

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

PRINTED: 04/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER CHERRYVILLE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1102 REQUA ROAD CHERRYVILLE, NC 28021		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to allow and encourage 1 of 5 clients (#5) to exercise their rights as clients of the facility relative to the use of incontinence padding and a clothing protector. The finding is:</p> <p>Observations throughout the 4/17-18/24 survey revealed an incontinence pad placed in the living room recliner. Continued observations throughout the survey revealed no clients to sit on the recliner. Further observations on 4/18/24 during the breakfast meal revealed client #5 to wear a clothing protector which was placed over the table and under their plate.</p> <p>Interview with staff on 4/18/24 revealed the incontinence pad placed in the recliner was for client #5. Interview with the qualified intellectual disabilities professional (QIDP) on 4/18/24 confirmed the incontinence pad and clothing protector are to help protect against accidents. Continued interview with the QIDP confirmed the use of the incontinence pad and clothing protector in the manner observed is a client rights violation with respect to dignity.</p>	W 125			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan,</p>	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	<p>Continued From page 1</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 5 clients (#4) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP). The finding is:</p> <p>Observations throughout the 4/17-18/24 survey revealed client #4 to engage in various activities including hygiene, leisure, relaxation, meal preparation, table setting, and medication administration. Continued observation revealed a picture board to be present in the activity room adjacent to the living room. Further observations throughout the survey revealed no staff to prompt client #4 with picture cues.</p> <p>Review of records for client #4 on 4/18/24 revealed an ISP dated 2/2/24. Continued review of the ISP indicated a program goal for client #4 to choose a leisure activity using picture cues daily with five or less verbal prompts.</p> <p>Interview with staff on 4/18/24 revealed the picture board is only utilized with clients #3 and #5. Interview with the qualified intellectual disabilities professional (QIDP) on 4/18/24 confirmed client #4's goals are current. Continued interview with the QIDP verified the</p>	W 249			

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W 249	Continued From page 2 communication board should also be utilized with client #4.	W 249			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) 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 interview, the facility failed to ensure food was served in a form consistent with the developmental level of 1 of 5 clients (#4). The finding is: Observations in the group home on 4/18/24 at 7:00 AM revealed the breakfast meal to include cereal, scrambled eggs, waffles, water, and juice. Continued observation revealed client #4 to be served and consume the breakfast meal in whole form. Review of records for client #4 on 4/18/24 revealed a nutritional evaluation dated 1/16/24. Review of the evaluation indicated the client's diet order is mechanical soft due to decreased mastication and increased rate of food intake. Interview with the qualified intellectual disabilities professional (QIDP) on 4/18/24 verified the diet order for client #4 is current. Continued interview with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.	W 474			