

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER COUNTRYVIEW RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 359 FIRETOWER ROAD RICHLANDS, NC 28574		
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W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>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 client #3's Individual Program Plan (IPP) included specific information to support the use of her eye glasses. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations at the day program on 9/23/24, client #3 wore eye glasses. During evening observations in the home on 9/23/24, client #3 did not wear eye glasses.</p> <p>Staff interview on 9/24/24 revealed client #3 should wear her eye glasses "at all times" but will take them off at times.</p> <p>Review on 9/23/24 of client #3's record revealed a nurse's note dated 4/10/24. The note indicated eye glasses had been ordered for client #3 after her vision appointment on 4/3/24. Additional review of the client's IPP dated 3/28/24 did not include any information regarding her eye glasses or their use.</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 wears eye glasses which should be worn throughout her day. The QIDP acknowledged information about the eye glasses should be included in her IPP.</p>	W 240			
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include</p>	W 247			

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 247	<p>Continued From page 1</p> <p>opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5 was provided opportunities for choice and self-management in her environment. This affected 1 of 5 audit clients. The findings are:</p> <p>A. During observations at the day program and in the home on 9/23 - 9/24/24, client #5 periodically moved throughout the home in her wheelchair by using her feet. During the observations, various staff locked the wheels of the client's wheelchair which prevented her movement.</p> <p>Interview on 9/24/24 with Staff A revealed they lock client #5's wheelchair when she is secured on the van and when she is outside. Additional interview indicate the client can move around in her wheelchair by using her feet.</p> <p>Review on 9/23/24 of client #5's Individual Program Plan (IPP) dated 6/28/24 revealed she uses a "wheelchair for mobility". Additional review of the client's Fall Prevention and Safety Guidelines dated 7/29/23 revealed, "...encourage [Client #5] to self-propel with her legs. Do not lock the wheelchair unless she is on the van being transported and during transfers."</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) and Regional Director (RD) confirmed client #5's wheelchair should not be locked in the home.</p> <p>B. During observations of dinner preparation on 9/23/24, two vegetables, green beans and corn were prepared. Once prepared, client #5's portion</p>	W 247			

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W 247	Continued From page 2 of both vegetables was placed in the food processor together and blended to a pureed consistency. Although client #5 was assisted to puree her food, the client was not given the choice of mixing her two vegetables together. Review on 9/23/24 of client #5's IPP dated 6/28/24 revealed she makes her needs known through gestures and understands what is being said to her. Interview on 9/24/24 with the QIDP indicated she felt it was fine to mix the client's food together in the processor since both were vegetables. The QIDP acknowledged client #5 should be allowed to choose to have her food blended together.	W 247			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 5 audit clients (#1, #2, #3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of self-help, dining skills, objective implementation	W 249			

