

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: 34G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER CHERRYVILLE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1102 REQUA ROAD CHERRYVILLE, NC 28021		
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure clients were provided opportunities for client choice for 1 of 5 clients (#5). The finding is:</p> <p>Morning observations in the group home on 4/8/25 at 7:06AM revealed client #5 to wash her hands and begin assisting with her breakfast meal. Continued observation revealed client #5 to assist with pureeing her eggs and then toast in the blender. Further observation revealed client #5 to be assisted to the dining room table and begin eating her breakfast meal at 7:20AM. Additional observation at 7:22AM revealed the HM to get client #5 from breakfast for her medication administration pass.</p> <p>Subsequent observation in the group home on 4/8/25 at 7:23AM revealed staff G to remove client #5's breakfast plate from the table and discard food. Continued observation at 7:30AM revealed client #5 to be assisted back to the table and refused her seat at the table. Further observation revealed client #5 to accept a seat at the kitchen bar with her tablet. Additional observation revealed client #5 was not offered more of the breakfast meal. Subsequent observations revealed client #5 returned to the medication room at 7:43AM where she could be heard yelling and screaming.</p> <p>Review of records for client #5 on 4/8/25 revealed an Individual Service Plan (ISP) dated 1/23/25</p>		<p>The iCF Clinical Director, QIDP and Operations Manager will develop a "Mealtime Autonomy Protocol" which will include:</p> <p>Training staff to avoid interrupting meals except in emergencies.</p> <p>Building flexibility into daily schedules for clients to complete meals and participate in routine care tasks.</p> <p>Clear guidance on when medication passes may be delayed to support client engagement or reduce distress.</p> <p>QIDP will revise ISP and assist with the revision of the BSP to include:</p> <p>A specific directive that meals should not be interrupted unless medically necessary.</p> <p>A proactive strategy to offer food again if the meal was interrupted or partially consumed.</p> <p>QIDP, Operations Manager, and ICF Clinical Director will create and/or complete a direct staff in-service training on:</p> <p>Implementing behavior support plans with respect for autonomy</p> <p>Recognizing how environmental factors (like meal interruptions) may trigger behavioral responses</p> <p>Future quarterly staff training will include scenarios and role-playing exercises on honoring client choice during daily routines.</p>	06/09/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

John Wilson ICF Clinical Director

4/23/25

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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NAME OF PROVIDER OR SUPPLIER

CHERRYVILLE GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1102 REQUA ROAD
CHERRYVILLE, NC 28021**

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and a behavior support plan (BSP) dated 10/16/24. Continued review of the BSP revealed the following target behaviors: refusals, inappropriate verbal outbursts, hollering, yelling and stealing.

Interview with the qualified intellectual disabilities professional (QIDP) on 4/8/25 revealed the BSP for client #5 is current. Further interview with the QIDP revealed staff should not have interrupted client #5's breakfast. Continued interview with the QIDP revealed the HM had time to allow client #5 to eat her breakfast and complete the medication pass within the prescribed time.

W 249 PROGRAM IMPLEMENTATION
CFR(s): 483.440(d)(1)

As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observations, record review and interviews, the facility failed to ensure that a continuous active treatment program consisting of needed interventions were implemented as identified in the individual service plan (ISP) for 1 of 5 clients (#5). The finding is:

Afternoon observations on 4/7/25 at 5:25PM revealed client #5 to wash her hands with staff

W 247

W 249 Staff involved in the observation were immediately coached and re-trained on Client #5's gait belt and wheelchair protocol.

06/09/25

A facility-wide review of all clients with mobility support protocols will be completed. Clients requiring use of gait belts or other assistive devices will be verified to ensure protocols are being followed and staff are trained appropriately.

QIDP will create A Gait Belt Use Checklist and add it to daily shift logs for clients with mobility support plans.

QIDP will ensure that the OT/PT therapist provide a mandatory training to all Cherryville direct care staff which will include:

- *Physical therapy protocols for all clients requiring assistive mobility
- *Hands-on retraining in proper gait belt technique with demonstration and return

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assistance in preparation for the dinner meal. Further observations revealed staff to guide client #5 to the dining table by standing behind the client and placing their arms across the client's chest. Observation did not reveal staff to use client #5's gait belt to assist the client to the table as prescribed.

Morning observations on 4/8/25 at 7:20AM revealed staff to walk the client from behind and again place her hands under the client's arms and around the client's chest to guide the client to the kitchen area. Observations did not reveal staff to use client #5's gait belt as prescribed.

