PRINTED: 10/22/2024 FORMAPPROVED OMB NO. 0938-0301

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
MARIES		34G324	B. WING	*		140,0004
MT GILE	ROVIDER OR SUPPLIER AD CHILDREN'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306	1 10	0/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOUID BE	(X5) COMPLETIO DATE
W 130	completed during the 10/15/2024 - 10/16/2 was unsubstantiated deficiencies. Additionally resulted in despectation of the PROTECTION OF CCFR(s): 483.420(a)() The facility must ensure the facility	NC # 00222810 was the recertification survey 2024. The complaint survey di, but did result in two anally, the recertification eficiency practices CLIENTS RIGHTS (7) For the rights of all clients. A must ensure privacy during of personal needs. The finding of personal needs. The finding of 6 clients (#3). The finding finded to ensure that privacy of 6 clients (#3). The finding finded client #3 being assisted find client #3 to have the dopen. Further client #3 to be walked out of the hallway to the kitchen by the finding the door fully that closed the door. The revealed the bathroom and client #3 was observed finded on then was the the bathroom door fully that the bathroom door fully	W 130		13/2024. and complete kly for 6 will shift into ICF	

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.

Kevin Clark, Statewide ACF Director

11/01/2024

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DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/01 A M U MIM			NO. 0938-039
IDENTIFICATION		A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
	34G324	B. WNG			
OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE ZIP CODE	1	0/16/2024
CHILDREN'S HOME			205 EAST INGRAM AVENUE		
SUMMARY S	TATEMENT OF DEFICIENCIES				
(EACH DEFICIENC	Y MUST BE PRECEDED BY ELE	PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULDRE	(X5) COMPLETION DATE
Continued From page	a 1	W 130			
erson-centered plane avealed client #3 requake hours. Interview on 10/16/24 irector confirmed the athroom, staff should aintain his privacy. Or rector confirmed staff ents through the hor DIVIDUAL PROGR/FR(s): 483.440(c)(6) are individual program portunities for client lifemanagement. It is STANDARD is not sed on observations led to assure clients portunities for choice of the convenitable of the convenitations of the convenitations of the convenitations are clients and program observations in OAM revealed client in participate in the brief convenitation revealed staff ast meal and program medication room to	with the Statewide ICF at when client #3 is in the d close the door for him to Continued interview with the ff should not walk any of the me with no clothing on. AM PLAN (vi) In plan must include choice and of met as evidenced by: Is and interviews, the facility were provided and self-management tence of staff relative to the ents (#1, #3, #5). The In the facility on 10/16/24 at #3 to sit at the dining table reakfast meal. Further saff to interrupt the mpt client #3 to come to participate in medication	W 247	all staff on providing each opportunities for choice management not for the for staff relative to mealt 11/13/2024. Residential Team Leader Residential Manager will meal observations 2X we weeks. Residential Team Leader document observations on observation form and turn Director weekly.	ch client with and self-convenience imes by and complete eekly for 6 will in shift in into ICF	
	SUMMARY S' (EACH DEFICIENCE REGULATORY OR RE	CHILDREN'S HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Seview on 10/16/24 of client #3's erson-centered plan (PCP) dated 8/2/24 evealed client #3 requires 1:1 supervision during take hours. Iterview on 10/16/24 with the Statewide ICF irrector confirmed that when client #3 is in the athroom, staff should close the door for him to aintain his privacy. Continued interview with the rector confirmed staff should not walk any of the ents through the home with no clothing on. DIVIDUAL PROGRAM PLAN FR(s): 483.440(c)(6)(vi) Be individual program plan must include portunities for client choice and if-management. BIS STANDARD is not met as evidenced by: sed on observations and interviews, the facility ed to assure clients were provided contunities for choice and self-management of not for the convenience of staff relative to altimes for 3 of 6 clients (#1, #3, #5). The ding is: Traing observations in the facility on 10/16/24 at 0AM revealed client #3 to sit at the dining table in participate in the breakfast meal. Further the akfast meal and prompt client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication room to participate in medication ninistration. Additional observations revealed for give client #3 a cup with pills and a cup	DVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Several client #3 requires 1:1 supervision during