

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2024
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NAME OF PROVIDER OR SUPPLIER MEADOWVIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2723 BOBWHITE CIRCLE WINGATE, NC 28174
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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
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W 454	<p>INFECTION CONTROL CFR(s): 483.470(I)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 4 of 6 clients (#2, #3, #4, and #6) The finding is:</p> <p>Observations in the group home on 10/15/24 at 3:30 PM - 5:30 PM revealed at 4:00 PM staff B in the kitchen wearing disposable gloves preparing the dinner meal while the clients were participating in leisure activities. Continued observations at 4:30 PM revealed client #6 to stand in the kitchen area with staff C while staff B was preparing the dinner meal. Further observations at 4:53 PM revealed client #3 to replace the trash bag in the kitchen trash can. Subsequent observations at 5:15 PM revealed client #1, #2, #3, #4 and #6 to sit at the dining table to participate in the dinner meal. Additional observations at 5:17 PM revealed staff B to assist clients with passing the serving bowls and fixing their dinner plates while wearing the same latex gloves used to prepare dinner, set the table, cut clients food based on consistency and pour drinks in cups. At no point during observations did staff prompt clients #2, #3, #4 and #6 to wash their hands prior to sitting down to participate in the dinner meal.</p> <p>Interview with the facility Qualified Intellectual Disabilities Professional (QIDP) and Residential</p>	W 454		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 454	Continued From page 1 Manager (RM) on 10/16/24 revealed that staff should have prompted all clients to wash their hands. Continued interview with the QIDP revealed prior to meal preparation, setting the table and participation in meals, all clients and staff should wash their hands.	W 454			
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 interview, the facility failed to ensure each client received a nourishing, well balanced diet including a modified specially prescribed diet. This affected 1 of 3 sampled clients (#3). The finding is: Dinner observations on 10/15/24 revealed client #3 was served a small bowl of noodles and a diet coke. Client #3 consumed the bowl of noodles and diet coke, then took his bowl to the kitchen. At no point did staff offer or serve client #3 the food items that were prepared per the prescribed menu or diet. Review on 10/15/24 of the facility's dinner menu revealed 1-2 tacos with chopped lettuce, tomato, salsa, cheese and low-fat sour cream, ½ cup of spanish rice, ½ cup watermelon, 1 cup of water or flavored water. Breakfast observations on 10/16/24 revealed client #3 was served a small bowl of cereal with	W 460			

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W 460	<p>Continued From page 2</p> <p>2% milk. Client #3 consumed the bowl of cereal with milk, then took his bowl to the kitchen. At no point did staff serve client #3 the food items that were prepared per the prescribed menu or diet.</p> <p>Review on 10/16/24 of the facility's breakfast menu revealed ½ cup of grape juice, 1 English muffin top with 1 scrambled egg with cheese, 1 oz slice ham, and 1 cup of 1-2% milk.</p> <p>Review on 10/15/24 of client #3's person centered plan (PCP), dated 9/30/24 revealed a prescribed regular diet, offer second serving if asked, add extra fatty condiments, foods(butter, margarine, peanut butter, mayonnaise, sour cream, whip cream, avocado, and nuts). Boost once a day for nourishment and to help gain weight.</p> <p>Review on 10/16/24 of client #3's nutritional evaluation, dated 7/26/24, revealed a prescribed regular, Boost or similar supplement once daily PO, recommend to increase twice daily to promote weight gain. Offer second serving if asked, add extra fatty condiments, foods (butter, margarine, peanut butter, mayonnaise, sour cream, whip cream, avocado, and nuts). Food likes: pancakes, pizza, pickles, orange juice, tacos, fish sticks, and popcorn.</p> <p>Interview on 10/16/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's nutritional evaluation was current and that staff should have served client #3 the menu food first, then if refused, offer other food items of his choice.</p>	W 460			