PRINTED: 03/28/2025 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG	1, ,	SURVEY PLETED
		34G305	B. WING _		03	/26/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 104	budget, and operating This STANDARD is r Based on observation governing body and re exercise general polic over the facility by fail and maintenance at the completed in a timely Observations through survey revealed seve group home to include broken tiles in both be directly in front of clies areas of wall damages the home and bathroor revealed the laundry work and broken tiles #1 are rusted, closet of knob. Continued obse bathroom paper towe resealing of several a bathroom shower, wa in color substance over baseboards. Subsequent observat lights needing to be re missing a remote which personal cell phones to watch and enjoy th listen to music. Additinal and a incontinence pa brand new television	must exercise general policy, g direction over the facility. not met as evidenced by: ns and interviews, the management failed to by and operating direction ling to ensure routine repairs the group home were manner. The finding is: nout the 3/25/25 - 3/26/25 and repairs needed inside the etorn living room furniture, athrooms, broken tiles not's #2 bedroom, multiple and wall paper throughout the proom's light switch to not to baseboards in bathroom door had a missing door ervations revealed the	W	104		

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.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		34G305	B. WING _		03/26/2025
NAME OF PR	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETIC
W 104	mounted and the chis designated for staroom area. Interview with facility based on their undework orders for the replaced to purchase livingroom but they as with an update. Cohome manager (HM orders revealed the and they are waiting Subsequent interviem ojo helpdesk ticker living room set was not been approved. Interview with qualifity professional (QIDP) aware of the repairs furniture. Further interview is designed to the control of t	iving room and awaiting to be air with the incontinence pad iff to sit on while in the living a staff on 3/25/25 revealed retanding there are several repairs and an order was new furniture for the are unsure where the agency ontinued interview with the and confirmed by work repairs have been reported for repairs to be completed. If we with the HM verified with a trevealed a request for a created on 1/30/25 but have red intellectual disabilities on 3/26/25 revealed she is and need for new livingroom review with the QIDP	W 1	04	
W 129	work orders for sever interview revealed the identified one mainted Greensboro area and be completed in a time PROTECTION OF CCFR(s): 483.420(a)() The facility must ensometric the facility with the opportunity This STANDARD is	responsible for completing eral areas. Continued ne agency currently have enance personnel for the d are in hopes the repairs will mely manner. CLIENTS RIGHTS	W 1	29	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		34G305	B. WING _			03/26/2025
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	•	
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W 129	personal privacy durinding is: A. The facility failed privacy during personal continued of the bathroom. Continued of the bathroom door wobservation revealed staff assistance and privacy. At no point moments in the bathroom door to provide her work of the bathroom of the personal (QIDP) nurse (RN) on 3/26/2 received training on Further interviews were weal staff will be repersonal care. B. The facility failed privacy during personal care. B. The facility failed privacy during personal care. Cobservations in the 6:15 PM revealed staff assistance and privacy. At no point of the bathroom door woobservation revealed staff assistance and privacy. At no point of the bathroom. At no point of the privacy and point of the privacy. At no point of the privacy are personal care.	to ensure client #1 received nal care. For example: group home on 3/25/25 at aff C to assist client #1 to the ed observation revealed staff onto the toilet and to leave vide open. Further d client #1 ambulates with relies on staff to ensure her during client #1's private uroom did staff C close the with privacy. Italified intellectual disabilities home manager (HM) and 25 revealed staff E has privacy during personal care. Ith the QIDP, HM and RN etrained on privacy during to ensure client #6 received nal care. For example: group home on 3/25/25 at aff C to assist client #6 to the ed observation revealed staff onto the toilet and to leave vide open. Further d client #6 ambulates with relies on staff to ensure her it during client #6's private uroom did staff C close the	W 1	29		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(×	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	E		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 129	Continued From page	e 3	W 1	29			
W 249	professional (QIDP), nurse (RN) on 3/26/2 received training on prurther interviews wireveal staff will be respersonal care. PROGRAM IMPLEM CFR(s): 483.440(d)(1/2) As soon as the interest formulated a client's each client must receive treatment program conterventions and ser and frequency to suppression of the supp	lisciplinary team has individual program plan, eive a continuous active	W 2	49			
