PRINTED: 03/20/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G191	B. WING	WING		03/19/2024			
NAME OF PROVIDER OR SUPPLIER DOGWOOD HOUSE				2	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 DOGWOOD DRIVE NEW BERN, NC 28562				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 249	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 2	249					
LABORATORY	/ DIRECTOR'S OR PROVID	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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		34G191	B. WING _		03	/19/2024	
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W 249	assist in feeding if sethe Occupational Transference of client #1 to ended the Program of the Occupational Transference of client #1 to ended the Occupation of the Occupation	she refuses to eat meals, per herapist (OT). Staff should ces, offer substitutions, and courage eating. of client #1's OT evaluation, aled client #1 is 19.7 lbs. weight range and staff should at. Staff should feed client #1 if to eat, if possible. In addition, ent her food preferences sould be used as a food a refusing her meals. This as stated in the last year OT could not determine if it of client #1's nutrition /5/24, revealed client #1 is weight range and has a goal of more of her food per meal. Ements should be contained see her calories considered for . Staff should honor fer substitutes when meals are ient #1's record on 3/19/24 entation for client #1's meal ostitutions or her consumed	W 24	9			

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AND PLAN OF CORRECTION		, , , , , , , , , , , , , , , , , , , ,		A. BUILDING			COMPLETED	
	34G191 B. WING			03/19/2024				
NAME OF PROVIDER OR SUPPLIER DOGWOOD HOUSE				2401 [T ADDRESS, CITY, STATE, ZIP CODE DOGWOOD DRIVE BERN, NC 28562	, 00.		
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W 249	Continued From page 2 Interview on 3/19/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should offer substitutes and document client #1's intake and preferences, as well as offer to feed her per the IPP. B. Observation on 3/18/24 during snack time at 3:40pm revealed Staff A offer client #5 two Swiss Rolls as his afternoon snack. Client #5 quickly consumed both Swiss Rolls in less than one minute. He was not prompted to slow down in his eating pace. Observation on 3/18/24 during dinner revealed client #2 was served two whole slices of pizza at 5:08pm. She ate one large bite and was prompted to slow down by the Residential Manager. She continued to consume both slices of pizza by taking large bites and finished both slices at 5:11pm. She was not prompted to slow down		W 2	249				
	10/31/23, revealed during meals with 3 staff for three conservations. Review on 3/18/24 11/6/23, revealed a overstuff her mouth with no more than the staff. In addition, she because she overschoking hazard. Interview on 3/19/2 Manager revealed a slow down when early interview on 2/19/2	of client #5's IPP, dated a goal to slow down eating or less verbal prompts from ecutive months by 10/30/24. of client #2's IPP, dated goal to chew food and not a for three consecutive months hree verbal prompts from the should be monitored closely tuffs her mouth and is a 4 with the Residential clients should be prompted to ating too quickly. 4 with the QIDP revealed staff that to slow down when eating.						

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W 478	CFR(s): 483.480(c) Menus must provide meal. This STANDARD is Based on observate facility failed to assist home were offered food group. This after the home (#1, #2, #2) Observation during clients offered a chepizza only for the mean fruit was served at the linterview on 3/19/26 Manager revealed of the mean fruit was served at the linterview on 3/19/26 Manager revealed of the mean fruit was served at the linterview on 3/19/26 Manager revealed of the mean fruit was served at the linterview on 3/19/26 Manager revealed of the mean fruit was served at the linterview on 3/19/26 Manager revealed of the linterview on 3/19/26 Manager revealed of the linterview on 3/19/26 Manager revealed of the linterview of the linterview of 3/19/26 Manager revealed of 3/19/26 Manager revealed of 3/19/26 Manager revealed of 3/19/26 Manager revealed of 3/19/26	e a variety of foods at each s not met as evidenced by: tions and interviews, the ure clients residing in the a variety of foods from each ffected all clients residing in t3, #4, and #5). The finding is: dinner on 3/18/24 revealed oice of pepperoni or sausage leal. No additional vegetable or the evening meal. 4 with the Residential clients should be offered as well as pizza, or a	W 4	78				