PRINTED: 07/11/2025 FORM APPROVED OMB NO. 0938-0391

MANE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, 2IP CODE 279 SUMNY HILL DRIVE LINCOLATION, NC. 28992 DEPROVEDER PLAN OF CORRECTION FREETX TAG PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(f) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involver fisks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility falled to ensure restrictive programs were only conducted with the written informed consent of the human rights committee (HRC). This affected 6 out of 6 sampled clients (#1, #2, #3, #4, #6 and #6). The findings are: Observations survey on 7/8/25 and 7/9/25 revealed alarms to sound off on all exit doors when clients, staff and surveyors entered or exited the home. Further observations revealed a locked padlock on the kitchen drawer where all sharp objects are kept. Confinued observations revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. B. Review on 7/9/25 of client #1's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimse on bedroom door. C. Review on 7/9/25 of client #1's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimse on bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimse no bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects or chimse no bedroom door.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
279 SUNNY HILL DRIVE LINCOLATON, NC 28092			34G147	B. WING _			07/09/2025
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 262 PROGRAM MONITORING & CHANGE CFR(s): 483,440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the human rights committee (HRC). This affected 6 out of 6 sampled clients (#1, #2, #3, #4, #5 and #6). The findings are: Observations in the home throughout the recertification survey on 7/8/25 and 7/9/25 revealed alarms to sound off on all exit doors when clients, staff and surveyors entered or exited the home. Further observations revealed a locked padicok on the kitchen drawer where all sharp objects are kept. Continued observations revealed and or alarms on clients #2 and #6 bedroom doors to sound when the doors are opened. A. Review on 7/9/25 of client #1's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. B. Review on 7/9/25 of client #2's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom doors. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door.					279 SUNNY HILL DRIVE	CODE	
CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the human rights committee (HRC). This affected 6 out of 6 sampled clients (#1, #2, #3, #4, #5 and #6). The findings are: Observations in the home throughout the recertification survey on 7/8/25 and 7/9/25 revealed alarms to sound off on all exit doors when clients, staff and surveyors entered or exited the home. Further observations revealed a locked padlock on the kitchen drawer where all sharp objects are kept. Continued observations revealed a locked or alarms on clients #2 and #6 bedroom doors to sound when the doors are opened. A. Review on 7/9/25 of client #1's clinical record revealed no written HRC consent for alarms on exit doors or padlocks on kitchen drawer for sharp objects. B. Review on 7/9/25 of client #2's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door. C. Review on 7/9/25 of client #3's clinical record revealed no written HRC consent for alarms on exit doors, padlocks on kitchen drawer for sharp objects or chimes on bedroom door.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	COMPLETION
	W 262	CFR(s): 483.440(f)(3) The committee should monitor individual proince inappropriate behavior in the opinion of the colient protection and rather than the opinion of the colient protection and rather than the opinion of the colient protection and rather than the opinion of the colient protection and rather than the observation interview, the facility for programs were only conformed consent of the conformed consent of	d review, approve, and grams designed to manage or and other programs that, ommittee, involve risks to rights. Into the tas evidenced by: Inst, record review and tailed to ensure restrictive conducted with the written the human rights committee 6 out of 6 sampled clients d #6). The findings are: Into the troughout the conducted with the written the human rights committee 6 out of 6 sampled clients d #6). The findings are: Into the troughout the conducted with the written the human rights committee 6 out of 6 sampled clients d #6. The findings are: Into the troughout the conducted with the doors are where all the troughout the conducted when the doors are the troughout the troughout the conducted when the doors are the troughout t	W 2	962		

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		34G147	B. WING _			07/09/2025
NAME OF PI	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
W 262	sharp objects. D. Review on 7/9/25 revealed no written Hexit doors or padlock sharp objects. E. Review on 7/9/25 revealed no written Hexit doors or padlock sharp objects. F. Review on 7/9/25 revealed no written Hexit doors, padlocks objects or chimes on Interview with the fact on 7/9/25 revealed for review bedroom chimes for locked kitchen cabine PM confirmed that the obtained annual HRC PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should are conducted only we consent of the client, minor) or legal guard	of client #4's clinical record IRC consent for alarms on s on kitchen drawer for of client #5's clinical record IRC consent for alarms on s on kitchen drawer for of client #6's clinical record IRC consent for alarms on on kitchen drawer for sharp bedroom door. iility Program Manager (PM) at HRC consents could not relative to exit door alarms, clients #2 and #6 and a et. Further interview with the e facility should have consents for all clients. PRING & CHANGE (iii) d insure that these programs with the written informed parents (if the client is a	W 2	262		
	Based on observation interview, the facility programs were only of informed consent of a	ons, record review and failed to ensure restrictive conducted with the written a legal guardian. This mpled clients (#2, #5 and				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		34G147	B. WING		07/09/2025
NAME OF PE	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
W 263	Continued From page Observations in the h		W 26	63	
	recertification survey revealed alarms to so clients, staff and surve home. Further observ padlock on the kitche objects are kept. Con revealed door alarms	on 7/8/25 and 7/9/25 rund on all exit doors when eyors entered or exited the rations revealed a locked on drawer where all sharp tinued observations			
	revealed no written gu	of client #2's clinical record uardian consent for alarms ocks on kitchen drawer for es on bedroom door.			
