

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROE ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7621 MONROE ROAD</b> <b>CHARLOTTE, NC 28212</b>	
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E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for</p>	E 015		

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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E 015	<p>Continued From page 1</p> <p>hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the provision of subsistence needs for clients and staff relative to the emergency food supply. The finding is:</p> <p>Observation of the facility's emergency food supply on 10/1/24 revealed the emergency food supply bin to contain various food items which included cereal, 3 bottles of juice, multiple packages of chocolate pudding, canned fruits, vegetable goods, and paper products. Continued observations revealed many of the food items with expiration dates between 09/23-08/24.</p> <p>Interview with the home manager (HM) on 10/1/24 revealed her intentions were to shop for emergency supplies; however, there was an emergency that required her immediate attention. Continued interview with the HM revealed she would discard all the expired food items.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 confirmed that the facility should inspect the food regularly and</p>	E 015			

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E 015	Continued From page 2	E 015			
W 000	ensure that the home has an adequate supply of unexpired food.	W 000			
W 125	INITIAL COMMENTS  A recertification and complaint investigation survey was completed on 10/2/24 for intake #NC00220216, #NC00222094, and #NC00222271. The allegations were unsubstantiated; however, deficiencies were cited as a result of the recertification and complaint investigation surveys.  PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)  The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the right to dignity and respect relative the use of adaptive equipment affecting 1 of 6 clients (#1). The finding is:  Afternoon observations on 10/1/24 at 5:15PM revealed staff to assist client #1 with serving her plate during the dinner meal. Continued observations revealed staff to place client #1's plate on top of her shirt protector on the dining table.  Morning observations at 7:45AM on 10/2/24 revealed staff to again place client #1's plate on top of her shirt protector on the dining table.  Interview with the home manager (HM) on	W 125			

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W 125	Continued From page 3 10/2/24 revealed that staff place the plate on top of the shirt protector to minimize spillage.  Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 verified that staff should not have placed client #1's plate on top of her shirt protector. Continued interview with the QIDP revealed that staff have been trained to use place mats and dycem mats to minimize spillage on the table and floor. Further interview with the QIDP revealed that staff should protect the dignity and respect of clients at all times.	W 125			
W 154	<b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on observations, documentation review and interviews, the facility failed to show evidence that allegations were thoroughly investigated relative to two incidents of alleged verbal abuse of 1 of 6 clients (#2). The finding is:  A recertification and complaint investigation survey was completed on 10/2/24 relative to allegations of client abuse and the nutritional needs of clients. The allegations were unsubstantiated.  Review of internal investigation summaries dated 6/26/24 and 9/15/24 revealed allegations of abuse, exploitation, and bullying. Continued review of the 6/26/24 internal investigation revealed that a staff member pressured client #2 to purchase food items for them. Further review of the internal investigation revealed a second incident relative to client #2 and staff E engaging	W 154			

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W 154	<p>Continued From page 4</p> <p>in a verbal altercation in the laundry room, which led to the staff and client slamming the laundry room door multiple times, along with screaming and yelling from both parties. Review of the 6/2024 internal investigation also revealed allegations that staff E cursed at client #2 and the client went to her room crying and yelling. Continued review of the 6/2024 internal investigation did not reveal further investigation relative to the laundry room incident between client #2 and staff E.</p> <p>Subsequent review of facility documentation revealed an internal investigation dated 9/15/24 which indicated that staff E pushed client #2 in the head and yelled in her face. Although the allegation was unsubstantiated, additional information was revealed relative to client #2 removing the helmet and gait belt from her roommate. Continued review of the 9/2024 internal investigation revealed that staff E addressed client #2 relative to removing the roommate's adaptive equipment while unsupervised in their room. Further review of the 9/2024 internal investigation did not reveal further investigation relative to client #2 pulling off her roommate's adaptive equipment while in their room.</p> <p>Interview with the program administrator on 10/2/24 revealed that additional information was discovered during the internal investigations however the additional information was not further investigated. Continued interview with the program administrator revealed that additional information discovered during the primary investigations should be investigated separately.</p>	W 154			
W 210	INDIVIDUAL PROGRAM PLAN	W 210			