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W 249	<p>Continued From page 3 and adaptive equipment use. The findings are:</p> <p>A. During lunch observations at the day program on 9/23/24 at 12:12pm, client #5 utilized white sectioned plate, built-up handled spoon and nosey cups while consuming her lunch meal. Staff A assisted client #5 to feed herself approximately 5 - 6 spoonfuls of food. The staff then began feeding the client the remaining portion of her meal. During breakfast observations in the home on 9/24/24 at 6:53am, client #5 fed herself without while utilizing adaptive dining equipment and without any physical assistance from staff.</p> <p>Interview on 9/24/24 with Staff A revealed client #5 "does a bad job" with feeding herself and gets food everywhere and this is why she feeds her.</p> <p>Review on 9/23/24 of client #5's IPP dated 6/28/24 revealed she feeds herself with the use of adaptive equipment. The plan noted, "[Client #5] will be encouraged to be as independent as possible through daily routine."</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 can feed herself and does not need to be fed by staff.</p> <p>B. During 3 of 3 meal observations at the day program and in the home on 9/23 - 9/24/24, client #5 was noted to use a sectioned plate, built-up handled spoon, and nosey cup during meals. No non-skid mat was observed to be utilized.</p> <p>Interview on 9/24/24 with Staff A confirmed a non-skid mat is available in the home but they do not use it at the day program. The staff noted the</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>mat keeps the client's plate from moving at the meal.</p> <p>Review on 9/23/24 of client #5's IPP dated 6/28/24 revealed, "Anti-skid mats are used during meals."</p> <p>Interview on 9/24/24 with the QIDP confirmed client #5 should use a non-skid mat at meals as indicated.</p> <p>C. During lunch observations at the day program on 9/23/24 at 12:12pm, client #5 utilized a regular white plate with sections at the meal. During dinner and breakfast observations in the home on 9/23 - 9/24/24, the client utilized a tan high-sided dish with sections.</p> <p>Interview on 9/24/24 with Staff A revealed client #5 normally uses the white dish at the day program and the deep sectioned tan plate in the home.</p> <p>Review on 9/23/24 of client #5's IPP dated 6/28/24 revealed the client uses a "high sided three sectioned dish" during dining.</p> <p>Interview on 9/24/24 with the QIDP confirmed the high-sided dish should be used at all meals with client #5; however, only one high-sided dish was available for use.</p> <p>D. During observations of medication administration in the home on 9/24/24 at 8:19am, client #2 participated by pouring his water and swiping his VNS (Vagus Nerve Stimulator) across his chest. The Medication Technician (MT) performed other tasks such as obtaining the medications (including Biviact), placing pills in the</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>pill cup and documenting on Medication Administration Record (MAR). Client #2 was not prompted or assisted to complete any other tasks.</p> <p>Interview on 9/24/24 with the MT revealed none of the clients in the home have any goals related to administering their medications.</p> <p>Review on 9/24/24 of client #2's IPP dated 8/23/24 revealed an objective to increase his knowledge of seizure medications (Zonegran and Bivact) by following the task analysis with 100% correct responses for six correct review periods.</p> <p>Interview on 9/24/24 with the QIDP confirmed the objective was current and client #2 continues to train on it. The QIDP acknowledged although the objective is trained on 2nd shift, it should be integrated during medication administrated.</p> <p>E. During lunch and dinner preparation at the day program and in the home on 9/23 - 9/24/24, client #2 walked around the table pouring drinks into each cup for all of the clients before they arrived at the table. The client was not prompted to allow clients to pour their own drinks.</p> <p>Interview on 9/24/24 with Staff A indicated some clients can pour their own drinks while others require assistance.</p> <p>Review on 9/24/24 of client #3 and client #5's Adaptive Behavior Inventory (ABI) dated 3/27/24 and 6/21/24, respectively, revealed they will "sometimes" pour from a small pitcher without assistance. Additional review of client #1's ABI dated 4/24/24 indicated he can pour from a small pitcher independently.</p>	W 249			

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W 249	Continued From page 6 Interview on 9/24/24 with the QIDP indicated clients can pour either with assistance or independently; however, client #2 likes to go ahead and do it for them. F. During breakfast observations in the home on 9/24/24 at 6:53am, Staff D walked around the table carrying a large pot containing cooked oatmeal while assisting clients to serve themselves from the pot. The staff then walked around the table with bottled juice and a jug of milk while assisting clients to pour their drinks. No clients were prompted or assisted to utilize serving bowls and pass items for themselves. Interview on 9/24/24 with Staff D revealed they do not use serving bowls at breakfast and what was observed is how they normally conduct the breakfast meal. Review on 9/2/24 of client #3 and client #5's Adaptive Behavior Inventory (ABI) dated 3/27/24 and 6/21/24, respectively, revealed they will "sometimes" pass bowls/platters at meals. Additional review of client #1's ABI dated 4/24/24 indicated he can independently pass bowls/platters. Interview on 9/24/24 with the QIDP indicated clients should be allowed to assist with passing items at meals and a pot should not have been used at the table.	W 249			
W 253	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that are related to the client's individual program plan	W 253			