ake hours. Sterview on 10/16/24 with the Statewide ICF irrector confirmed that when client #3 is in the athroom, staff should close the door for him to aintain his privacy. Continued interview with the rector confirmed staff should not walk any of the ents through the home with no clothing on. DIVIDUAL PROGRAM PLAN FR(s): 483.440(c)(6)(vi) Be individual program plan must include portunities for client choice and if-management. is STANDARD is not met as evidenced by: sed on observations and interviews, the facility ed to assure clients were provided contunities for choice and self-management of not for the convenience of staff relative to altimes for 3 of 6 clients (#1, #3, #5). The ling is: Iming observations in the facility on 10/16/24 at 0AM revealed client #3 to sit at the dining table participate in the breakfast meal. Further ervation revealed staff to interrupt the akfast meal and prompt client #3 to come to medication room to participate in medication ninistration. Additional observations revealed if to give client #3 a cup with pills and a cup	A STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 A wisew on 10/16/24 of client #3's erson-centered plan (PCCP) dated 8/2/24 yealed client #3 requires 1:1 supervision during ake hours. A terview on 10/16/24 with the Statewide ICF irector confirmed that when client #3 is in the athroom, staff should close the door for him to aintain his privacy. Continued interview with the ents through the home with no clothing on. DIFFICIENCY, 120 W 130 W 130 PRESIDENT LANGE OF THE ACTION (CROSS-REFERENCED TO THE ACTION) Frequency of the provided of the provided opertunities for client choice and firmanagement. It is strainly a provided opertunities for client choice and firmanagement and not observations and interviews, the facility ed to assure clients were provided portunities for choice and self-management and not for the convenience of staff relative to aid for the conv	AG324 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC. 27306 (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Leview on 10/16/24 of client #3's erson-centered plan (PCP) dated 8/2/24 revealed client #3 requires 1:1 supervision during ake hours. Letriew on 10/16/24 with the Statewide ICF rector confirmed that when client #3 is in the atthroun, staff should close the door for him to aintain his privacy. Continued interview with the rector confirmed staff should not walk any of the ents through the home with no clothing on. DIVIDUAL PROGRAM PLAN R(s): 483.440(c)(6)(v) e individual program plan must include portunities for client choice and fi-management. is STANDARD is not met as evidenced by: sed on observations and interviews, the facility ed to assure clients were provided portunities for choice and self-management and to the convenience of staff relative to altimes for 3 of 6 clients (#1, #3, #5). The ling is: Indig self-management and prompt client #3 to sit at the dining table participate in the breakfast meal. Further ervation revealed client #3 to sit at the dining table participate in the breakfast meal. Further ervation revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed client #3 to come to medication revealed staff to interrupt the akfast meal and prompt client #3 to come to medication revealed client #3 a cup with pills and a cup

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDIN		MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		34G324	B. WING				
	PROVIDER OR SUPPLIER EAD CHILDREN'S HOME		205	REET ADDRESS, CITY, STATE, ZIP COD EAST INGRAM AVENUE FUNT GILEAD, NC 27306	E	10/16/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 24	breakfast meal and p the medication room administration. Contin staff to pick up client a take it with her to the observation revealed with pills that have alr Observations also rev the cup and water. Additional observation to enter into the dining breakfast meal while p to the medication room administration. Contine staff to pick up client # to the medication room revealed staff to provide	rompt the client to come to for medication nued observation revealed #1's plate from the table and medication room. Further staff to hand client #1 a cup eady been placed in a cup, ealed staff to hand client #1 as at 6:50AM revealed staff area and interrupt the prompting client #5 to come in for medication used observation revealed 5's bowl of food and take it in. Observations also	W 247				
W 249	waited for them to comp medication administrati with the I/DD Coordinat not have taken clients' to room to encourage the	should have either fore the breakfast meal or plete their meal prior to on. Continued interview or revealed staff should food into the medication clients to participate in on for the convenience of TATION iplinary team has vidual program plan, a continuous active	W 249				

