DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	· · ·	E SURVEY PLETED
34G092		B. WING		06/25/2025		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
		RS HILLS RESIDENTIAL SERV		BLUE RIDGE HOMES DRIVE #50		
BLUEWES	DI OFFORIONITIES-MA	RS HILLS RESIDENTIAL SERV		MARS HILL, NC 28754		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX			PREFIX			COMPLETION DATE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	RUPRIATE	57112
W 000	INITIAL COMMENTS		W 00	00		
	A complaint survey w	as completed on 6/25/2025				
	for intake #NC002312	•				
	unsubstantiated. No	deficiencies were cited for				
	the complaint survey.					
W 227	INDIVIDUAL PROGR	AM PLAN	W 22	27		
	CFR(s): 483.440(c)(4)				
		m plan states the specific				
		to meet the client's needs,				
		omprehensive assessment				
	•	h (c)(3) of this section.				
		not met as evidenced by:				
		ew and interview, the facility				
	failed to ensure the P	erson-Centered Plan (PCP)				
	included needed inter	ventions and supports for 1				
	of 10 audit clients (#1	1). The finding is:				
	Record review on 6/2	4/25 revealed monthly fire				
	drill reports for the pe	riod of June, 2024 through				
	· ·	d record review revealed				
	, and a second sec	, client #11 refused to exit				
	•	that during several other				
		ly refused, then eventually				
		pting. Further review of				
		CP dated 8/28/24 which				
		t independently in the event r, behavior data indicate this				
	goal has been in plac					
		eing recorded. Subsequent				
		d a Behavior Support Plan				
		/11/22 which does not				
	address client #11's r	efusal to evacuate during				
	drills and, consequen					
		ed to evacuate client #11 in				
	the event of an actual	emergency.				
	Interview with the hor	ne manager (HM) on				
	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	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.

