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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G196	A. BUILDING _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME	109 LONON AVENUE MARION, NC 28752

(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 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 observation, interviews, and record review, the facility failed to assure a continuous active treatment program identified as an individual need was implemented for 4 of 5 clients (#1, #2, #4 and #5) relative to a privacy program goal and mealtime adaptive equipment. The findings are: A. The facility failed to implement a privacy goal and provide client #1 with mealtime adaptive equipment. For example: Observations in the facility on 4/22/25 at 3:53 PM revealed client #1 to enter the bathroom to change clothes with staff. Continued observation at 4:00 PM revealed the client to enter the bathroom and pull-down her pants and sat on the toilet crying with the door open. Further observation at 4:03 PM revealed staff to be directed by the surveyor to assist the client in the bathroom. Subsequent observations on 4/22/25 at 5:30 PM revealed client #1's dinner meal consisted of baked beans, mashed potatoes, green beans and	W 249	RECEIVED DHSR-MH Licensure Sect	6/22/25

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

Latecia Miller | QP | 5/1/25

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 249	Continued From page 1 potato wedges. The client is prescribed a plate guard for mealtime adaptive equipment. At no time during the dinner meal was staff observed to provide the client with her adaptive equipment. Review of the record on 4/23/25 for client #1 revealed an individual program plan (IPP) dated 3/6/25. Review of the IPP revealed a goal implemented 11/18/23 for client #1 to increase privacy by following the task analysis (knock on closed door, open the door, close the door, keep door closed while occupied) with 100% independence for three consecutive review periods. Continued review of records revealed an occupational therapy (OT) evaluation dated 1/15/25 for the client to use a plate guard attached to the side of her plate closest to assist with scooping food onto utensils. Interview on 4/23/25 with the program specialist (PS) confirmed that client #1's IPP and OT were current. Continued interview with the PS revealed that the staff should have implemented the privacy goal for client #1. Further interview confirmed that client #1 should have been provided with her prescribed plate guard. B. The facility failed to provide mealtime adaptive equipment for client #2. For example: Observation during dinner on 4/22/25 at 5:30 PM revealed client #2's dinner meal consisted of chicken tenders, macaroni and cheese, fries, biscuit, and Pepsi. The client is prescribed a plate guard for mealtime adaptive equipment. At no time during the dinner meal was staff observed to provide the client with her adaptive equipment. Review of records on 4/23/25 for client #2	W 249		6/22/25

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W 249	Continued From page 2 revealed an IPP dated 6/21/24. Continued review of the IPP revealed an OT evaluation dated 6/20/24 for the client to utilize a regular plate with a plate guard attached to the side of the plate closest to the client to assist with scooping food. Interview on 4/23/25 with the PS confirmed that client #2's IPP and OT were current. Continued interview revealed that staff should have provided the client with her prescribed plate guard. C. The facility failed to provide mealtime adaptive equipment for client #4. For example: Observation during dinner on 4/22/25 at 5:30 PM revealed client #4's dinner meal consisted of chicken tenders, macaroni and cheese, fries, biscuit, and Pepsi. The client is prescribed a cup with lid and straw, deep dish plate for mealtime adaptive equipment. At no time during the dinner meal was staff observed to provide the client with a deep dish. Subsequent observations on 4/23/25 at 6:25 AM revealed that client #4 was provided with a cup and straw and no lid. Review of records on 4/23/25 for client #4 revealed an IPP dated 7/8/24. Continued review of the IPP revealed an OT evaluation dated 6/20/24 for the client to utilize a cup with lid and straw for liquids and a deep-dish plate to provide ease of getting food on utensils. Interview on 4/23/25 with the PS confirmed that client #4's IPP and OT were current. Continued interview confirmed that staff should have provided the client with his prescribed adaptive equipment.	W 249		6/22/25

