

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

PRINTED: 06/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
(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 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has 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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the area of training medication objectives. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Observation in the medication room on 6/17/24 at 3:30pm revealed Staff A administering medications to client #1. Staff A did not call out the names and purpose of medications or prompt client #1 to say the names and purpose of medications. During medication administration on 6/18/24 at 8:20am, Staff A administered medications to client #1 without stating the names or purpose of medications or prompting client #1 to repeat medication names.</p> <p>Review on 6/17/24 of client #1's IPP, dated 4/20/24, revealed a current goal of practicing to learn her medications daily with staff first saying medication names and purposes, followed by client #1 repeating the information.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
(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 249	Continued From page 1 Review on 6/18/24 of client #1's medication goal training data, dated 5/19 - 6/18/24, revealed 8 out of 25 trials documented as "requiring partial physical prompting". The remainder of trials were documented as "N/A, meaning not reportable".  Interview on 6/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should prompt client #1 to repeat her medications and their purposes as she receives them and document her progress.	W 249			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure clients received a modified and specially-prescribed diet as indicated. This affected 3 or 3 audit clients (#1, #3, and #5). The finding is:  A. During dinner observations in the home on 6/17/24, client #1 was served and consumed one serving of whole chicken nuggets, french fries, carrots, broccoli, and toast. The chicken nuggets were not cut. Client #1 did not have issues with eating her food. During breakfast observation on 6/18/24, she was served and consumed one bowl of oatmeal, one serving of fruit cocktail, and one serving of Carnation Instant Breakfast. She was not offered seconds during her meals.  Review on 6/17/24 of client #1's Individual	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
(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 460	<p>Continued From page 2</p> <p>Program Plan (IPP), dated 4/20/24, revealed a regular prescribed diet to include cut meats prior to bringing to the table, Carnation Instant Breakfast twice per day, with seconds encouraged by staff due to her being under weight.</p> <p>Interview on 6/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should cut meats prior to bringing to the table and offer seconds to client #1, per her nutrition evaluation.</p> <p>B. During dinner observations in the home on 6/17/24, client #3 was served and consumed one serving of whole chicken nuggets, french fries, and beverage. The chicken nuggets were not cut, and she was not offered a substitution for carrots and broccoli. During breakfast observation on 6/18/24, she was served and consumed one bowl of oatmeal. She did not want to eat her fruit cocktail and threw it in the trash. She was not offered a substitution.</p> <p>Review on 6/17/24 of client #3's IPP, dated 12/14/23, did not reveal dietary information.</p> <p>Review on 6/17/24 of client #3's nutritional evaluation, dated 11/14/23, revealed a prescribed regular diet. Staff should honor preferences.</p> <p>Review on 6/18/24 of client #3's case notes, dated 10/1/23 to 12/31/23, revealed she is on a regular diet with cut meats prior to going to the table. Since admission, she has exhibited dislike of certain foods and may refuse to eat what is being served at times. Due to her not being on a restrictive diet, staff have been able to substitute her meal with items that she will eat.</p>	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
(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 460	Continued From page 3  Interview on 6/18/24 with the QIPD revealed staff should offer substitutions when client #3 does not prefer a specific food.  C. During dinner observations in the home on 6/17/24, client #5 was served and consumed one serving of whole chicken nuggets (cut at the table), french fries, broccoli, carrots, toast, water with Thick-It and nutritional beverage with Thick-It. All food was chopped at the table with a knife. During breakfast observation on 6/18/24, he was served and consumed one bowl of oatmeal, one serving of fruit cocktail, and one nutritional beverage with Thick-It. No meat or eggs were offered.  Review on 6/17/24 of client #5's IPP, dated 9/15/23, revealed a prescribed diet to include honey thickened beverages, double meat and egg portions chopped by a knife, and Ensure Plus three times per day with meals.  Review on 6/18/24 of client #5's nutritional evaluation, dated 3/15/24, revealed a prescribed regular diet to include double meats and egg portions, chopped by knife, with honey thickened liquids and Ensure Plus as needed between meals.  Interview on 6/18/24 with the QIDP revealed staff should offer double proteins to client #5 due to his being underweight.	W 460			
W 478	MENUS CFR(s): 483.480(c)(1)(ii)  Menus must provide a variety of foods at each meal.	W 478			

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

PRINTED: 06/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1503 KIMBERLY ROAD NEW BERN, NC 28562</b>		
(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 478	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure clients residing in the home were offered a variety of foods from each food group. This affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Observation during breakfast on 6/18/24 revealed clients offered a choice of oatmeal packet, one serving of fruit cocktail, milk, and water. No protein was served.</p> <p>Interview on 6/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the breakfast menu should have included yogurt, seasonal fruit, oatmeal, and toast. In addition, some clients should be served double portions of proteins at meals to ensure proper weight. The QIDP confirmed the menu should have been followed to include protein.</p>	W 478			