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W 210	<p>Continued From page 5 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.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure nutritional evaluations were updated annually as prescribed. This affected 5 of 6 clients (#1, #2, #3, #4 and #6). The findings are:</p> <p>A. Review of client #1's record on 10/2/24 revealed a nutritional evaluation (NA) dated 2/15/22.</p> <p>B. Review of client #2's record on 10/2/24 revealed a NA dated 9/17/21.</p> <p>C. Review of client #3's record on 10/2/24 revealed a NA dated 4/13/22.</p> <p>D. Review of client #4's record on 10/2/24 revealed a NA dated 6/15/22.</p> <p>E. Review of client 6#'s record on 10/2/24 revealed a NA dated 10/11/21.</p> <p>Interview with the facility nurse on 10/2/24 revealed nutritional evaluations reviewed by surveyors are the current ones on file. Continued interview with the facility nurse revealed the nutritional evaluations have not been updated.</p> <p>Further interview with the qualified intellectual disabilities professional (QIDP) and facility administrator (FA) revealed the nutritional</p>	W 210			

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W 210	Continued From page 6 evaluations had not been updated due to the facility not having a dietician on board since 8/2023. Additional interview with the QIDP and FA revealed as of 7/2024 a dietician has been hired however nutritional updates have not been completed prior to the survey.	W 210			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person-centered plan (PCP) included behavioral interventions to support 1 of 3 sampled clients (#2). The finding is:  Review of facility documentation during the recertification and complaint survey from 10/1/24-10/2/24 revealed two internal investigation summaries involving altercations between client #2 and staff E and F on 6/26/24 and with staff E on 9/15/24. Continued review of facility documentation revealed an internal investigation summary dated 9/15/24 which indicated that staff E reprimanded client #2 and pushed her in the head and yelled in the client's face. The allegation was unsubstantiated. The internal investigation also revealed that client #2 also removed the gait belt and helmet of her roommate on 9/16/24. Additional review of the internal investigation revealed client #2 was questioned about the allegations and provided conflicting stories relative to the incidents. Review of the internal investigation also revealed that	W 227			

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W 227	Continued From page 7 client #2 has a history of telling untruths.  Subsequent review of the facility documentation revealed a PCP dated 10/2/23 and a behavior support plan (BSP) for client #2 dated 10/1/24 revealed the following target behaviors: overeating, skin picking, and noncompliance-refusal. Review of the record for client #2 did not reveal behavioral interventions relative to telling untruths.  Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 revealed that client #2 has a history of corroborating stories. Continued interview with the QIDP and program administrator revealed that client #2 has a history of telling untruths towards staff and peers. Interview with the QIDP and program administrator also revealed that client #2 cries, yells, and screams when she is being confronted regarding her behaviors. Further interview with the QIDP and program administrator revealed that client #2 should have behavioral interventions relative to addressing telling untruths.	W 227			
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.	W 249			



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W 249	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure 6 of 6 clients (#1, #2,#3, #4, #5 and #6) received a continuous active treatment program relative to formal and informal interventions. The findings are:</p> <p>A. The facility failed to ensure an active treatment program for clients #1, #2, #3 and #4 resulting in an extended amount of unstructured time. For example:</p> <p>Observations in the group home on 10/2/24 from 6:30 AM to 8:00 AM revealed clients #1, #2, #3 and #4 to participate in the breakfast meal and sit in the living room. Continued observations revealed client #1, #2, #3, and #4 to remain unengaged for approximately 50 minutes during survey observations.</p> <p>Review of record for client #1 on 10/2/24 revealed a person centered plan (PCP) dated 4/11/24. Continued review revealed the following training objectives: participate in an activity of choice for at least ten minutes, keep mouth closed during meals, and signal staff when she needs to go to the bathroom. Further review of the PCP revealed informal training goals to include participation more with activities, daily chores, monthly fire drills, staying on task, meal preparation and taking medication.</p> <p>Review of record for client #2 on 10/2/24 revealed a PCP dated 10/2/23. Continued review revealed the following training objectives: exercise for 15 minutes, oral hygiene, select clothing, select an activity of choice, math skills, and learn her address.</p>	W 249		