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	CTATEMENT	OF DEFICIENCIES	T OERVIOLO			OMB N	O. 0938-0391
	AND PLAN O	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
			34G324	B. WING			
MANAGEMENT	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10	/16/2024
	MT CHE	AD CHILDREN'S HOME			205 EAST INGRAM AVENUE		
	WII GILL	VO CHILDKEN 2 HOWE					
ľ	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		MOUNT GILEAD, NC 27306		
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
	t ti iii ii i	and frequency to supp objectives identified in plan. This STANDARD is not Based on observations interviews, the facility facontinuous active treatr of needed interventions identified in the personof 6 clients (#1, #2, #3, are: A. The facility failed to interventions relative to for two clients (#2, #3). Morning observations freevealed clients to particulate medication acon the breakfast meal and Continued observations of assist client #3 to the prepare for medication adobservations revealed medication aconservations revealed medication to take his medication to take his medication.	ices in sufficient number out the achievement of the the individual program of met as evidenced by: 6, record review and ailed to ensure that a ment program consisting swere implemented as centered plan (PCP) for 6 #4, #5, #6). The findings incorporate program medication administration For example: form 6:15AM-7:00AM cipate in various activities diministration, participate ad prepare for school. at 6:25AM revealed staff medication room to administration. Further ned tech staff to hand ications and prompt the tion with water. revealed staff to prompt edication room. At no tion did staff provide assist the client with cing them in the cup.	W 248		ete or 6	
	st	taff to escort client #2 to	the medication room for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		34G324	B. WING	•		
	PROVIDER OR SUPPLIER AD CHILDREN'S HOME		205	REET ADDRESS, CITY, STATE, ZIP CO EAST INGRAM AVENUE DUNT GILEAD, NC 27306	DE 1	0/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE
in the second of	Further observations #2 the cup and promp with water. At no poin staff prompt client #2 to reprovide medication administration and a required.	d staff to have already blaced them into the cup. revealed staff to hand client it him to take his medication it during the observation did to assist with popping pills education to the client ininistration. Or client #3 revealed a PCP) dated 8/2/24 which is the following program leting schedule, ushing goal, choose a ledication administration or client #2 revealed a PCP cated the client has the is bathing goal, toileting goal, participate in a medication participation State Coordinator on client #2 and #3's goals ith the I/DD State ed staff have been trained ducation with all clients, participation during on. Continued interview redinator revealed staff dication administration	W 249	DEFICIENCY		