Review of the record for client #5 on 4/8/25 revealed a physical therapy (PT) Assessment dated 12/20/24 which indicated the client "has a very unsteady gait. Staff have been instructed to hold onto the gait belt for safety whenever the client ambulates". Further review of the record for client #5 revealed gait belt and wheelchair protocol which indicates the client will need the assistance of a gait belt to "steady her balance and prevent her from falling". Continued review of the gait belt and wheelchair protocol indicated staff will use the steps to ensure the client has the necessary protections while walking.

Interview with the qualified intellectual disabilities professional (QIDP) on 4/8/25 revealed staff have been trained to use the gait belt in assisting client #5 during ambulation. Further interview with the QIDP verified that client #5 has gait belt and wheelchair protocol that staff must sign to ensure they are using the gait belt properly during ambulation. Continued interview with the QIDP revealed staff must use the gait belt for client #5 during as prescribed.

W 249 demonstration.
*Gait belt and wheelchair protocols
*Safe ambulation techniques
*The importance of implementing therapy-related ISP objectives consistently

The QIDP and House Manager will ensure that Staff sign-in sheets and post-training knowledge checks are on file and submitted to the ICF Operations Manager. Additionally they will complete weekly unannounced observations of ambulation support for Client #5 and other clients with similar needs for 60 days to ensure all mobility assistance protocols are being followed as written. Non-compliance will result in immediate retraining and documentation in the staff member's personnel file.

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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 interview, the facility failed to ensure 2 of 5 clients (#2 and #4) received the correct food consistency relative to their prescribed diets. The finding is:

A. The facility failed to ensure client #2 received the correct diet consistency. For example:

Observation in the group home on 4/7/25 at 5:30 PM revealed client #2 to participate in the dinner meal to include a turkey burger with bun, lettuce, tomato, onion, pickle, tater tots, water, apple juice and pudding. Continued observation of client #2's dinner revealed him to independently serve himself with some staff assistance to cut his turkey burger in half using a rocker knife. Further observation revealed client #2 to consume his turkey burger in whole form and consistency. At no point during dinner observation was client 2's turkey patty cut into bite size pieces as prescribed in his diet order.

Review of records for client #2 on 4/8/25 revealed a nutritional assessment (NA) dated 1/8/25. Continued review of the NA for client #2 revealed a current diet order as follows: regular, thin liquids, cut meat into bite size pieces, minimally processed foods with fiber-rich fruits and vegetables, complex carbs in moderation, lean protein, healthy fats, limited added sugars and refined grains.

Interview with the qualified intellectual disabilities professional (QIDP) on 4/8/25 revealed the NA for

W 474 A complete audit of current client adaptive equipment and dietary needs will be conducted by the QIDP, OT/PT/ and or speech therapist on a monthly basis to ensure all other clients have the prescribed adaptive and meal preparatory equipment readily available and in use according to their IPP and specialist evaluations.

06/09/25

The House Manager and QIDP will observe and document a minimum of 1-3 meal observations per week to ensure their direct staff are following meal protocols.

The ICF Clinical Director and QIDP will create a a "Modified Diet Protocol" which will include:

- Laminated diet specific cards for each client posted in the kitchen and dining areas.
- Visual food preparation guides for bite-sized and other special textures.

QIDP, OT/PT/or speech therapist will complete mandatory hands-on competency checks for all direct support staff modified food prep quarterly.

The ICF Director will review IPPs and associated assessments (nutrition, occupational therapy, speech) will be cross verified monthly to ensure alignment with equipment in use and prescribed diet. Audit results will be

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client #2 is current. Further interview with QIDP revealed staff have been trained on client #2's diet consistency.

B. The facility failed to ensure client #4 received the correct diet consistency. For example:

Observation in the group home on 4/8/25 at 6:58 AM revealed client #4 to participate in the breakfast meal to include scrambled eggs, toast with margarine and jelly, orange juice and 2% milk. Continued observation of client #4's breakfast revealed the client to independently assist with the preparation of her breakfast meal. Further observation revealed client #4 to consume one hundred percent of her meal. Additional observation revealed client #4 to clear her breakfast dishes and carry them to the kitchen as part of her active treatment goals. At no point during breakfast observation was client #4's toast prepared in a mechanically soft form and consistency as prescribed in her diet order.

Review of records for client #4 on 4/8/25 revealed a nutritional assessment (NA) dated 1/8/25. Continued review of the NA for client #4 revealed a current diet to be mechanically soft due to mastication and fast intake.

Interview with the QIDP on 4/8/25 revealed the NA for client #4 is current. Further interviews with the QIDP revealed staff have been trained on client #4's diet.

W 474 reported to the QA/QI Committee on a quarterly basis. Any discrepancy will trigger a corrective action within 24 hours, including retraining of direct care staff by QIDP, House Manager and or therapy specialists as necessary.

06/09/25