

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379
--	---

(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 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 3 of 5 audit clients (#7, #8 and #9) received all assessments within 30 days after admission. The findings are:</p> <p>A. Review of client #9's individual program plan (IPP) dated 7/3/23 revealed she was admitted to the facility on 6/3/21. Further review of her record revealed no physical therapy assessment.</p> <p>During observations on 12/4/23 from 3:15pm-6:45pm, client #9 was noted to be non-ambulatory and used a wheelchair for mobility in and outside the facility that required direct care staff to assist her with her mobility.</p> <p>Interview on 12/5/23 with the qualified intellectual disability professional revealed there was a current physical therapist vacancy and client #9 did not have a physical therapy assessment.</p> <p>B. Review of client #8's record revealed she was admitted to the facility on 9/14/23. Review of client #8's IPP dated 9/14/23 revealed she is ambulatory but requires assistance on some uneven surfaces. Further review of her record revealed no physical therapy assessment.</p> <p>Interview on 12/5/23 with the qualified intellectual disability professional revealed there was a current physical therapist vacancy and client #8</p>	W 210	<p>W210 ICF Director will retrain RTL on ensuring that Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission by 2/1/2024.</p> <ul style="list-style-type: none"> • RTL will ensure that Client #9 receives a PT assessment completed by 2/1/2024. • RTL will ensure that Client #8 receives a PT assessment completed by 2/1/2024. • RTL will ensure that Client #7 receives a OT assessment completed by 2/1/2024. <p>ICF Director will ensure that RTL is following Monarch's admission checklist and she will send it to ICF Director within 48 hours of a new admission.</p>	
-------	---	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kevin Clark, Statewide ICF Director</i>	TITLE <i>12/14/2023</i>	(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: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379
--	---

(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 210	Continued From page 1 did not have a physical therapy assessment. C. Review on 12/4/23 of client #7's record revealed no occupational therapy assessment since admission to the facility on 2/13/23. Interview on 12/5/23 with the residential team leader revealed she thought one was completed but there has been no occupational therapy assessment completed on client #7 since her admission to the facility.	W 210		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure for 4 of 5 audit clients (#1, #4, #7 and #9) individual program plans (IPP) included specific information to support their overall independence. The findings are: A. Review on 12/4/23 of client #1's IPP dated 2/28/23 revealed his diagnoses of Profound Intellectual Disabilities and Obstructive Sleep Apnea. The IPP listed his formal training goals: taking a bath, turning his head toward a person speaking, participate in sensory activities and participating in passive range of motion activities. Further review of his IPP listed that he uses a wheelchair, uses a cervical collar and a suction machine for increased secretions. Additional review revealed he receives enteral feedings which includes Jevity 1.3 TID with 75 ml flush before and after meals per gastrostomy tube	W 240	W240 ICF Director will retrain RTL on individual program plans must describe relevant interventions to support the individual toward independence by 2/1/2024. <ul style="list-style-type: none"> RTL will schedule interdisciplinary team meetings and update/revise to include specific information to support client #1,4,7, and 9's overall independence in their PCPs and retrain all staff by 2/1/2024. RTL will update/revise client #4's PCP to reveal information about her overall well physical being, her strengths and needs as well as communication style, and address her level of supervision or what precautions direct care staff should take to address antecedent behaviors. RTL will include prioritized strengths and needs in client #4's PCP during the update/revision. RTL will also include in Client #4's PCP revision that all doors in the facility have door chimes on them to detect any movement in the facility if an outside door is opened and that client #4 should be in staff's visual supervision. RTL will update/revise during the plan meeting with the interdisciplinary team meeting and train all direct care staff on PCP update/revision by 2/1/2024. RTL will update/revise client #9's PCP during the plan meeting with the interdisciplinary to include that she 	

			<p>uses a wheelchair for mobility and/or what methods are best to use to communicate with her. She will also include additional information about client #9's prioritized strengths and needs, preferred activities and what safeguards to take when she is transferred from her wheelchair to bed or to the shower or if she requires any other adaptive equipment and RTL will train all direct care staff on PCP update/revision by 2/1/2024.</p> <ul style="list-style-type: none">• RTL will update/revise client #7's PCP during the plan meeting with the interdisciplinary to include the best way to communicate with her. She will also include additional information about client #9's prioritized strengths and needs, preferred activities and what safeguards to take when she is transferred from her wheelchair to bed or to the shower or if she requires any other adaptive equipment and information regarding her food stealing behaviors. RTL will train all direct care staff on PCP update/revision by 2/1/2024. <p>ICF Director will follow Monarch's Peer Review schedule to monitor client electronic medical records.</p>	
--	--	--	---	--

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379		
(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	
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: PLH111	Facility ID: 960122	If continuation sheet Page 3 of		

