STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G298	A. BUILDING _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUKE STREET	206 LUKE STREET EDENTON, NC 27932

(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	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 interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included specific information to support his independence during dining. This affected 1 of 4 audit clients. The finding is: During 3 of 3 mealtime observations in the home on 10/1 - 10/2/24, various staff prepared client #4's plate in the kitchen before presenting it to him at the table. At no time was the client prompted or assisted to serve his food at meals. Interview on 10/2/24 with Staff B revealed client #4 does not assist with serving his food due to food stealing behaviors. Review on 10/2/24 of client #4's IPP dated 8/6/24 revealed no information regarding his dining skills or specific interventions to support the client with serving himself at meals. Interview on 10/2/24 with the Habilitation Specialist (HS) indicated client #4's food is prepared in the kitchen due to his tendency to drool; therefore, it would not be appropriate for him to participate with passing bowls/platters of food at meals. Interview on 10/2/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's IPP does not include specific interventions to support his participation with serving himself at	W 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	34G298	A. BUILDING _____ B. WING _____	10/02/2024

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(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 1 meals.	W 240		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) 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: During observations of dinner preparation in the home on 10/1/24 at 4:54pm, cooked baked beans were removed from a pot on the stove, placed in a bowl, covered with aluminum foil and remained on the counter. At 5:22pm, cooked chicken was removed from the stove, placed on a platter, covered with aluminum foil and remained on the counter. At 5:23pm, cooked corn-on-the cob was removed from a pot on the stove, placed in a bowl, covered with aluminum foil and remained on the counter. At 5:53pm, clients began serving themselves and consuming their food. The temperature of the food items was not taken and the food was not reheated. Interview on 10/2/24 with Staff A revealed they have not been told anything specific about what the temperature of food should be; however, food should be served hot and not sit too long before being served. Interview on 10/2/24 with the Habilitation Specialist (HS) and Qualified Intellectual Disabilities Professional (QIDP) indicated hot food should be served within "10 or 15 minutes" of removal from a heating source. Additional interview indicated a thermometer is also	W 473		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G298	A. BUILDING _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUKE STREET	**206 LUKE STREET EDENTON, NC 27932**

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W 473	Continued From page 2 available in the kitchen to take temperature of foods to ensure it is appropriate.	W 473		