

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2024
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NAME OF PROVIDER OR SUPPLIER FOREST BEND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 47 S OAK STREET BREVARD, NC 28712
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(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
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W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>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 reviews, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 2 of 4 clients (#2 and #3). The findings are:</p> <p>A. The facility failed to ensure the prescribed diet for client #2. For example:</p> <p>Observations in the group home on 7/16/24 at 5:30 PM revealed the dinner meal to be baked pork chops, rice and gravy, green peas, 2% milk and diet peach tea. Continued observations revealed staff to serve one whole pork chop to client #1, and client #1 to consume all her rice, gravy and peas before asking for assistance with cutting her pork chop up. Further observation revealed staff to cut client #2's pork chop in pieces great than 1/4 inch with scissors.</p> <p>Observations in the group home on 7/17/24 at 7:41 AM revealed the breakfast meal to be oatmeal, one sausage patty, apple sauce, 2% milk, orange juice and coffee. Continued observation revealed staff to serve one whole sausage patty to client #1. Further observation revealed client #2 consumed the whole piece of sausage after eating her oatmeal and applesauce. At no point during the observation did staff offer to cut client #2's sausage into 1/4 pieces per her prescribed diet order.</p> <p>Review of records on 7/17/24 revealed a Nutritional Assessment (NA) dated 9/17/21.</p>	W 474		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 474	<p>Continued From page 1</p> <p>Continued review NA revealed the following diet order: diabetic, heart healthy, ¼ consistency, no caffeine after 4pm, limit fluid intake between 10PM and 6AM to 1000 ml. Further review of records revealed a Physician order for client #2 dated July 2024 prescribed as follows: diabetic, heart healthy, ¼ consistency, no caffeine after 4 PM, limited fluid intake between 10PM and 6 AM to 1000 ml.</p> <p>B. The facility failed to ensure the prescribed diet for client #3. For example:</p> <p>Observations of the same dinner meal revealed staff to serve regular 2% milk and diet peach tea to client #2 in its regular consistency, and client #3 to drink all his 2% milk and half of his diet peach tea. Continued observation revealed staff to retrieve an Ensure supplement because client #2 did not consume any of his pureed meal.</p> <p>Record review on 7/17/24 revealed a Nutritional Assessment (NA) dated 9/17/21 for client #3. Continued review of the NA for client #3 revealed the following: heart healthy, diabetic, pureed consistency with honey thickened liquids no grapefruit diet. Further review of records for client #3 revealed a Physicians diet order for client #3 that states the following: heart healthy, diabetic, pureed consistency with honey thickened liquids and no grapefruit diet.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) and Facility Director on 7/17/24 confirmed the diet orders are current and each client should have had their food and beverages served in a consistency appropriate to their needs as set forth in their respective orders.</p>	W 474			