W 240	<p>Continued From page 2 feedings.</p> <p>Additional review on 12/4/23 of client #1's IPP does not include information about his mobility and safeguards about staff transferring client #1 from bed to his wheelchair and to the shower. There is no information about his preferred activities, his communication abilities or his overall physical wellbeing during the past year. Further review did not list any summation of his multidisciplinary assessments or prioritized strengths and needs.</p> <p>Interview on 12/5/23 with the qualified intellectual disabilities professional (QIDP) revealed the corporate staff had recently transitioned to another software platform and that there was not anything but basic information in the IPP's. When asked if there is enough information for staff to be aware of client #1's overall strengths, needs, safety concerns, communication and diet to support client #1 towards independence, the QIDP stated "Probably not."</p> <p>B. Review on 12/4/23 of client #4's IPP dated 5/20/23 revealed she has Moderate Intellectual Disabilities, Reactive Attachment Disorder and attention deficit hyperactivity disorder. Further review of the IPP revealed training goals to increase her independence in medication administration, learn survival signs, wash laundry, identify coins, a behavior support program and a program to learn her address. Her diet is listed as a Regular diet. Additional review revealed she attends a local middle school.</p> <p>Additional review on 12/4/23 of client #4's IPP does not reveal information about her overall well physical being, her strengths and needs as well</p>	W 240	This page is intentionally left blank.
-------	--	-------	--

This page is intentionally left blank.

(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
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379	

W 240	<p>Continued From page 3</p> <p>as communication style. Further review does not address her level of supervision or what precautions direct care staff should take to address antecedent behaviors. There are no prioritized strengths and needs in client #4's IPP.</p> <p>Review on 12/4/23 of client #4's behavior support program (BSP) dated 6/5/23 lists her target behaviors as physical aggression, elopement, verbal aggression and fabricating the truth. Client #4's BSP lists that all doors in the facility have door chimes on them to detect any movement in the facility if an outside door is opened and that client #4 should be in staff's visual supervision, however none of this information is included in client #4's IPP.</p> <p>Interview on 12/5/23 with the QIDP revealed the Corporate staff had recently transitioned to another software platform and that there was not anything but basic information in the IPP's. Further interview revealed some additional information about behavior strategies, environmental modifications and supervision requirements need to be included in client #4's IPP.</p> <p>C. Review on 12/4/23 of client #9's IPP dated 7/3/23 revealed she has Moderate Intellectual Disabilities, Autism and Prader Willi Syndrome. Further review of the IPP revealed client #9 is non verbal and that she receives a regular chopped diet with moistened meats with a regular plate and sippy cups with tops and a straw. Additional review of the IPP lists goals to wash her stomach, wash her face, rinse and spit after toothbrushing and not to take items off of other individuals plates. The IPP does indicate that client #9 has a behavior support program to address severe</p>	W 240	This page is intentionally left blank.	
-------	---	-------	--	--

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379		
(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	

<p>W 240</p>	<p>Continued From page 4</p> <p>disruptive behavior, physical aggression and food stealing.</p> <p>Additional review of client #9's IPP does not indicate that she uses a wheelchair for mobility or what methods are best to use to communicate with her. There is no additional information about her prioritized strengths and needs, preferred activities and what safeguards to take when she is transferred from her wheelchair to bed or to the shower or if she requires any other adaptive equipment.</p> <p>Interview on 12/5/23 with the QIDP revealed client #9 is a new admission and that her IPP should contain additional information regarding her mobility, transfers, strengths and needs. Further interview confirmed there should be information in client #9's IPP regarding her food stealing behaviors.</p> <p>D. Review on 12/4/23 of client #7's IPP dated 3/14/23 revealed she has Profound Intellectual Developmental Disability, Cerebral Palsy, Microcephalus, Cortical Visual Impairment and Seizure Disorder. Further review of the IPP revealed client #7 is non verbal and needs physical assistance with personal hygiene, feeding herself and assistance to move from one room to another.</p> <p>Additional review of client #7's IPP does not indicate the best way to communicate with her. There is no information about her prioritized strengths and needs, preferred activities and what safeguards to take when she is transferred from her wheelchair to bed or to the shower or if she requires any other adaptive equipment.</p>	<p>W 240</p>	<p>This page is intentionally left blank.</p>	
--------------	---	--------------	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379	
(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 240	Continued From page 5	W 240		
W 249	<p>Interview on 12/5/23 with the QIDP revealed client #7's IPP should contain additional information about her mobility, transfers, prioritized strengths and needs as well as information regarding her food stealing behaviors.</p> <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 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#4, #7 and #9) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining and medication administration. The findings are:</p> <p>A. During observations of dining on 12/4/23 at 5:45pm, client #9 was noted to sit in her wheelchair at the dining room table wearing a clothing protector. Direct care staff B assisted client #9 and took her plate to the dining room table. Her pork was chopped and moistened prior to arriving at the dining table. Client #9 was not given a napkin. Client #9 consumed her food quickly and had food on her face throughout the</p>	W 249	<p>W249</p> <ul style="list-style-type: none"> • RTL or designee will retrain all direct care staff on client #9's PCP and goals by 12/25/2023. RTL or designee will complete shift observations 2X weekly for 4 weeks to be completed by 2/1/2024. • RTL will update/revise client #4's PCP during the plan meeting with the interdisciplinary to include medication goal during all medication passes. RTL will train all direct care staff and nursing staff on PCP update/revision by 2/1/2024. RTL or designee will complete shift observations 2X weekly for 4 weeks to be completed by 2/1/2024. • RTL or designee will retrain all direct care staff on client #7's PCP and goals by 12/25/2023. RTL or designee will complete shift observations 2X weekly for 4 weeks to be completed by 2/1/2024. 	