	revealed no written gu	of client #5's clinical record uardian consent for alarms ocks on kitchen drawer for			
	revealed no written gu	of client #6's clinical record uardian consent for alarms ocks on kitchen drawer for es on bedroom door.			
	on 7/9/25 revealed the not be located for revial arms, bedroom chin and a locked kitchen with the PM confirmed	lity Program Manager (PM) at guardian consents could iew relative to exit door nes for client's #2 and #6 cabinet. Further interview d that the facility should guardian consents for all			
W 382	DRUG STORAGE AN CFR(s): 483.460(l)(2)	ID RECORDKEEPING	W 38	32	

W 382 Continued From page 3 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audit clients	STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
SUNNY HILL II (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 382 Continued From page 3 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audit clients			34G147	B. WING _		07/0	09/2025
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) W 382 Continued From page 3 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audit clients					279 SUNNY HILL DRIVE		
The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audit clients	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
(#1). The finding is: Observations in the group home from 7/8/25-7/9/25 revealed a prescription labeled Nystatin powder 100,000 units/gm for client #1 sitting on a dresser next to her bed. Interview with the facility nurse on 7/9/25 confirmed client #1's prescribed medicated powder. Further interview with the facility nurse revealed that the client's medicated powder should be kept secured in the medication room when not being administered. W 463 FODD 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 observations, record review and interview, the facility failed to ensure 6 of 6 sampled clients (#1, #2, #3, #4, #5, #6) received their specially prescribed diet as ordered by the interdisciplinary team. The findings are: A. The facility failed to ensure the prescribed diet for client #1. For example: Observation during the evening meal on 7/8/25 revealed the meal to be 2 tacos consisting of	The location and the lo	The facility must keep bocked except when be administration. This STANDARD is represented to ensure all bid appropriately as requirable. The finding is: Observations in the graph of the facility facil	all drugs and biologicals being prepared for mot met as evidenced by: ns and interviews, the facility blogicals were secured ired for 1 of 6 audit clients aroup home from 7/8/25-iscription labeled Nystatin s/gm for client #1 sitting on a red. illity nurse on 7/9/25 prescribed medicated view with the facility nurse nt's medicated powder red in the medication room nistered. ON SERVICES b) plinary team, including a physician must prescribe all diets. not met as evidenced by: ns, record review and failed to ensure 6 of 6 ff2, #3, #4, #5, #6) received bed diet as ordered by the . The findings are: the ensure the prescribed diet imple: the evening meal on 7/8/25				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	` ′	PLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		34G147	B. WING	 		7/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 463	flour tortilla, Mexicar sweet tea. Continue client #1 was served including a second s cake with frosting. F client #1 to consume Record review on 7/evaluation for client the client's diet orde low cholesterol, chord Continued record redinner menu for the ground beef tacos (2 each), tomatoes, lett salad with lite dressi water. Interview with the fa on 7/9/25 confirmed have been served rimeal and, instead, s green salad with lite with the PM confirms served their speciall meal. B. The facility failed for client #2. For exact the sausage links, peace coffee. Continued of	es, sour cream, salsa and rice, pinto beans, water and dobservation revealed that all of the menu items above, serving of rice and a slice of surther observation revealed the entire meal. 9/25 revealed a nutritional #1 dated 11/22/24 indicating robe 1800 calories, low fat, oped 1" consistency. view revealed the 7/8/25 1800 calorie diet to be 2 oz meat and 6" tortilla tuce, salsa, ½ cup green ng, ½ cup black beans, 16 oz cility Program Manager (PM) that client #1 should not be or cake during the dinner should have been served a dressing. Further interview ed that all clients should be y prescribed diets at every to ensure the prescribed diet ample: the morning meal on 7/9/25 occusist of cheese grits, thes, milk, water and regular oservation revealed client #2 e above items and to	W 46	63			
	consume the entire						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED
		34G147	B. WING	 	07/09/2025