PRINTED: 06/30/2025

			CONSTRUCTION				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 34G092		· /		· · · ·	(X3) DATE SURVEY COMPLETED		
		B. WING		o	6/25/2025		
ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	-			
ST OPPORTUNITIES-MAN	RS HILLS RESIDENTIAL SERV						
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETIO DATE		
6/24/25 revealed that evacuate during a dril	when client #11 refuses to II, one staff stays in the	W 227					
Continued interview w the event of an actual plan to safely evacual DRUG ADMINISTRA	vith the HM revealed that, in l emergency, there is no te client #11. TION	W 369					
that all drugs, includin self-administered, are This STANDARD is r Based on observation interview, the facility f drugs, including those were administered with	ng those that are administered without error. not met as evidenced by: n, record review and failed to ensure that all that are self-administered, thout error for 2 of 10						
AM revealed client #9 room for medication a observation revealed following medications Myrbetriq 50mg, Tam 2.5mg, Carbamazepin Cetirizine 10mg, ACT Olopatadine, Artificial applied to the toenails	to enter the medication administration. Continued client #9 to receive the : Loratadine 10mg, ulosin.4mg, Amlodipine ne 200mg, Losartan 50mg, mouthwash, Fluticasone, Tears, and Vapo Rub s. Staff B stated during the						
	CORRECTION ROVIDER OR SUPPLIER ST OPPORTUNITIES-MAIL SUMMARY ST, (EACH DEFICIENC' REGULATORY OR I Continued From page 6/24/25 revealed that evacuate during a dril home with client #11 Continued interview v the event of an actual plan to safely evacua DRUG ADMINISTRA CFR(s): 483.460(k)(2) The system for drug a that all drugs, includir self-administered, are This STANDARD is r Based on observatio interview, the facility f drugs, including those were administered wi audited clients (#9 and A. The facility failed to client #9 were admini For example: Observation in the gra AM revealed client #2 room for medications Myrbetriq 50mg, Tam 2.5mg, Carbamazepin Cetirizine 10mg, ACT Olopatadine, Artificial applied to the toenails med administration th	CORRECTION IDENTIFICATION NUMBER: 34G092 ROVIDER OR SUPPLIER TOPPORTUNITIES-MARS HILLS RESIDENTIAL SERV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 6/24/25 revealed that when client #11 refuses to evacuate during a drill, one staff stays in the home with client #11 throughout the drill. Continued interview with the HM revealed that, in the event of an actual emergency, there is no plan to safely evacuate client #11. DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error for 2 of 10 audited clients (#9 and #19). The findings are: A. The facility failed to ensure all medications for client #9 were administered without error at Roan. For example: Observation in the group home on 6/25/25 at 7:41 AM revealed client #9 to enter the medication room for medication administration. Continued observation revealed client #9 to receive the following medications: Loratadine 10mg, Myrbetriq 50mg, Tamulosin.4mg, Amlodipine 2.5mg, Carbamazepine 200mg, Losartan 50mg, Cetirizine 10mg, ACT mouthwash, Fluticasone, Olopatadine, Artificial Tears, and Vapo Rub applied to the toenails. Staff B stated during the med administration that the facility was out of	CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ 34G092 B. WING	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 34G092 B. WING COUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE TOPPORTUNITIES-MARS HILLS RESIDENTIAL SERV BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP Continued From page 1 IP 6/224/25 revealed that when client #11 refuses to evacuate during a drill, one staff stays in the home with client #11 throughout the drill. Continued Interview with the HM revealed that, in the event of an actual emergency, there is no plan to safely evacuate client #11. DRUG ADMINISTRATION CFR(s): 483.460(k)(2) W 369 The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error at Roan. For example: Observation in the group home on 6/25/25 at 7.411 AM revealed client #9 to reter the medications room for medications. Continued observation revealed client #9 to receive the following medications. Lorataline 10mg, Myrbetrig 50mg, Tamulosin.4mg, Amlodipine 2.5mg, Carbamazepine 200mg, Losartan 50mg, Ceitrizne 10mg, ACT mouthwash, Flutticasone, Olopatadine, Artificial Tears, and Vapo Rub applied to the toenalis. Staff B stated during the med administration that the facility was out of	CORRECTION IDENTIFICATION NUMBER: A BUILDING Cord 34G092 B. WING BUING 0 COUDER OR SUPPLIER STREET ADDRESS.CITY, STATE, 2P CODE BLUE RIGE HOMES BRIVE #60 MARS HILL, NC 23764 SUMMARY STATEMENT OF GEODENDES PARCE MARS HILL, NC 23764 CONSERTING TO FERCIDENCES SUMMARY STATEMENT OF GEODENDES PARCE CONSTRETE ADDRESS PLAN CORRECTION CONSTRETE ADDRESS IN AN CORRECTION ACTION SHOULD BE SCALE SUMMARY STATEMENT OF GEODENDES PARCE CONSTRETE ADDRESS IN AN CORRECTION ACTION SHOULD BE SCALE SUMMARY STATEMENT OF GEODENDES PARCE ADDRESS IN AN CORRECTION ACTION SHOULD BE CONSTRETE ADDRESS IN AN CORRECTION ACTION SHOULD BE CONTINUITIES MARS HILL STATEMENT OF GEODENDES W 227 CONTINUITIES MARS HILL NC 23764 CONTUNCTION OF LSC IDENTIFYING INFORMATION) W 227 CONTUNITIES MARS HILL NC 23764 CONTUNCTION W 227 CONTUNCTION THE MARS HILL NC 23764 W 227 CONTUNCTION W 227 CONTUNCTION THE MARS HILL NC 23764 W 227 CONTUNCTION W 2369 CFR (S): 483.460 (K)(2) W 369 DRUG ADDINISTRATION W 369 CFR (S): 483.460 (K)(2) W 369 The system for dru		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G092 NAME OF PROVIDER OR SUPPLIER			A. BUILDING B. WING S	CONSTRUCTION	- ATE, ZIP CODE	PRINTED: 06/30/2023 FORM APPROVED OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED 06/25/2025	
BLUEWE	ST OPPORTUNITIES-MAR	RS HILLS RESIDENTIAL SERV		LUE RIDGE HOMES DRIV IARS HILL, NC 28754	E #50		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 369	include those listed al includes Clobetasol .0 the rash on client #9's Vapo Rub to be applie feet at 8:00 AM. Interview with the Dire 6/25/25 verified PO's Continued interview w client #9 should have cream and had the Va and feet as well as his B. The facility failed to client #19 were admir Spring Creek. For exa Observations in the S 6/25/25 at 7:43 AM re the medication admin cup of water. Continu- that staff A washed ha from locked cabinet a each medication. Furt that client #19 punche assistance from staff client took whole with Subsequent observat administered prescrib placing 2 drops into e Review of records for revealed PO's dated S revealed medications be, Fully Active Folate CoQ10, Lamotrigine E powder, Carbamaz E	horning medications to bove. In addition, the PO D5% cream to be applied to a legs and body, as well as ed to the client's legs and ector of Nursing (DON) on for client #9 to be current. with the DON confirmed that received the Clobetasol apo Rub applied to his legs is toenails. to ensure all medications for histered without error at ample: pring Creek home on evealed client #19 to enter istration room and pour a ed observations revealed ands, removed medications nd educated the client on ther observations revealed ed and poured all pills with into a medicine cup and the water containing MiraLAX. ion revealed that staff A ed eye drops to the client by ach eye.	W 369				