	Based on observation interviews, the facility received a continuou consisting of needed as identified in the Habehavior management clients. The finding is Observations in the gas 3/25/25 - 3/26/25 surbedroom closet to be hanging in the closet	group home during the vey revealed client's #2 empty and no clothing . Further observations clothing to be locked in a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G305	B. WING			03/26/2025
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	•	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	a behavior support p Further review of the targeted behaviors; p physical aggression, aggression/inapprop behavior, and nonco Continued review of interaction technique possessions reveale possessions such as removed from the cli being used in an uns secure clothing or ot identified through do destruction/misuse, s considered and this i BSP. Further review no restrictions appro removing clothing or possession. Interview on 3/25/25 (HM) revealed that c the locked supply clo because the client ha	record on 3/26/25 revealed lan (BSP) dated 2/16/25. BSP revealed the following property destruction/misuse, verbal riate language, self injurious impliance/resistance. The BSP's preventative and is relative to personal did the following; personal did the	W 24	9		
W 472	disabilities profession client #2's BSP is cur as written. MEAL SERVICES CFR(s): 483.480(b)(3) Food must be served	with the qualified intellectual nal (QIDP) revealed that rrent and should be followed 2)(i) d in appropriate quantity. not met as evidenced by:	W 47	2		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	34G305	B. WING _			03/26/2025
	•		STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	•	
(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE
Based on observa interview, the facilit (#2, #3 and #5) red of food relative to the findings is: A. The facility received an 1800 of weight loss goal. For the policy of	y failed to ensure 3 of 5 clients elived the appropriate quantity heir prescribed diets. The y failed to ensure client #2 alorie diet to support healthy for example: group home on 3/25/25 at 5:20 #2 to participate in the dinner chicken tacos, baked beans, and lettuces, chopped am, salsa, vanilla wafer and a sugar free beverage. Ition revealed the dinner meal regular kitchen mixing and elatining no designated curther observation revealed and healthy serve and consume each food item served at the point during the dinner meal convey to client #2 that she 1800 caloric limit to support loss goal. for client #2 on 3/26/25 and assessment (NA) dated dreview of the NA for client #2 diet order of 1800 calorie diet weight loss goal. Continue dicate client #2's ideal body 120-140 pounds. Further vealed client #2's current ther BMI - 30.5, obsess range.	W 4	72		
	CONTINUED CONTIN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Based on observation, record review and interview, the facility failed to ensure 3 of 5 clients (#2, #3 and #5) received the appropriate quantity of food relative to their prescribed diets. The findings is:	A BUILDIN 34G305 B. WING_ SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Based on observation, record review and interview, the facility failed to ensure 3 of 5 clients (#2, #3 and #5) received the appropriate quantity of food relative to their prescribed diets. The findings is: A. The facility failed to ensure client #2 received an 1800 calorie diet to support healthy weight loss goal. For example: Observation in the group home on 3/25/25 at 5:20 PM revealed client #2 to participate in the dinner to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #2 to independently serve and consume three servings of each food item served at the dinner meal. At no point during the dinner meal did staff redirect or convey to client #2 that she had exceeded her 1800 caloric limit to support her healthy weight loss goal. Review of records for client #2 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #2 revealed a current diet order of 1800 calorie diet to support healthy weight loss goal. Continue review of the NA indicate client #2's ideal body weight is between 120-140 pounds. Further review of the NA revealed client #2's current weight is 161.8 and her BMI - 30.5, obsess range. Interview with the qualified intellectual disabilities	ROWDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Based on observation, record review and interview, the facility failed to ensure client #2 received an 1800 calorie diet to support healthy weight loss goal. A. The facility failed to ensure client #2 received an 1800 calorie diet to support healthy weight loss goal. Continued Soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #2 to independently serve and consume three servings of each food item served at the dinner meal. At no point during the dinner meal did staff redirect or convey to client #2 that she had exceeded her 1800 caloric limit to support her healthy weight loss goal. Review of records for client #2 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #2 revealed a current diet order of 1800 caloric diet to support healthy weight loss goal. Review of Review of the NA indicate client #2's ideal body weight is between 120-140 pounds. Further review of the NA rowale client #2's current weight is 161.8 and her BMI - 