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W 253	<p>Continued From page 7 and assessments. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) included a significant change related to a swallow study. This affected 1 of 5 audit clients. The finding is:</p> <p>During lunch observations in the home on 9/23/24, client #6 consumed a cold cut sandwich, potato chips, cookies and a tangerine. The sandwich was cut into bite size pieces while other items remained unaltered. Client #6 consumed the food without difficulty. During dinner observations, client #6 was served a turkey burger on a bun which was cut into bite size pieces.</p> <p>Review on 9/24/24 of an email from the nurse dated 6/5/24 indicated client #6 had a "swallow study completed on 5/30/24 due to staff reporting some past episodes of coughing & vomiting after meal. The discharge instructions noted there was no aspiration noted and recommended dietary level of 'minced and moist (level 5)', liquids 'thin, no restrictions', take small bites & sips' ..."</p> <p>Further review of the email indicated the dietitian responded with, "...that will be defined as a mechanical soft/ground consistency, and staff will grind all foods in the processor for a few seconds, and moisten as needed." Review on 9/23/24 of client #6's IPP dated 3/28/24 revealed, "Dysphagia 3 - LCS, NAS, soft diet with bite size meats, moisten as needed, ground if needed." The IPP did not include any information regarding the recommended change in client #6's diet based on her swallow study recommendations.</p> <p>Interview on 9/24/24 with the Qualified Intellectual</p>	W 253			

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W 253	Continued From page 8 Disabilities Professional (QIDP) confirmed client #6 had a swallow study completed in May '24 and her diet consistency had been changed based on the results of that assessment. The QIDP acknowledged these changes were not included in the client's IPP.	W 253			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent for client #5's restrictive behavior program was obtained from the guardian. This affected 1 of 5 audit clients. The finding is: Review on 9/23/24 of client #5's Behavior Support Plan (BSP) dated 11/29/23 revealed an objective to exhibit 1 or fewer challenging behaviors for 11 consecutive review periods. Additional review of the plan included the use of Risperdal, Lexapro, Lorazepam, and Lamictal to address the client's behaviors of agitation and severe disruption. Further review of the record did not include written informed consent from the guardian for the BSP.	W 263			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no written informed consent had been obtained for client #5's BSP from her guardian.	W 340			

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W 340	<p>Continued From page 9</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all staff were sufficiently trained regarding appropriate protective and preventative measures for the proper use of latex gloves and appropriate medication administration procedures. The findings are:</p> <p>A. During lunch preparation observations at the day program on 9/23/24 at 12:02pm, Staff B wore latex gloves while touching various surfaces and objects in the meal preparation area. The staff then entered a bathroom, retrieved two adaptive cups (with her gloved fingers inside one cup), returned to a meal preparation area and proceeded to prepare two cups of thickened liquids and other pureed food items on a plate. The staff was not observed to change her gloves throughout this task.</p> <p>B. During morning observations in the home on 9/24/24 at 6:26am, Staff D wore latex gloves as she pushed a client from the living room into the bathroom. After exiting the bathroom, the staff then pushed the client into the kitchen and assisted her to use the food processor. The staff continued to wear the same latex gloves while assisting clients at the breakfast meal. The staff was not observed to change her gloves during this observation.</p> <p>C. During morning observations in the home on</p>	W 340			

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W 340	<p>Continued From page 10</p> <p>9/24/24 at 6:28am, Staff C wore latex gloves while assisting clients to participate in a leisure activity in the living room. The staff wore the gloves while tossing a ball around the room with the clients and periodically leaving the area to check on another client in her bedroom. The staff was not observed to change her gloves during this observation.</p> <p>D. During observations of medication administration in the home on 9/24/24 at 8:19am, Staff B wore latex gloves while retrieving pill cards from the medication closet, using keys to unlock a box containing controlled medications, flipping through pages of a notebook and using a pen to sign off on the controlled medications. The staff continued to wear the same pair of gloves as she placed pills from her gloved hand into a pill cup. The staff was not observed to change her gloves during this observation.</p> <p>Interview on 9/23/24 with Staff B revealed they gloves for "all med passes", showering clients, "definitely in the kitchen" because of the food. Additional interview on 9/24/24 with Staff C revealed they are trained to wear gloves during personal care of the clients, at meals feeding clients, at med time and while doing laundry. Further interview with Staff D indicated they are trained to wear gloves when preparing food in the kitchen, during personal care and for the med pass. The staff indicated gloves are changed in between clients.</p> <p>Review on 9/24/24 of the facility's Universal Precautions - Handwashing and Glove Use policy (last revised January 2024) revealed, "Handwashing is one of the best ways to protect yourself and others from getting sick." The policy</p>	W 340			