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W 249	<p>Continued From page 9</p> <p>Review of record for client #3 on 10/2/24 revealed a PCP dated 6/12/24. Continued review revealed the following training objectives: behavioral interventions, toileting, bathing, use napkin while eating, and exercise for ten minutes. Further review of the PCP revealed informal training to include participation in daily chores, fire drills, oral hygiene, and safe habits while on the van.</p> <p>Review of record for client #4 on 10/2/24 revealed a PCP dated 9/13/24. Continued review revealed the following training objectives: behavioral interventions, wash her hands, bathroom use, swab her gums, choose activities, and exercise while seated.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 confirmed clients training objectives are current. Continued interview with the QIDP revealed staff should have prompted clients to engage in structured activities.</p> <p>B. The facility failed to ensure an active treatment program for clients #5 and #6 during unstructured time. For example:</p> <p>Observations in the group home on 10/2/24 from 6:30 AM to 8:00 AM revealed clients #5 and #6 to participate in medication administration, the breakfast meal, sit in the living room, and prepare for showers. Continued observations revealed clients #5 and #6 to remain unengaged for approximately 50 minutes during survey observations.</p> <p>Review of record for client #5 on 10/2/24 revealed a PCP dated 8/2/24. Continued review revealed</p>	W 249			

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W 249	Continued From page 10 the following training objectives: brush teeth, use the bathroom every two hours, exercise for 10 minutes, and prepare a beverage for a meal.  Review of record for client #6 on 10/2/24 revealed a PCP dated 1/10/24. Continued review revealed the following training objectives: wash hands, brush teeth, go to bathroom every two hours, place clothes in hamper, make a choice/select a leisure activity, and exercise for 15 minutes.  Interview with the QIDP on 10/2/24 confirmed all clients training objectives are current. Continued interview with the QIDP revealed clients should have been offered opportunities to engage in formal and informal training objectives to include assisting staff with meal preparation and completing chores.	W 249			
W 448	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems relative to fire evacuation drills including the justification for extended times needed for facility evacuation. The finding is:  Review of facility fire evacuation drill reports on 10/1/24 indicated fire drill reports were conducted over the survey review year. Continued review of the facility fire drills revealed multiple drills with extended evacuation times to evacuate clients from the facility. Further review of the fire drill reports revealed multiple evacuations ranging from 4 minutes to 5 minutes in length.	W 448			

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W 448	<p>Continued From page 11</p> <p>Subsequent review of fire drill reports indicated the following drills were completed during first shift with no identified problems noted: 9/2/24 (4 minutes), 3/8/24 (5 minutes), 2/3/24 (5 minutes), 1/31/24 (5 minutes), and 12/4/23 (5 minutes).</p> <p>Additional review of facility documentation did not reveal safety committee meeting notes relative to follow up, justification, or reasoning for the extended evacuation times. Continued review of facility documentation did not identify specific concerns or trends relative to the facility and course of action to address corrective and preventative actions. Review of facility documentation also did not reveal whether interventions specific to the facility were completed addressing fire evacuation drill concerns. Review of facility documentation did not reveal in-service training relative to extended fire evacuation drill concerns.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 revealed provider fire drills over three minutes should be further discussed in committee meetings. Continued interview with the QIDP verified fire evacuation drills specific to the facility were not presented and discussed during safety committee meetings. Further interview with the QIDP revealed he could not verify if interventions and/or in-service training had been completed relative to extended evacuation times to ensure the safety of the facility residents.</p>	W 448			
W 463	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(4)</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all</p>	W 463			

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

PRINTED: 10/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
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W 463	<p>Continued From page 12 modified and special diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served according to their specially prescribed diets for 2 of 6 clients (#4, #5). The findings are:</p> <p>Afternoon observations on 10/1/24 at 5:20PM revealed client #4 to sit at the dining room table to prepare for the dinner meal. The dinner meal consisted of baked chicken, green beans, rice, gravy, pudding, 2% milk, and sugar free beverage. Continued observations revealed client #4 to eat her meal in its entirety. Further observations revealed staff to provide client #4 with seconds of chicken, rice and gravy. At no point during the observation did staff provide client #4 with seconds of vegetables as prescribed.</p> <p>Subsequent observations during the dinner meal revealed client #5 to sit at the dining table and participate in the dinner meal. Continued observations revealed staff to provide client #5 with seconds of rice and gravy. Further observations revealed client#5 to consumer her meal and seconds in its entirety. At no point during the observation did staff provide client #5 with a double portion of vegetables.</p> <p>Review of the record for client #4 on 10/2/24 revealed a person centered plan (PCP) dated 9/13/24 which indicated the client has the following diet: ¼" chopped, low fat, low cholesterol, heart healthy, seconds of vegetable only, and soften dry cereal with milk.</p> <p>Review of the record for client #5 revealed a PCP dated 8/2/24 which indicated the client has the</p>	W 463			

