

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER STRAWBERRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH HOWARD STREET CHADBOURN, NC 28431		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure privacy for 1 of 3 audit clients (#2), during treatment and care of personal needs. The finding is:</p> <p>Observations in the home on 7/9/24 at 2:30pm, client #2 was sitting in the living room, with other clients and staff, with his catheter drainage bag content's visible. An additional observation on 7/10/24 at 7:30am, client #2 sat at the breakfast table, with his catheter drainage bag content's visible.</p> <p>Interview on 7/10/24 with the nurse revealed client #2 got a catheter after he was discharged from the hospital and went to a rehabilitation center earlier this year. On 6/12/24, client #2's Urologist continued his order for the use of a catheter. The facility did not have any catheter drainage bag covers, since they were not previously providing catheter care service. The nurse revealed the facility have spoken to the home health nurse for client #2 about getting covers, but it has not been provided yet.</p>	W 130			
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, 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</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.

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

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FORM APPROVED
OMB NO. 0938-0391

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W 249	Continued From page 1 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as defined in the Individual Program Plan (IPP) in the areas of meal preparation. This affected 1 of 3 audit clients (#5). The finding is: Observations in the home on 7/9/24 at 4:45pm revealed client #5 sitting in the living room with Staff F while dinner was prepared by Staff E. Staff E did not notify client #5 that it was time to puree the consistency of her meal and did it for her. Record review on 7/9/24 of client #5's IPP dated 5/10/24 revealed a goal of correctly puree her food for 30 consecutive days. Training will occur on 2nd shift daily. She will be cued to turn on/off the blender. Interview on 7/10/24 with the Director revealed client #5 should participate in pureeing her food daily to help her become more independent.	W 249			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at varying times and conditions. The finding is:	W 441			

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W 441	Continued From page 2 Record review on 7/10/24 of the facility's fire drills log from August 2023-June 2024 revealed the following: First Shift: On 12/3/23 at 10:00am On 1/27/24 at 10:00am Third Shift: On 9/18/23 at 3:00am On 10/16/23 at 2:00am On 3/3/24 at 3:30am On 6/17/24 at 2:30am Interview on 7/10/24 with the Home Manager revealed they started using a computer to record fire drills. The Home Manager acknowledged that staff may not be able to review the previous fire drills and this might be affecting their variances in times.	W 441			
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 that modified diets were prepared at the correct consistency for 3 of 3 audit clients (#2, #3 and #5). The findings area: A. During meal observations of dinner on 7/9/24 at 4:30pm, a diet list was posted on the kitchen	W 460			

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W 460	<p>Continued From page 3</p> <p>cabinet. Client #2's dietary orders revealed a heart healthy regular diet of pureed consistency. On 7/9/24 at 6:00pm, client #2 received fish, tater tots and green beans that were blended smooth. Client #2 had fruit cocktail for dessert. It was processed but not blended to a smooth consistency, with the shape and colors of the fruit exposed.</p> <p>B. During meal observations of dinner on 7/9/24 at 4:30pm, a diet list was posted on the kitchen cabinet. Client #3's dietary orders revealed a heart healthy, low concentrated sweets 1500 calorie diet of pureed consistency. Client #3 had fruit cocktail for dessert. It was processed but not blended to a smooth consistency, with the shape and colors of the fruit exposed.</p> <p>C. During meal observations of dinner on 7/9/24 at 4:30pm, a diet list was posted on the kitchen cabinet. Client #5's dietary orders revealed a heart healthy regular diet of pureed consistency. Client #5 had fruit cocktail for dessert. It was processed but not blended to a smooth consistency, with the shape and colors of the fruit exposed.</p> <p>Interview on 7/10/24 with the nurse revealed the registered dietician did a virtual demonstration with staff on pureeing foods this year. The nurse acknowledged the skin on the canned fruit may have interfered with it establishing a smooth blended consistency.</p>	W 460			