30.5, obsess range. Interview with the qualified intellectual disabilities	A BUILDING 34G305 STREET ADDRESS, CITY, STATE, ZIP CODE 31 SAST BROOKWOOD AVENUE LIBERTY, NC 2728 SUMMARY STATEMENT OF DEPICIENCES (EGAL DEFOCENCY MUST REPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Based on observation, record review and interview, the facility failed to ensure 3 of 5 clients (#2, #3 and #5) received the appropriate quantity of food relative to their prescribed diets. The findings is: A. The facility failed to ensure client #2 received an 1800 calorie diet to support healthy weight loss goal. For example: Observation in the group home on 3/25/25 at 5:20 PM revealed client #2 to participate in the dinner to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #2 to Independently serve and consume three servings of each food item served at the dinner meal and staff redirect or convey to client #2 that she had exceeded her 1800 caloric limit to support healthy weight loss goal. Review of records for client #2 on 3/26/25 revealed a nutrititional assessment (NA) dated 6/24/24. Continued review of the NA for client described to support healthy weight loss goal. Continue review of the NA for client #2 is current weight is between 120-140 pounds. Further review of the NA for client #2 current weight is between 120-140 pounds. Further review of the NA for client #2 is current weight is 61.8 and her BMI - 30.5, obsess range. Interview with the Audicates client #2/5 current weight is 61.8 and her BMI - 30.5, obsess range.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			١ , ,	OATE SURVEY OMPLETED			
		34G305	B. WING _			03/26/2025	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298			,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 472	#2 is current. Furth HM and RN revealed client #2s diet. Con QIDP, HM and RN revealed tient #2s diet. Con QIDP, HM and RN revealed serving interviews with the Gwill be retrained on utensils for serving. B. The facility fair received an 1800 caweight loss goal. For Observation in the GPM revealed client at to include soft flour shredded cheese at tomatoes, sour creat pudding, water and Continued observation be served using reserving spoons commeasuring units. Further the growth was reviewed to include the first to independ two servings of each dinner meal. At not pudding the first to independ the first to independ the first to include a current of the first to support healthy weight in the first to support healthy weight is between 1	25 revealed the NA for client er interview with the QIDP, d staff have been trained on tinued interview with the revealed the home has utensils. Subsequent QIDP, HM and RN reveal staff diets and use of measuring led to ensure client #3 alorie diet to address a healthy or example: group home on 3/25/25 at 5:20 #3 to participate in the dinner chicken tacos, baked beans, and lettuces, chopped am, salsa, vanilla wafer and a sugar free beverage. It is in revealed the dinner meal regular kitchen mixing and taining no designated rither observation revealed dently serve and consume in food item served at the point during the dinner meal convey to client #3 that she 800 caloric limit to support	W 2	172			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		34G305	B. WING _			03/26/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY 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)	HOULD BE	(X5) COMPLETION DATE
W 472	obese range. Interview with the q professional (QIDP) nurse (RN) on 3/26/#1 is current. Furth HM and RN reveale client #3's diet. Cor QIDP, HM and RN reveale client #3's diet. Cor QIDP, HM and RN revealed serving interviews with the will be retrained on utensils for serving. C. The facility fail received a 1500 cal pieces, no raw vege grapes, and apricots to include soft flour shredded cheese at tomatoes, sour creat pudding, water and Continued observation be served using reserving spoons con measuring units. Further was provided to the servings of earliner meal minus to client #5 to indepen three servings of earliner meal minus to client #5 that she caloric limit to suppregoal.	her BMI - 41.2, morbidly ualified intellectual disabilities i, home manager (HM) and '25 revealed the NA for client er interview with the QIDP, id staff have been trained on intinued interview with the revealed the home has utensils. Subsequent QIDP, HM and RN reveal staff diets and use of measuring ed to ensure client #5 orie chopped meats, bite size etables/fruits except bananas,	W 4	72		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G305	B. WING			03/	26/2025
NAME OF P	ROVIDER OR SUPPLIER		•	3.	TREET ADDRESS, CITY, STATE, ZIP CODE 13 EAST BROOKWOOD AVENUE IBERTY, NC 27298		