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W 340	<p>Continued From page 11</p> <p>noted, "Gloves should be worn when: Exposure to blood or any other body fluids, excretions or sections are likely...When administering a medication to protect the client and staff when applying eye ointment or drops, applying medication to the skin, or coming in contact with broken skin or the genitalia..." Additional review of the policy indicated, "DO NOT: ...Roam halls with gloves on as people do not know if they are clean or dirty."</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) and Regional Director (RD) acknowledged staff should not be wearing latex gloves as described in the observations.</p> <p>B. During observations of medication administration in the home on 9/24/24 at 8:09am and 8:19am, the Medication Technician (MT) obtained each client's medication package and checked it against the electronic Medication Administration Record (MAR). The MT then signed the electronic MAR for each medication and placed the pill into the pill cup. Clients were then given their medications for ingestion.</p> <p>Interview on 9/24/24 with the MT revealed she normally signs off on the electronic MAR as she checks each medication against the MAR.</p> <p>Review on 9/24/24 of the facility's Medication Policy last revised August 2024 revealed, "Medications administered must be recorded immediately after administration."</p> <p>Interview on 9/24/24 with the QIDP confirmed the MT should document on the MAR after clients have ingested their medications.</p>	W 340			

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W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 clients (#2) observed receiving medications. The finding is:</p> <p>During breakfast observations in the home on 9/24/24 at 7:12am, client #2 began consuming his breakfast meal. During additional observations of medication administration in the home on 9/24/24 at 8:19am, client #2 ingested Ferrous Sulfate 325mg.</p> <p>Review on 9/24/24 of client #2's physician's orders dated 8/28/24 revealed an order for Ferrous Sulfate 325mg, take one tablet by mouth once a day "30 mins before breakfast".</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 should have received his Ferrous Sulfate before breakfast as ordered.</p>	W 368			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all drugs remained locked except during administration.</p>	W 382			

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W 382	Continued From page 13 The finding is: During observations of medication administration in the home on 9/23/24 at 5:07pm, the medication technician (MT) left the medication room and went into the kitchen area. At this time, the medication closet was unlocked with the keys to the closet hanging from the key hole. A door leading into the medication room was also open. During observations of medication administration in the home on 9/24/24 at 8:12am, the MT left the medication room and went into a nearby bathroom. During this time, the medication closet was left unlocked and a door leading into the medication room was also open. Interview on 9/24/24 with the MT revealed she had been trained to keep drugs locked "at all times". Review on 9/24/24 of the facility's Medication Policy (last revised August 2024) revealed, "Medication will be stored in a secure location of the facility within a locked container...Medications should be securely locked in a cabinet/box..." Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) and Regional Director (RD) confirmed drugs should be kept locked if the MT leaves the room.	W 382			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure only	W 383			

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W 383	<p>Continued From page 14</p> <p>authorized persons have access to the keys to the drug storage area. The finding is:</p> <p>During observations of medication administration in the home on 9/23/24 at 5:07pm, the medication technician (MT) left the medication room and went into the kitchen area. At this time, the medication closet was unlocked and with the keys to the closet hanging from the key hole. A door leading into the medication room was also opened.</p> <p>Interview on 9/24/24 with the MT revealed she had been trained to keep the keys to the medication room on themselves.</p> <p>Review on 9/24/24 of the facility's Medication Policy (last revised August 2024) revealed, "Med certified staff/providers must ensure keys to locked medication storage enclosures are securely maintained."</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) and Regional Director (RD) confirmed keys to the drug storage area should not be left in the key hole of the door to the medication closet.</p>	W 383			
W 440	<p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at least quarterly for each shift. The finding is:</p> <p>Review on 9/23/24 of the facility's fire drill reports (9/2023 - 9/2024) revealed no documented fire</p>	W 440			

