

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

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER MYRTLEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 175 MYRTLEWOOD DRIVE MOUNT GILEAD, NC 27306		
(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 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 review, and interviews, the facility failed to serve food in a form consistent with the developmental level of 1 of 6 clients (#5) relative to prescribed diet. The finding is:</p> <p>Observations in the group home on 8/28/24 at 7:15 AM revealed the breakfast meal to be egg and cheese biscuits, grits, apple juice and milk. Continued observations at 7:20 AM revealed staff to serve client #5 grits and an egg and cheese biscuit cut into bite size pieces and not moistened. Further observation at 5:00 PM revealed client #5 to eat the breakfast meal. At no time during observations was staff observed to assist client #5 to modify his food to a mechanical soft consistency.</p> <p>Review of client #5's record on 8/28/24 revealed a person-centered plan (PCP) dated 10/28/23 and a Nutritional Evaluation dated 7/22/24. Review of the PCP and Nutritional Evaluation revealed client #5 to be prescribed a 1400 calorie mechanical soft diet with carrots shredded, no celery, pretzels or chips, substitute appropriate soft foods, encourage 1 tbsp. of Benefiber in juice in the morning and 4oz of prune juice in the morning.</p> <p>Interview with the home manager (HM) on 8/28/24 confirmed that client #5's prescribed diet is current. Further interview with the HM confirmed that the egg and cheese biscuit served to client #5 did not comply with his specially</p>	W 474			

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.

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W 474	Continued From page 1 modified diet and that all specially modified diets should always be followed as prescribed.	W 474			