STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G301	A. BUILDING _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTERFIELD GROUP HOME	2287 HARTLAND ROAD MORGANTON, NC 28655

(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 474	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 was served in a form consistent with the developmental level of 2 of 6 clients (#1 and #2). The findings are: A. The facility failed to ensure diet consistency for client #1. For example: Observations in the group home on 2/4/25 at 3:40 PM revealed client #1 to participate in a group snack at the dining room table. Continued observation revealed staff to serve client #1 whole chocolate chip cookies. Further observation revealed client #1 to consume the whole cookies independently. Observations in the group home on 2/5/25 at 7:43 AM revealed the breakfast meal to include oatmeal, butter toast, milk, apple juice and coffee. Continued observation revealed staff to hand-over-hand serve client #1 whole toast. Further observation revealed client #1 to consume the toast in whole form independently. Review of client #1's record on 2/5/25 revealed a nutritional assessment dated 11/8/23 and a swallow status summary dated 1/24/24. Review of the evaluations indicated client #1's diet order to be low fat, 1800 calorie, bite-size (quarter width) except for casseroles, no seconds, and high protein snacks between meals. Interview with qualified intellectual disability	W 474	RECEIVED FEB 10 2025 DHSR-MH Licensure Sect A&B. The facility will ensure that food served is in a form consistent with the developmental level of the individual. Staff will be trained on diet consistency for individuals in the home. The QP and/or designee will monitor through direct supervision at least weekly within the home.	

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

BSQP | 2-10-25

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 474	Continued From page 1 professional (QIDP) on 2/5/25 confirmed the diet order for client #1 is current. Continued interview with the QIDP revealed there is a diet consistency chart in the home to help guide staff and bite-sized should be no larger than a quarter. Further interview with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed. B. The facility failed to ensure diet consistency for client #2. For example: Observations in the group home on 2/4/25 at 3:45 PM revealed client #2 to participate in a group snack at the dining room table. Continued observation revealed staff to serve client #2 whole chocolate chip cookies. Further observation revealed client #2 to consume the whole cookies independently. Observations in the group home on 2/5/25 at 7:43 AM revealed the breakfast meal to include oatmeal, butter toast, milk, apple juice and coffee. Continued observation revealed staff to hand-over-hand serve client #2 whole toast. Further observation revealed staff to cut the toast into four quarters and for client #2 to consume the toast independently. Review of client #2's record on 2/5/25 revealed a nutritional assessment dated 1/7/24. Review of the assessment indicated client #2's diet order to be regular, bite-sized, ground meats, no raw fruit or vegetables, and no seconds. Interview with QIDP on 2/5/25 confirmed the diet order for client #2 is current. Continued interview with the QIDP revealed there is a diet consistency chart in the home to help guide staff and	W 474		

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W 474	Continued From page 2 bite-sized should be no larger than a quarter. Further interview with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.	W 474		