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W 463	Continued From page 13 following prescribed diet: 1500 calorie, mechanical soft diet with ¼" consistency, 100 calorie snacks or less, and double portion vegetables.  Interview with nursing services on 10/2/24 revealed that client #4 and #5's diet orders are current. Continued interview with nursing services verified that client #5's diet changed after her recent hospitalization due to a diagnosis of cirrhosis with esophageal varices, GI bleeding, and status post banding.  Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 revealed that staff have been trained to follow clients' prescribed diets. Continued interview with the QIDP verified that client #4 and #5's diet orders are current. Further interview with the QIDP revealed that staff should follow client's diet orders as prescribed.	W 463			
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 and interviews, the facility failed to ensure all foods were served at an appropriate temperature for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is:  Observations upon entering the group home on 10/1/24 at 4:15 PM revealed a dinner meal to include baked chicken in the oven, string green beans, and gravy sitting uncovered on the kitchen stove. Continued observations at 5:10 PM - 5:13 PM revealed clients #1, #2, #3, #4, #5 and #6 to sit at the dinner table and begin their dinner meal. Further observations revealed no effort from staff	W 473			

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

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W 473	Continued From page 14 to reheat the dinner menu items, which indicated a range of 45 to 58 minutes the dinner items sat uncovered on the kitchen counter and oven before being served.	W 473			
W 474	Interview with the qualified intellectual disabilities professional (QIDP) on 10/2/24 confirmed the dinner meal should have been covered and reheated prior to being served.  MEAL SERVICES CFR(s): 483.480(b)(2)(iii)  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 interview the facility failed to ensure food for 3 clients (#1, #4 and #5) were served in a form consistent with their developmental level. The findings are:  Observations in the group home on 10/1/24 at 4:15 PM revealed the dinner meal to be baked chicken, rice, gravy, green string beans, jello pudding, juice and milk. Continued observations between 5:10 PM - 5:13 PM revealed all clients to sit at the table and consume their dinner meal. Further observations revealed client #1 to eat chicken pieces not cut into 1/2" chopped pieces and at one point placed a big piece of chicken in her mouth then later spit it out. Subsequent observations revealed client #4 to consume chicken pieces not cut into 1/4" pieces. Additional observations revealed client #5 to consume chicken pieces, rice and string green beans in it's original state. At no point during observations did staff offer clients #1, #4 and #5 their dinner meal in the form consistent to their prescribed diets.	W 474			

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

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W 474	<p>Continued From page 15</p> <p>Observations in the group home on 10/2/24 at 6:50 AM revealed the breakfast meal to consist of waffles, grits, juice, and milk. Continued observations between 6:50 AM - 6:59 AM revealed all clients to sit at the table and consume their breakfast meal. Further observations revealed client #1 to eat whole waffles not cut into 1/2" chopped pieces. Subsequent observations revealed client #4 to consume whole waffles not cut into 1/4" pieces. Additional observations revealed client #5 to consume whole waffles in it's original state. At no point during observations did staff offer clients #1, #4 and #5 their dinner meal in the form consistent to their prescribed diets.</p> <p>Review of client #1's record on 10/2/24 revealed a nutritional evaluation (NA) dated 2/15/22. Review of the NA indicated client #1's diet order is 1 inch chopped, weight loss, 1800 calories.</p> <p>Review of client #4's record on 10/2/24 revealed a NA dated 6/15/22. Review of the NA indicated client #4's diet order is 1/4" consistency, weight loss (1800 calorie), with seconds of vegetables only.</p> <p>Review of client #5's record on 10/2/24 revealed a NA dated 5/11/24. Review of the NA indicated client #5's diet order is 1500 calorie, mechanical soft, 1/4" inch consistency.</p> <p>Interview with nursing services (RN) on 10/2/24 revealed there have been significant changes with client #5's diet order due to a hospitalization from 5/6/24-5/11/24 which resulted in GI bleeding,</p> <p>Interview with the facility qualified intellectual</p>	W 474			



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 474	Continued From page 16 disabilities professional (QIDP) confirmed client #1, #4 and #5's diet orders are current. Continued interview with the QIDP confirmed client #1, #4 and #5's food was not prepared to the specifications of their diet orders. Further interview with the QIDP confirmed the diet orders for the clients should be followed as prescribed at all times.	W 474		