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		MEDICAID SERVICES				O. 0938-039	
		. ,		· · ·	(X3) DATE SURVEY COMPLETED		
		B. WING		06/25/2025			
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE			
BLUEWES	ST OPPORTUNITIES-MA	RS HILLS RESIDENTIAL SERV		BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
W 369	Continued From page	e 3	W 369				
		ne drop in each eye twice irritation at 8:00 AM and					
	PO's for client #19. C revealed that staff did eye drops as prescrit						
W 382	DRUG STORAGE AI CFR(s): 483.460(I)(2	ND RECORDKEEPING)	W 382				
	locked except when I administration. This STANDARD is Based on observation failed to ensure all bi	not met as evidenced by: ons and interviews, the facility ologicals were secured irred for 1 of 10 audited					
	shower to contain ba feminine cleanser to Continued observation prescribed Head and	group home from aled the hallway bathroom th wash, shampoo, and be kept in the shower. ons in the bathroom revealed Shoulders shampoo and sing for client #24 to be kept					
	(DON) confirmed clie shampoo and feminir interview with DON c prescribed shampoo	with the Director of Nursing ant #24's prescribed ne cleanser. Continued onfirmed that the client's and feminine cleanser the shower accessible to					
W 463	FOOD AND NUTRIT CFR(s): 483.480(a)(4		W 463				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 06/30/2025	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		34G092	B. WING			06/	25/2025	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
BLUEWE	ST OPPORTUNITIES-MAR	RS HILLS RESIDENTIAL SERV			BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 463	Continued From page	2 4	w	463				
	qualified dietitian and modified and special of This STANDARD is r Based on observation interviews, the facility audited clients (#2, # received their special by the interdisciplinary A. The facility failed to specially prescribed d example: Morning observations revealed client #13 to meal. Continued observa- breakfast meal to incl oatmeal, strawberries juice. Further observa- receive 1:1 support pe Additional observation receive prune juice with Review of client #13's a nutritional evaluation the evaluation indicate be "Regular, Bite size Fruit for dessert; 4oz foods. Snacks: Half size PBJ) QID @ 9AM, 2P Interview with the dire 6/25/25 verified client including 4oz of prune Continued interview w	at the second of the second se						