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379		
(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>Continued From page 6</p> <p>meal. At the end of dining, staff B used a napkin to wipe her face and then disposed of the napkin when she took her plate to the kitchen.</p> <p>During observation of dining on 12/5/23 at 6:00am client #9 was seated in her wheelchair at the dining table wearing a clothing protector. Staff F took her plate to the table but did not offer client #9 a napkin. Client #9 consumed her cornflakes and chopped toast quickly and had food and milk around her mouth and on her cheeks. Staff F took her plate when she was finished and used a paper towel to wipe her face.</p> <p>Review on 12/4/23 of client #9's IPP dated 7/3/23 revealed the following objective: Will practice appropriate table manners with 4 partial physical prompts at 75% accuracy for 6 consecutive months.</p> <p>Interview on 12/4/23 with the qualified intellectual disability professional (QIDP) revealed all of client #9's goals and objectives are current and should be consistently implemented.</p> <p>B. During observations of medication administration on 12/4/23 at 3:25pm, the facility nurse punched Vyvanse (1) pill into a pill cup and gave it to client #4 to take with flavored water, The facility Nurse did not tell client #4 the name or purpose of the medication.</p> <p>During observations of medication administration on 12/5/23 at 6:22am, the facility nurse assisted client #4 to punch Vyvanse, Risperdal, Sertraline and Guanfacine into a pill cup. The facility nurse did not tell client #4 what pills she was taking or the purpose of her medications.</p>	W 249	This page is intentionally left blank.		

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2023
NAME OF PROVIDER OR SUPPLIER PENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379		
(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 7 Review on 12/4/23 of client #4's IPP dated 5/20/23 revealed a formal training objective for client #4 to take her medications with 4 or less verbal prompts for 8 months. Client #4 will fill a cup with a beverage, client #4 will repeat the name and state the purpose of her medications. Interview on 12/5/23 with the Director of Nursing and the QIDP revealed this objective is current but that staff are only taking data at the 8pm medication pass. When asked if client #4 should practice these skills at other medication administration times to integrate these skills, the QIDP stated, "Yes." C. Review on 12/4/23 of client #7's IPP dated 3/14/23 revealed she has a formal objective to hold her sippy cup with no more than 2 partial physical prompts. During observations on 12/4/23 at 12:30 pm at the facility staff held client #7's sippy cup for her to drink. Dinner observation on 12/4/23 at 5:30pm staff held sippy cup for client #7 to drink. Further observation on 12/5/23 at breakfast at 6:30am staff held the sippy cup for client #7 to drink her juice. Interview on 12/5/23 the QIDP revealed client #7's goal is current and should be consistently implemented.	W 249	This page is intentionally left blank.		
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.	W 460			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2023	
NAME OF PROVIDER OR SUPPLIER PENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 295 AIRPORT ROAD ROCKINGHAM, NC 28379		
(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 8</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#7) received their specially modified diets as indicated. The finding is:</p> <p>During lunch observation on 12/4/23 at 12:30pm, client #7 consumed spaghetti O's, apple sauce and juice. Spaghetti O's were not finely chopped. During dinner observation on 12/4/23 at 5:30pm, pork chops, beans, and mashed potatoes. The pork chop was shredded, and beans were pureed consistency.</p> <p>Further observation on 12/5/23 at 6:30am client #7 consumed cereal with milk and yogurt. the cereal with milk was a ground consistency.</p> <p>Interview with staff F on 12/4/23 who prepared the dinner, revealed she used the kitchen shears to cut the meat and put the beans in the food processor. She also revealed there was no reference to go by to differentiate between finely chopped and pureed.</p> <p>Review on 12/4/23 of client #7's nutritional assessment dated 3/2/23 revealed diet as regular-chopped food, no noodles.</p>	W 460	<p>W460</p> <p>RTL or designee will retrain all direct care staff on client #7's diet by 12/25/2023.</p> <p>RTL or designee will complete meal observations 2X weekly for 4 weeks target completion date: 2/1/2024.</p>	