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W 472	6/24/24. Continued revealed a current diechopped meats, bite surgetables/fruits exceapricots. Continued relient #5's ideal body pounds. Further reviews is unterview with the quaprofessional (QIDP), nurse (RN) on 3/26/2 #5 is current. Further HM and RN revealed client #5's diet. Conting QIDP, HM and RN redesignated serving uninterviews with the QI will be retrained on dintensils for serving. MEAL SERVICES CFR(s): 483.480(b)(2) Food must be served developmental level of this STANDARD is represented by the served developmental level of this STANDARD is reconsistency relative to finding is: A. The facility failed to the correct diet consistency finding is:	assessment (NA) dated eview of the NA for client #5 et order of 1500 calorie size pieces, no raw ept bananas, grapes, and review of the NA indicate weight is between 185-195 ew of the NA revealed client 209.8 and her BMI - 38.5. Alified intellectual disabilities home manager (HM) and 5 revealed the NA for client interviews with the QIDP, staff have been trained on nued interview with the vealed the home has tensils. Subsequent IDP, HM and RN reveal staff ets and use of measuring EQ(iii) In a form consistent with the of the client. The contract as evidenced by: The not met as evidenced by: The client is a consistent with the of the client. The contract is a contract of the co		472			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	, 00:20:20
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
W 474	blueberry toaster w sugar free syrup, so and 2% milk. Continued herself with some sover hand guidance revealed client #1 to her meal. Additiona #1 to clear her breathe kitchen bar as p goals. At no point d was client #1 offere juice. Review of records frevealed a nutrition 6/24/24. Continued revealed a current of fruits in place of juice. Interview with the q professional (QIDP nurse (RN) on 3/26, #1 is current. Furth HM and RN revealed client #1's diet. Con QIDP, HM and RN in the home for clien at the breakfast me the QIDP, HM and retrained on diets a for serving. B. The facility failed the correct diet con Observation in the serving in the system.	eakfast meal to include affles with margarine and crambled eggs, apple juice, nued observation of client #1's her to independently serve taff assistance using hand a Further observation of consume hundred percent of all observation revealed client kfast dishes and carry them to part if the active treatment uring breakfast observation d fresh fruit instead of apple or client #1 on 3/26/25 all assessment (NA) dated I review of the NA for client #1 diet order to be regular, fresh	W 47	4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3)		
		34G305	B. WING		03/26/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
W 474	shredded cheese are tomatoes, sour creat pudding, water and Continued observation dependently serves shell, the precut cut Further observation consume two additional chicken leaving the no point during the client #5's chicken. Observation in the QAM revealed client abreakfast meal to in waffles with margariscrambled eggs, ap Continued observationes saff assistances.	ge 10 chicken tacos, baked beans, and lettuces, chopped m, salsa, vanilla wafer and a sugar free beverage. ion revealed client #5 to the herself one soft flour taco and chicken and all the fixings. revealed client #5 to anal servings of the precut soft flour taco untouched. At dinner meal did any staff chop group home on 3/26/25 at 6:44 #5 to participate in the clude blueberry toaster and sugar free syrup, ple juice, and 2% milk. ion of client #5's breakfast pendently serve herself with the and to cut her waffle using t into the specified bite size	W 474	1	
	consume hundred p Additional observati her breakfast dishes kitchen bar as part i At no point during b client #1 offered fres a medically prescrib Review of records for revealed a nutritiona 6/24/24. Continued revealed a current of fruits in place of juic Interview with the qu	on revealed client #1 to clear s and carry them to the f the active treatment goals. reakfast observation was sh fruit instead of apple juice ed in her diet order. or client #5 on 3/26/25 al assessment (NA) dated review of the NA for client #5 liet order to be regular, fresh			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G305	B. WING _			03/26/2025
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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 474	#5 is current. Furth HM and RN revealed client #5's diet. C. The facility failed the correct diet condition of the AM revealed client breakfast meal to in waffles with margal scrambled eggs, at Continued observation revealed staff to proassistance to serve observation revealed serving of eggs from and mixed in with a her plate. Addition #6 to eat a few bite eggs. Review of records are revealed a nutrition 6/24/24. Continued revealed a current with honey thickend container daily. Interview with the conformation of the condition of the conditi	age 11 i/25 revealed the NA for client her interviews with the QIDP, ed staff have been trained on If to ensure client #6 received hisistency. For example: group home on 3/26/25 at 6:44 #6 to participate in the hiclude blueberry toaster hine and sugar free syrup, hipple juice, and 2% milk. hitton of client #6's breakfast historide hand over hand her breakfast. Further hed client #6 received a second historide hand over hand her breakfast. Further hed client #6 received a second historide hand over hand her breakfast for the second historide hand over hand her breakfast. Further hed client #6 on 3/26/25 hal assessment (NA) dated her regular scrambled for client #6 on 3/26/25 hal assessment (NA) dated her review of the NA for client #6 her order to be regular puree hed liquids, Boost VHC 1 hualified intellectual disabilities home manager (HM) and historide interview with QIDP, HM har thave been trained on client	W 4	174		