249	Continued From page 2 confirmed that client #3 should have been provided his prescribed sectional plate (high-sided).	W 249		
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) 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 reviews, and interviews, the facility failed to assure 3 of 6 clients (#1, #4 and #5) received food served in a form consistent with the developmental level of the clients. The findings are: A. Observations in the group home on 2/26/24 at 5:46 PM revealed client #1 to participate in a dinner meal which consisted of a thick slice of meatloaf, broccoli flores, cheese sauce, mashed potatoes, one dinner roll, lemonade, and water. Continued observation revealed client #1's meal to be served to him in whole consistency and he received a prompt to cut up his meatloaf. Subsequent observation revealed client #1 to eat his half of his meatloaf in his dinner roll like a sandwich before it was cut into half inch consistency by staff. His broccoli flores remained in a whole consistency. Review of records for client #1 on 2/27/24 revealed an individual support plan (ISP) dated 9/27/23. Continued review of the ISP revealed a high fiber diet cut into bite size pieces and between meal snacks. Further review of records for client #1 revealed a nutritional assessment (NA) dated 9/28/23 with a high fiber heart healthy diet with second food portions and food cut into	W 463		

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W 463	Continued From page 3	W 463		

bite size pieces with between meal snacks as scheduled.

Interview with the qualified intellectual disabilities professional (QIDP) and home manager (HM) on 2/27/24 revealed that client #1's ISP and NA are current. Continued interview with QIDP and HM confirm client#1's foods are to be served to him in bite size pieces.

B. Observation in the group home on 2/26/24 at 5:29 PM revealed client #4 to participate in a dinner meal which consisted of a thick slice of meatloaf, one dinner roll, lemonade, and water. Client #4's food was served in a whole consistency. Continued observation revealed client #4's to consume all his meal except portions thrown on the floor.

Review of records for client #4 on 2/27/24 revealed an ISP dated 11/1/23. Continued review of the ISP revealed a high fiber with irritable bowel diet (IRB) modifications, food cut into bite size pieces and snacks as scheduled. Further review of records for client #4 revealed a NA dated 10/19/23 with a high fiber heart healthy diet with food cut into bite size pieces, diet modifications for IRB with between meal snacks as scheduled.

Interview with the QIDP and HM on 2/27/24 revealed the client #4's ISP and NA are current. Continued interview with QIDP and HM confirm client #4's foods are to be served to him in bite size pieces.

C. Observations in the group home on 2/26/23 at 5:29 PM revealed client #5 to participate in a dinner meal which consisted of a thick slice of

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W 463	Continued From page 4 meatloaf, broccoli flores, cheese sauce, mashed potatoes, one dinner roll, lemonade, and water. Continued observation revealed client #5's meal to be served to him in whole consistency. At no point during the observation did staff direct or attempt to cut up client #5's food into half inch consistency. Further observation revealed client #5 to consume one hundred percent of his meal. Review of records for client #5 on 2/27/24 revealed an ISP dated 7/20/23. Continued review of the ISP revealed a no concentrated sweets, high fiber heart healthy diet with second portions of fruit or vegetables only. Further review of records for client #5 revealed a NA dated 8/2/23 with a high fiber heart healthy diet with second servings of fruits and vegetables only with food cut into bite size pieces and snacks as scheduled. Interview with the QIDP and HM on 2/27/24 revealed the client 5's ISP and NA are current. Continued interview with QIDP and HM confirm client #5's foods are to be served to him in bite size pieces.	W 463		