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
34G092			B. WING			06/	25/2025
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWE	ST OPPORTUNITIES-MAI	RS HILLS RESIDENTIAL SERV			LUE RIDGE HOMES DRIVE #50 ARS HILL, NC 28754		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 463	 B. The facility failed to prescribed diet at Big Morning observations revealed client #2 to p meal. Continued obse breakfast meal to incl oatmeal, fruit, coffee, Further observations close monitoring to preating safely" guideli revealed client #2 to p his breakfast. Review of client #2's a nutritional evaluation indicat be "Regular, finely ch meats, as desired, primonitoring to prevent safely" guidelines." Interview with the DO #2's diet order is currinhave 4 oz of prune juinterview with the DO responsible for ensure diet orders as prescrific. The facility failed to prescribed diet at Big Morning observations revealed client #3 to p meal. Continued observations revealed client #3 to p meal. Continued observations 	b ensure client #2's specially Laurel. For example: a on 6/25/25 at 7:12 AM barticipate in the breakfast ervations revealed the ude scrambled eggs, water and apple juice. revealed client #2 to receive revent choking, following nes. Additional observations not receive prune juice with record on 6/25/25 revealed n dated 10/14/24. Review of ed client #2's diet order to opped, seconds of all une juice BID, and close choking, following "eat N on 6/25/25 verified client ent, including client #2 to ice BID. Continued N confirmed staff are ing that clients receive their bed. o ensure client #3's specially Laurel. For example: a on 6/25/25 at 7:12 AM barticipate in the breakfast ervations revealed the ude scrambled eggs, water and apple juice. revealed client #3 not to	W 4	463			

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PRINTED: 06/30/2025

	-	ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 00 FORM AP OMB NO. 09	PROVED
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G092	B. WING			06/25/2	025
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE	, ZIP CODE		
BLUEWE	ST OPPORTUNITIES-MAI	RS HILLS RESIDENTIAL SERV		LUE RIDGE HOMES DRIVE # IARS HILL, NC 28754	50		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)		(X5) MPLETION DATE
W 463	Continued From page	9 6	W 463				
	a nutritional evaluatio the evaluation indicate be "High calorie bite s (seconds of all meats 2 Tbs. appropriate co prune juice daily." Interview with the DO #3's diet order is curre have 8 oz prune juice with the DON confirm ensuring that clients r prescribed. D. The facility failed to prescribed diet at Spr Evening observations revealed client #19 to meal. Continued obse meal to include mash cheddar, mixed veget toast, milk, cranberry during observations revealed client #19 to meal. Continued obse meal to include mash cheddar, mixed veget toast, milk, cranberry during observations revealed client #19 to meal. Continued obse breakfast meal includ strawberries, coffee, a observations was stat	on 6/25/25 at 7:20 AM participate in the breakfast ervations revealed the ed oatmeal, yogurt, and milk. At no time during ff observed to provide client ½ teaspoon cinnamon, and					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 06/30/2025 MAPPROVED D. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE	SURVEY PLETED	
		34G092	B. WING			06/	/25/2025
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWES	T OPPORTUNITIES-MAR	RS HILLS RESIDENTIAL SERV			BLUE RIDGE HOMES DRIVE #50		
					·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 463	Continued From page Review of records for revealed physician's of Review of PO's for the prescribed diet to be juice, no fresh tomato biscuits and gravy: pri- teaspoon cinnamon a flaxseed at breakfast: juice, and ½ teaspoor Avoid yellow dye #5, f foods. Interview on 6/25/25 v PO's for client #19 are interview with the DO should have provided prescribed diet. E. The facility failed to prescribed diet at Spri Morning observations revealed client #21 to meal. Continued obsec breakfast meal includ strawberries, and milk observations was stat client with prune juice Review of records for revealed PO's dated a the client revealed a p regular diet pureed, n pureed with other item	 7 client #19 on 6/25/25 orders (PO) dated 5/22/25. a client revealed a 1200 calorie no orange es, no biscuits and/or une juice, yogurt, ½ nd 1 tablespoon ground banana, diet cranberry of cinnamon at dinner. red dye #40, and limit acidic with the DON confirmed a current. Continued N confirmed that staff the client with her o ensure client #21 specially ing Creek. For example: on 6/25/25 at 7:21 AM participate in the breakfast ervations revealed the ed oatmeal, yogurt, a At no time during the f observed to provide the 		463	DEFICIENCY)		
	PO's forclient #21 are interview with the DO should have provided	N confirmed that staff					

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM	APPROVED 0.0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
34G092			B. WING		06/	25/2025
				STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50	<u> </u>	
BLUEWES	T OPPORTUNITIES-MAI	RS HILLS RESIDENTIAL SERV		MARS HILL, NC 28754		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 463	Continued From page prescribed diet.	28	W 463			

Event ID: 5NSM11

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