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W 249	Continued From page 3 D. The facility failed to implement a privacy goal for client #5. For example: Observations in the facility on 4/22/25 at 3:35 PM revealed client #5 to enter the bathroom using the bathroom with door open, then exit the bathroom. Continued observation at 3:46 PM revealed the client to enter the bathroom and pull-down pants and use the bathroom with the door open. Further observation revealed the client exited the bathroom and entered the kitchen to assist with groceries. At no time during the observations did staff assist client #5 to provide privacy while toileting. Review of the record on 4/23/25 for client #5 revealed an IPP dated 3/4/25. Review of the IPP revealed a goal implemented 1/26/23 for client #5 to increase privacy by following the task analysis (knock on closed door, open the door, close the door, keep door closed while occupied) with 100% independence for three consecutive review periods.. Interview on 4/23/25 with the PS confirmed that client #5's IPP was current. Continued interview with the PS revealed that the staff should have implemented the privacy goal for client #5.	W 249		6/22/25
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 1 of 3	W 463		6/22/25

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W 463	Continued From page 4 sampled clients (#1) received their specialty diet as prescribed. The finding is: Observation in the group home on 4/23/25 at 6:25 AM revealed client #1 to participate in the breakfast meal which included toast, oatmeal, fruit, orange juice, and milk. Continued observations revealed client #1 to consume the breakfast meal and exit the dining room to sit on the couch. At no time during the morning observations was staff observed to provide the client with her prescribed supplement. Review of records on 4/23/25 for client #1 revealed a nutritional evaluation dated 3/25/25. Continued review of the nutritional evaluation revealed that client #1 is prescribed a regular, bite sized, gluten free, casein free, double portions, Kate Farms supplement twice daily at 8:00 AM and 8:00 PM. Interview on 4/23/25 with the facility nurse confirmed client #1's diet as prescribed. Continued interview with the facility nurse confirmed that staff should have provided client #1 with her prescribed diet which includes the Kate Farms supplement.	W 463		
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 observation, record review, and interview, the facility failed to ensure 1 of 3 sampled clients (#1) received their specialty diet as prescribed. The finding is:	W 474		6/22/25

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W 474	Continued From page 5 Observation in the group home on 4/23/25 at 6:25 AM revealed client #1 to participate in the breakfast meal which included toast, oatmeal, fruit, orange juice, and milk. Continued observations revealed client #1 to consume the breakfast meal and exit the dining room to sit on the couch. At no time during the morning observations was staff observed to provide the client with her prescribed supplement. Review of records on 4/23/25 for client #1 revealed a nutritional evaluation dated 3/25/25. Continued review of the nutritional evaluation revealed that client #1 is prescribed a regular, bite sized, gluten free, casein free, double portions, Kate Farms supplement twice daily at 8:00 AM and 8:00 PM. Interview on 4/23/25 with the facility nurse confirmed client #1's diet as prescribed. Continued interview with the facility nurse confirmed that staff should have provided client #1 with her prescribed diet which includes the Kate Farms supplement.	W 474		

Program Implementation:

W249

A. The facility will ensure to implement a privacy goal and provide client #1 with mealtime adaptive equipment to meet the individual's needs. The facility will ensure that staff are trained on implementing, documenting and following through with all programs to meet the goals. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.
B. The facility will ensure to provide client #2 with mealtime adaptive equipment to meet the individual's needs. The facility will ensure that staff are trained on implementing, documenting and following through with all programs to meet the goals. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.
C. The facility will ensure to provide client #4 with mealtime adaptive equipment to meet the individual's needs. The facility will ensure that staff are trained on implementing, documenting and following through with all programs to meet the goals. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.
D. The facility will ensure to implement a privacy goal for client #5 to meet the individual's needs. The facility will ensure that staff are trained on implementing, documenting and following through with all programs to meet the goals. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.

Food and Nutrition Services

W463

The facility will ensure that client #1 receives their specialty diet as prescribed to meet the individual's needs. The facility will ensure that staff are trained on providing the individual with the correct diet. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.

Meal Services

W474

The facility will ensure that client #1 receives their specialty diet in a form consistent with the developmental level of the client as prescribed to meet the individual's needs. The facility will ensure that staff are trained on providing the individual with the correct diet. The QP and or designee will monitor through direct observation, on a weekly basis, within the home.