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W 440	Continued From page 15 drills for Feb '24, April '24 and July '24. Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed some drills may have been missed due to a change in the facility's fire drill schedule and some confusion by staff. Additional interview indicated no documentation for the missing fire drills was available for review.	W 440			
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 observations, record review and interviews, the facility failed to ensure clients were provided their modified and specially-prescribed diets as indicated. This affected 2 of 5 audit clients (#5 and #6). The findings are: A. During lunch observations in the home on 9/23/24, client #6 consumed a cold cut sandwich, potato chips, cookies and a tangerine. The sandwich was cut into bite size pieces while other items remained unaltered. Client #6 consumed the food without difficulty. During dinner observations, client #6 was served a turkey burger on a bun which was cut into bite size pieces. Review on 9/23/24 of information posted on the refrigerator noted, "Recommended Swallowing Guidelines" for client #6 dated 6/4/24. The guidelines indicated the client's diet should be	W 460			

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W 460	<p>Continued From page 16</p> <p>"Minced and moist...Soft/ground consistency grind all foods in processor a few seconds & moisten as needed".</p> <p>Interview on 9/24/24 with Staff A revealed they should follow the swallowing guidelines dated 6/4/24 for the ground consistency for client #6 of all foods and putting her food in the processor.</p> <p>Interview on 9/24/24 with the Home Manager (HM) revealed staff should be grinding client #6's food in the processor for a soft ground consistency.</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's diet was changed to a soft/ground consistency and should be provided at meals.</p> <p>B. During lunch and breakfast observations at the day program and in the home on 9/23 - 9/24/24, client #5 was not provided yogurt at the meal.</p> <p>Interview on 9/24/24 with Staff A revealed client #5 usually has yogurt with her meal at the day program.</p> <p>Review on 9/23/24 of client #5's Nutritional Evaluation dated 6/21/24 revealed she receives a regular pureed consistency diet with nectar thick liquids. The diet also noted, "Give yogurt with each meal."</p> <p>Interview on 9/24/24 with the QIDP confirmed client #5 should receive yogurt at meals as indicated.</p>	W 460			
W 473	MEAL SERVICES	W 473			

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W 473	<p>Continued From page 17 CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all foods were served at an appropriate temperature. The finding is:</p> <p>During observations of dinner preparation in the home on 9/23/24 at 6:33pm, cooked green beans were removed from a pot on the stove, placed in a bowl and remained on the counter uncovered. At 6:36pm, cooked corn was removed from a pot on the stove, placed in a bowl and remained on the counter uncovered. At 7:12pm, clients began serving themselves and consuming their food. The temperature of the green beans and corn was not taken and the food items were not reheated.</p> <p>Review of a note posted on the wall in the dining room indicated, "All hot food and beverages must be 140 degrees or higher...All cold beverages and liquids must be 40 degrees or lower" Additional review of the note also indicated, "Once items taken from heat keeping and/or cold keeping devices they must be served to clients within 15 mins or reheated to 165 degrees, then served."</p> <p>Interview on 9/24/24 with Staff C revealed they follow the posted guidelines for hot/cold foods and beverages and can also use a temperature gauge located in a drawer in the kitchen to check food temps.</p> <p>Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed</p>	W 473			

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W 473	Continued From page 18 food/drinks should be served at the temperatures posted in the home and reheated as needed.	W 473			
W 487	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client receives enough food. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure each client received enough food at the meal. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: During breakfast observations in the home on 9/24/24 at 6:42am, Staff D placed a large pot of oatmeal in the middle of the dining room table. The staff also placed two bottles of juice, a jug of milk and a pitcher of juice on the table. Each client was assisted to serve the oatmeal and pour a glass of juice and milk. No other food items were provided or served at the breakfast meal. Review of the menu for the day's breakfast meal revealed seasonal fruit or juice, oatmeal, muffins, yogurt and beverage of choice. Additional observations in the home revealed a bag of apples, tangerines, fruit cups, canned fruit, one pack English muffins, a loaf of bread, a container of yogurt and pancake/waffle mix were all available in the kitchen, pantry or refrigerator. Interview on 9/24/24 with Staff D revealed the clients were only given oatmeal because no muffins were available in the home. The staff offered no explanation as to why clients were not given other food substitutes to replace items	W 487			

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W 487	Continued From page 19 listed on the menu. Interview on 9/24/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should have provided clients with a comparable substitute for any food item not available in the home.	W 487			