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STATEMENT	OF DEFICIENCIES	OVER PROPERTY OF THE PROPERTY			OMB	NO. 0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
		34G324	B. WING_			
	PROVIDER OR SUPPLIER AD CHILDREN'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306	11	0/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	-	(X5) COMPLETION DATE
W 371 I	walk around the hon room areas continued structured activities. revealed clients to he the staff prepared the continued to pace the observation revealed surveyors and at no structures activity to distructures activity to district and engaged Continued interview with the clients and engaged Continued interview with the staff should have activities. DRUG ADMINISTRATICER(s): 483.460(k)(4): The system for drug at that clients are taught medications if the interviews an appropriate objections not specify other. This STANDARD is not specify other. This STANDARD is not specify other alied to assure 1 of 6 of during medication admined opportunity to particular medication. The finding dorning observations of during	group home on 10/15/24 PM revealed all clients to nes living room and dining susly with no engagement in Further observation over over the pony wall while dinner meal while others e floor. Subsequent clients to cling to staff and coint were clients offered occupy their time. D State Coordinator ents should have been in a structured activity.	W 371		all staff by nd omplete observations vill medication nto ICF	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G324	B. WING		10/16/2024	
MT GIL	PROVIDER OR SUPPLIER EAD CHILDREN'S HOME		20	TREET ADDRESS, CITY, STATE, ZIP CODE 05 EAST INGRAM AVENUE IOUNT GILEAD, NC 27306	10/10/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	LD BE COMPLETION	N
W 37	medication room for n Continued observatio enter the medication of client a cup of pills and revealed client #2 to not medications in a cup: Levetiracetam 250mg Flintstones' Complete observation revealed take his medications a room. At no point during administration did staff with popping his pills in medication administration administration administration centered plan (Continued review of the revealed the following goal, getting dressed, if	nedication administration. ns revealed client #2 to room and staff to hand the d water. Observations eceive the following Vyvanse 40mg, , Ziprasidone 20mg, and vitamin. Further staff to prompt the client to and exit the medication ing the medication f prompt client #2 to assist into a cup and providing tion. or client #2 revealed a (PCP) dated 5/6/24. e PCP for client #2 program goals: bathing toileting, toothbrushing, outine, and participate in	W 371			
W 382	that all of the goals for Continued interview will Coordinator revealed the provided medication edeprovided the opportunity medication administration DRUG STORAGE AND CFR(s): 483.460(I)(2) The facility must keep a locked except when being administration. This STANDARD is not	th the IDD State nat staff should have lucation with client #2 and lucation with client #0 lucation with with client #0 lucation with client #0 lucation with with client #0 lucation with with with with with with with with	W 382			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATI	O. 0938-039 E SURVEY IPLETED
		34G324	B. WNG		40	1401000
	F PROVIDER OR SUPPLIER LEAD CHILDREN'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST INGRAM AVENUE MOUNT GILEAD, NC 27306	10	0/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULDE	(X5) COMPLETION DATE
W 38	failed to assure all me remained locked exce medication administra client (#3, #5). The fine Observations on 10/16 staff to prompt client # room for medication ac observations revealed punched out the medica cup on the counter. I revealed staff to exit the medication remaining of medication acbinet rem Additional observations surveyor in the room with counter. Subsequent observations staff to prompt client #5 room to prepare for medicationsed observations continued observations.	dications and biologicals pt when being prepared for tion for 1 non-sampled ding is: 6/24 at 6:25AM revealed 3 to enter the medication diministration. Continued staff to have already rations and placed them in Further observations emedication room with the control the naining unlocked. It revealed staff to leave the with the medications on the counter the medication dication administration. It revealed staff to leave the counter and to exit the medication door	W 38:	RN will conduct a medica administration course with 11/13/2024. Residential Team Leader a Residential Manager will a medication administration 2X weekly for 6 weeks. Residential Team Leader a document observations on observation form and turn Director weekly. Target Completion Date: 12/	and complete observations will medication into ICF	
	been trained to close an when they are not being interview with the IDD Comedications should be to administration room whe MEAL SERVICES CFR(s): 483.480(b)(2)(iii)	revealed that staff have d secure the medications administered. Continued cordinator verified that all cocked in the medication en it is not in use.	W 474			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
N1115 00		34G324	B. WNG			
	PROVIDER OR SUPPLIER EAD CHILDREN'S HOME		20	TREET ADDRESS, CITY, STATE, ZIP CODE 05 EAST INGRAM AVENUE IOUNT GILEAD, NC 27306	1 1	0/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ALII D DE	(X5) COMPLETION DATE
to the state of th	developmental level of This STANDARD is in Based on observation interviews, the facility form consistent with the prescribed diets ensured in the findings are: A. The facility failed to for client #1. For example, the facility failed to for client #1. For example, the facility failed to for client #1. For example, the facility failed to for client #1. For example, the facility failed to for client #1. For example, the facility failed to for client #1. For example, the sandwiches on a bun, peas, canned orange sand favored water. Concrevealed staff to serve the served in whole consistency and in the grow of the facility failed the beautiful failed. Continued of the serve the two waffles the three-sausage links consistency, the canned of the failed th	of the client. not met as evidenced by: ns, record review, and failed to serve food in a ne developmental levels and re 3 of 6 clients (#1, #2, and ensure the prescribed diet nple: oup home on 10/15/24 at dinner meal to be Manwich sweet potato fries, green slices, canned cubed pears, ntinued observations the Manwich sandwich to nd all other food items tency. Further observation onsume 100% of his dinner ng or modifying it in any oup home on 10/16/24 at reakfast to be two toaster links, canned fruit cocktail, observation revealed staff out into bite size pieces.	W 474	 Residential Team Leader a all staff on all person supporders by 11/13/2024. Residential Team Leader a Residential Manager will comeal observations 2X weeks. Residential Team Leader weeks. Residential Team Leader weeks document observations on observation form and turn in Director weekly. Target Completion Date: 12/1 	orted's diet and complete kly for 6 will meal into ICF	

