

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

PRINTED: 04/11/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGDALE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>934 SPRINGDALE LANE GASTONIA, NC 28052</b>		
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E 039	<p>EP Testing Requirements CFR(s): 483.475(d)(2)</p> <p>§416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2).</p> <p>*[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]:</p> <p>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by</p>	E 039			

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 039	<p>Continued From page 1</p> <p>a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p> <p>*[For Hospices at 418.113(d):]</p> <p>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community based every 2 years; or</p> <p>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using</p>	E 039			

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E 039	<p>Continued From page 2</p> <p>a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.</p>	E 039			

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E 039	<p>Continued From page 3</p> <p>*[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):]</p> <p>(2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.</p> <p>*[For PACE at §460.84(d):]</p>	E 039			

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E 039	<p>Continued From page 4</p> <p>(2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.</p> <p>*[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to</p>	E 039			

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E 039	<p>Continued From page 5</p> <p>test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.</p> <p>*[For ICF/IIDs at §483.475(d)]:</p> <p>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that</p>	E 039			

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E 039	<p>Continued From page 6</p> <p>is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or.</p> <p>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p> <p>*[For HHAs at §484.102]</p> <p>(d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or.</p>	E 039			

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E 039	<p>Continued From page 7</p> <p>(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.</p> <p>*[For OPOs at §486.360]</p> <p>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared</p>	E 039			

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E 039	<p>Continued From page 8</p> <p>questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event.</p> <p>(ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.</p> <p>*[ RNCHIs at §403.748]:</p> <p>(d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct biennial testing of the facility's emergency preparedness plan (EPP). The finding is:</p> <p>Review on 4/8/25 of the facility's EPP revealed no evidence of a full-scale community or facility-based training.</p> <p>Interview on 4/9/25 with the qualified intellectual disabilities professional (QIDP) confirmed the facility has not conducted a full-scale community</p>	E 039			

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W 436	<p>or facility-based training. Continued interview with the QIDP confirmed that the facility will schedule training.</p> <p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure that prescribed adaptive equipment was furnished for sampled client #4. The finding is:</p> <p>Observations during survey 4/8-4/9/25 revealed client #4 to consume the entire dinner meal and breakfast meal. Continued observations revealed client #4 was provided with a cup with a lid and a straw during mealtimes. At no time during the mealtime observations was client #4 provided with a provale cup.</p> <p>Review of the record on 4/9/25 for client #4 revealed an individual personal plan (IPP) dated 7/25/24. Review of the IPP revealed a nutrition assessment dated 7/23/24 that revealed that the client drinks from a provale cup. Continued review revealed a speech pathology assessment dated 7/29/24 for the client to use a provale cup to regulate size and speed of liquid bolus presentations.</p> <p>Interview on 4/9/25 with the qualified intellectual disability professional (QIDP) verified that client</p>	W 436			

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W 436	Continued From page 10 #4's IPP was current. Continued interview with the QIDP revealed that the staff should have provided the client with his prescribed provala cup.	W 436			
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 reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 4 of 5 clients (#1, #2, #4, and #5). The findings are:  A. The facility failed to follow client #1's diet as prescribed. For example:  Observations in the group home on 4/8/25 at 4:35 PM revealed the dinner meal consisted of Belgian dinner waffles, scrambled eggs, turkey bacon, strawberries, and whip cream. Continued observations at 4:41 PM revealed staff to cut client #1's waffles into quarters and the turkey bacon into large slices. Further observations revealed the client to consume her dinner meal. At no time during the dinner meal was staff observed to assist client #1 to provide the meal in a bite size consistency.  Observations in the group home on 4/9/25 at 6:41 AM revealed the breakfast meal consisted of whole wheat toast and cheese omelet. Continued observations at 6:50 AM revealed client #1 to consume her breakfast meal in whole consistency with the toast cut in half. At no time during the breakfast meal was staff observed to assist the client to provide the meal in a bite size	W 474			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGDALE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>934 SPRINGDALE LANE GASTONIA, NC 28052</b>		
(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	<p>Continued From page 11 consistency.</p> <p>Review of client #1's record on 4/9/25 revealed an individual personal plan (IPP) dated 12/3/24. Review of the IPP revealed a nutritional assessment dated 11/22/24 for client #1 to be prescribed a regular diet, bites-sized, thin liquid.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 4/9/25 confirmed client #1's prescribed diet. Further interview with the (QIDP) confirmed specially modified diets should be followed as prescribed.</p> <p>B. The facility failed to follow client #2's diet as prescribed. For example:</p> <p>Observations in the group home on 4/8/25 at 4:35 PM revealed the dinner meal consisted of Belgian dinner waffles, scrambled eggs, turkey bacon, strawberries, and whip cream. Continued observations at 4:39 PM revealed client #2 to consume his waffle and bacon in whole consistency. At no time during the dinner was staff observed to assist client #2 to provide the meal in a bite size consistency</p> <p>Observations in the group home on 4/9/25 at 4:35 PM revealed the breakfast meal consisted of whole wheat toast and cheese omelet. Continued observations revealed client #2 consumed the breakfast meal in whole consistency with the toast cut in half. At no time during the breakfast meal was staff observed to assist the client to provide his meal bite sized.</p> <p>Review of client #2's record on 4/9/25 revealed an IPP dated 10/24/24. Review of the IPP revealed a nutritional assessment dated 11/22/24</p>	W 474			

