DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROV								
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G231		34G231	B. WING			07/10/2024		
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
STRAWBERRY HOUSE			303 NORTH HOWARD STREET CHADBOURN, NC 28431					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 130	CFR(s): 483.420(a)(7)		W 1	30				
	Therefore, the facili treatment and care This STANDARD is Based on observat facility failed to ensu	s not met as evidenced by: ions and staff interviews, the ure privacy for 1 of 3 audit treatment and care of						
	client #2 was sitting clients and staff, wir content's visible. An 7/10/24 at 7:30am,	home on 7/9/24 at 2:30pm, in the living room, with other th his catheter drainage bag additional observation on client #2 sat at the breakfast eter drainage bag content's						
W 249	client #2 got a cathe from the hospital ar center earlier this ye Urologist continued catheter. The facilit drainage bag cover previously providing nurse revealed the home health nurse		W 2	249				
	formulated a client's each client must re- treatment program interventions and se and frequency to su	rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the PER/SUPPLIER REPRESENTATIVE'S SIGF	NATURE		TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 07/22/2024

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.

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/22/2024 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
34G231		34G231	B. WING			07/10/2024	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
STRAWBERRY HOUSE					03 NORTH HOWARD STREET CHADBOURN, NC 28431		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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	Continued From pa objectives identified plan.	ge 1 I in the individual program	W 2	249			
	Based on observat interview, the facility received a continuous consisting of needed as defined in the Ind	s not met as evidenced by: ion, record review and y failed to ensure each client ous active treatment program d interventions and services dividual Program Plan (IPP) in reparation. This affected 1 of The finding is:					
	revealed client #5 s Staff F while dinner E did not notify clier	home on 7/9/24 at 4:45pm itting in the living room with was prepared by Staff E. Staff ht #5 that it was time to puree her meal and did it for her.					
	5/10/24 revealed a food for 30 consecu	/9/24 of client #5's IPP dated goal of correctly puree her utive days. Training will occur the will be cued to turn on/off					
W 441	client #5 should par		W 2	141			
	Based on record re	s not met as evidenced by: eview and interview, the facility e drills at varying times and					

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Facility ID: 922664

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	IDENTIFICATION NUMBER:	A. BUILDING	i	CO	(X3) DATE SURVEY COMPLETED 07/10/2024		
	34G231	B. WING		07			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
BERRY HOUSE							
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	JLD BE	(X5) COMPLETIO DATE		
Record review on 7 log from August 20 following: First Shift:	7/10/24 of the facility's fire drills 23-June 2024 revealed the	W 441					
Third Shift: On 9/18/23 at 3:00 On 10/16/23 at 2:0 On 3/3/24 at 3:30a	am 0am m						
Interview on 7/10/2 revealed they start fire drills. The Hom staff may not be at drills and this migh times. FOOD AND NUTR CFR(s): 483.480(a Each client must re well-balanced diet	4 with the Home Manager ed using a computer to record e Manager acknowledged that ble to review the previous fire t be affecting their variances in ITION SERVICES )(1) ecceive a nourishing, including modified and	W 460					
Based on observa interview, the facilit diets were prepare	tion, record review and ty failed to ensure that modified d at the correct consistency for						
	(EACH DEFICIENC REGULATORY OR L REGULATORY OR L Continued From pa Record review on 7 log from August 20 following: First Shift: On 12/3/23 at 10:0 On 1/27/24 at 10:0 Third Shift: On 9/18/23 at 3:00 On 10/16/23 at 2:0 On 3/3/24 at 3:30a On 6/17/24 at 2:30 Interview on 7/10/2 revealed they starts fire drills. The Hom staff may not be at drills and this migh times. FOOD AND NUTR CFR(s): 483.480(a Each client must re well-balanced diet specially-prescribe This STANDARD i Based on observa interview, the facilit diets were prepare 3 of 3 audit clients area: A. During meal observation	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 10/16/23 at 2:00am On 6/17/24 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. 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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         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:       W 441         First Shift: On 12/3/23 at 10:00am On 1/27/24 at 10:00am       W 441         Third Shift: On 9/18/23 at 3:00am On 10/16/23 at 2:00am On 3/3/24 at 3:30am       W 441         On 6/17/24 at 2:30am       W 441         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 460         FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)       W 460         Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.       W 460         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	CHADBOURN, NC 28431         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LGC IDENTIFYING INFORMATION)       D PREFX TAG       D PREFX TAG       D PREFX COOSS-REFERENCED TO THE APPR DEFICIENCY)         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:       W 441         First Shift: On 1/2/323 at 10:00am On 10/16/23 at 2:00am On 10/16/23 at 2:00am On 3/3/24 at 3:30am         On 6/17/24 at 10:00am         M 460         First 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 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 o of 3 audit clients (#2, #3 and #5). The findings area:         A. During meal observations of dinner on 7/9/24	EERRY HOUSE     CHADBOURN, NC 28431       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MEST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       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:     W 441       First Shift: On 12/3/23 at 10:00am On 12/7/24 at 10:00am On 10/16/23 at 2:00am On 10/16/23 at 3:00am On 10/16/23 at 3:00am On 06/17/24 at 2:30am     W 460       On 6/17/24 at 2:30am     W 460       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. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)     W 460       Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.     W 460       This STANDARD is not met as evidenced by: Based on observation, record review that 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:		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM A CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO.							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mui A. Build		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
34G231		B. WING	i		07/10/2024		
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
STRAWBERRY HOUSE					03 NORTH HOWARD STREET CHADBOURN, NC 28431		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	cabinet. Client #2's heart healthy regula On 7/9/24 at 6:00pr tots and green bear Client #2 had fruit of processed but not k consistency, with the exposed. B. During meal obs at 4:30pm, a diet lis cabinet. Client #3's heart healthy, low of calorie diet of puree fruit cocktail for des blended to a smoot and colors of the fru C. During meal obs at 4:30pm, a diet lis cabinet. Client #5's heart healthy regula Client #5 had fruit of processed but not k consistency, with the exposed. Interview on 7/10/2 registered dietician with staff on pureein acknowledged the s	dietary orders revealed a ar diet of pureed consistency. m, client #2 received fish, tater ns that were blended smooth. cocktail for dessert. It was blended to a smooth ne shape and colors of the fruit ervations of dinner on 7/9/24 at was posted on the kitchen dietary orders revealed a concentrated sweets 1500 ed consistency. Client #3 had esert. It was processed but not th consistency, with the shape uit exposed. ervations of dinner on 7/9/24 at was posted on the kitchen dietary orders revealed a ar diet of pureed consistency. cocktail for dessert. It was blended to a smooth ne shape and colors of the fruit 24 with the nurse revealed the did a virtual demonstration ng foods this year. The nurse skin on the canned fruit may n it establishing a smooth	W 2	460			

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