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STATEMENT	OF DEFICIENCIES	(V1) PROVIDED/GUERNIERIOU	T		OMB	NO. 0938-039
	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING _	CONSTRUCTION		TE SURVEY
		34G324 B. WING		B. WING		
NAME OF F	PROVIDER OR SUPPLIER				1	0/16/2024
				TREET ADDRESS, CITY, STATE, ZIP COL	DE	
MT GILE	AD CHILDREN'S HOM	IE .		05 EAST INGRAM AVENUE		
(X4) ID	CUMMAN		IV	IOUNT GILEAD, NC 27306		
PREFIX	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO	ORRECTION N SHOULD BE	(X5)
		ON ESC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETION
W 474	Continued From pa	age 9	W 474			
	for client #2. For ex		VV 4/4			
	Observations in the	group home on 10/15/24 at				
	5:23 PM revealed to	he dinner meal to be Manwich				
	sandwiches on a bu	un, sweet potato fries green				
	peas, canned orang	ge slices, canned cubed pears				
	and tavored water.	Continued observations				
	revealed staff to ser	rve the Manwich sandwich to				
	be served quartered	d and all other food items				
	revealed client #2 to	sistency. Further observation consume 100% of his dinner				
	meal without staff co	utting or modifying it in easy				
	manner.	meal without staff cutting or modifying it in any manner.				
	Observations in the	group home on 10/16/24 at				
	6:45 AM revealed th	e breakfast to be two toaster				
	waffles, three sausa	ge links, canned fruit cocktail				
	and juice. Continued	d observation revealed staff				
1	to serve the two waft	fles cut into bite size pieces.				
	the three-sausage lin	nks served in whole				
	consistency, the can	ned fruit cocktail was served				
	food items sound to	and client #2 to consume all him. Further observation				
	revealed client #2 to	consume 100% of his meal.				
F	Record review on 10	/16/24 revealed a nutritional				
6	evaluation for client #	2 dated 9/12/24 stating that				
t	he client is currently	on a regular chopped diet				
C	. The facility failed to	o ensure the prescribed diet				
fo	or client #3. For exar	mple:				
C	Observations in the g	roup home on 10/15/24 at				
5	:23 PM revealed the	dinner meal to be Manwich				
S	andwiches on a bun	, sweet potato fries, green				
p	eas, canned orange	slices, canned cubed pears,				
		ontinued observations e the Manwich sandwich				
		e the Manwich sandwich				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING		ONSTRUCTION	TION (X3) DATE COMP	
		34G324	B. WING			
	PROVIDER OR SUPPLIER AD CHILDREN'S HOME		205	EET ADDRESS, CITY, STATE, ZIP EAST INGRAM AVENUE UNT GILEAD, NC 27306	CODE	10/16/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
a a	whole consistency. For client #1 to consume without staff cutting of 6:45 AM revealed the waffles, three sausage and juice. Continued to serve the two waffles the three-sausage link consistency, the cannot in whole consistency a food items served to he revealed client #3 to consistency and items served to he revealed client #3 to consistency and items served to he revealed client #3 to consistency with the client is currently of the client is currently of the client with the I/DD 10/16/24 confirmed the land each client should	curther observation revealed 100% of his dinner meal remodifying it in any manner. Troup home on 10/16/24 at breakfast to be two toaster to links, canned fruit cocktail, observation revealed staff to secut into bite size pieces, as served in whole the definit cocktail was served and client #3 to consume all tim. Further observation consume 100% of his meal. 6/24 revealed a nutritional dated 9/12/24 stating that a chopped, soft foods State Coordinator on the diet orders are current, have had their food served oriate to their needs as set	W 474			