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NAME OF PROVIDER OR SUPPLIER  <b>SPRINGDALE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>934 SPRINGDALE LANE GASTONIA, NC 28052</b>		
(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	<p>Continued From page 12</p> <p>for client #2 to be prescribed a regular diet, bites-sized, thin liquids. May have double portions on non-starchy vegetables.</p> <p>Interview with the QIDP on 4/9/25 confirmed client #2's prescribed diet. Further interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>C. The facility failed to follow client #4's diet as prescribed. For example:</p> <p>Observations in the group home on 4/9/25 at 4:35 PM revealed the breakfast meal consisted of whole wheat toast and cheese omelet. Continued observations revealed client #4 consumed the breakfast meal in whole consistency with the toast cut in half. The QIDP prompted staff to cut the toast for client #4; however, the staff cut the toast into large slices. At no time during the breakfast meal was staff observed to assist client#4 to provide his meal bite sized.</p> <p>Review of client #4's record on 4/9/25 revealed an IPP dated 7/25/24. Review of the IPP revealed a nutritional assessment dated 7/23/24 for client #4 to be prescribed an 1800 calorie diet, bite-sized, thin liquids as tolerated.</p> <p>Interview with the QIDP on 4/9/25 confirmed client #4's prescribed diet. Further interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p> <p>D. The facility failed to follow client #5's diet as prescribed. For example:</p> <p>Observations in the group home on 4/8/25 at 4:36 PM revealed the dinner meal consisted of Belgian</p>	W 474			

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NAME OF PROVIDER OR SUPPLIER  <b>SPRINGDALE LANE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>934 SPRINGDALE LANE GASTONIA, NC 28052</b>		
(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	<p>Continued From page 13</p> <p>dinner waffles, scrambled eggs, turkey bacon, strawberries, and whip cream. Continued observations at 4:39 PM revealed staff to cut client #5's waffles into quarters. Further observations revealed the client to consume his dinner meal. At no time during the dinner meal was staff observed to assist client #5 to provide his meal in a bite size consistency.</p> <p>Observations in the group home on 4/9/25 at 7:21 AM revealed the breakfast meal consisted of whole wheat toast with jelly and cheese omelet. Continued observations at 7:23 AM revealed client #5 to consume his breakfast meal in whole consistency with the toast cut in half. At no time during the breakfast meal was staff observed to assist the client to provide the meal in a bite size consistency.</p> <p>Review of client #5's record on 4/9/25 revealed an IPP dated 3/13/25. Review of the IPP revealed a nutritional assessment dated 3/15/25 for client #5 to be prescribed a non-concentrated sweet, low cholesterol, no seconds, no caffeine, no grapefruit diet. Continued review revealed that the Speech and Language Pathologist (SLP) evaluated the client's right dysphasia on recommended that client #5 continues a regular diet with thin liquids and staff to cut foods into bite-sized pieces to improve safety with intake.</p> <p>Interview with the QIDP on 4/9/25 confirmed client #5's prescribed diet. Further interview with the QIDP confirmed specially modified diets should be followed as prescribed.</p>	W 474			