	AME OF PROVIDER OR SUPPLIER WINNY HILL II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 463 Continued From page 5 evaluation for client #2 dated 3/19/25 indicating the client's diet order to be Heart Healthy, no grapefruit or caffeine. Interview with the facility PM on 7/9/25 confirmed that client #2 should not have been served regular coffee. Further interview with the PM confirmed that all clients should be served their specially prescribed diets at every meal. C. The facility failed to ensure the prescribed diet for client #3. For example: Observation during the morning meal on 7/9/25 revealed the meal to consist of cheese grits, sausage links, peaches, milk, water and regular coffee. Continued observation revealed client #3 to be served and to consume the entire meal. Record review on 7/9/25 revealed a nutritional evaluation for client #3 dated 4/24/24 indicating the client's diet order to be Regular, double portions, ½" consistency with thin liquids (may grind food if client #3 prefers) no grapefruit. Ensure plus every morning. Continued record review revealed the regular diet breakfast menu		,		
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE COMPLETION
W 463	evaluation for client the client's diet orde grapefruit or caffein Interview with the fathat client #2 should regular coffee. Furticonfirmed that all client #3. For ex Observation during revealed the meal to sausage links, peace coffee. Continued to be served all of the juice, and to consur Record review on 7 evaluation for client the client's diet orde portions, ½" consist grind food if client # Ensure plus every review revealed the to include 8 oz of or Interview with the fathat client #3 should orange juice with brithe PM confirmed the their specially preson. The facility failed for client #4. For ex	#2 dated 3/19/25 indicating er to be Heart Healthy, no e. acility PM on 7/9/25 confirmed do not have been served their interview with the PM ients should be served their didets at every meal. It to ensure the prescribed diet ample: the morning meal on 7/9/25 to consist of cheese grits, thes, milk, water and regular abservation revealed client #3 the above items, but no orange me the entire meal. #3 dated 4/24/24 indicating er to be Regular, double tency with thin liquids (may is 3 prefers) no grapefruit. #3 prefers) no grapefruit. #4 acility PM on 7/9/25 confirmed thave been served 8 oz of the eakfast. Further interview with that all clients should be served cribed diets at every meal.	W 46		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION IG	1, ,	ATE SURVEY OMPLETED
		34G147	B. WING _			07/09/2025
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RESCRIPTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 463	ground beef, tomator flour tortilla, Mexical sweet tea. Continue client #4 was served including a second scake with frosting. For client #4 to consume Record review on 7/2 evaluation for client the client's diet order no caffeine, no fluid review revealed the diabetic diet to be 2 and 6" tortilla each), cup green salad with beans, 16 oz water. Interview with the fathat client #4 should cake during the dimphave been served a dressing. Further into that all clients should prescribed diets at each of the facility failed for client #5. For example, confee. Continued of the served all of the juice, and to consume Record review on 7/2.	be 2 tacos consisting of es, sour cream, salsa and in rice, pinto beans, water and dobservation revealed that all of the menu items above, serving of rice and a slice of ourther observation revealed in the entire meal. 9/25 revealed a nutritional #4 dated 3/12/25 indicating rook to be Diabetic, no grapefruit, after 8pm. Continued record 7/8/25 dinner menu for the ground beef tacos (2 oz meat tomatoes, lettuce, salsa, ½ in lite dressing, ½ cup black cility PM on 7/9/25 confirmed not have been served rice or her meal and, instead, should green salad with lite erview with the PM confirmed do be served their specially every meal. It oensure the prescribed diet ample: The morning meal on 7/9/25 consist of cheese grits, hes, milk, water and regular observation revealed client #5 he above items, but no orange	W 4	63		

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	TE SURVEY MPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 463	portions, regular snaliquids. Continued re regular diet breakfas orange juice. Interview with the fa that client #5 should orange juice with breakfast orange including fast or client #6. For example, to make the meal to ground beef, tomato flour tortilla, Mexicar sweet tea. Continue client #6 was served including a second scake with frosting. For client #6 to consume Record review on 7/evaluation for client the client's diet orde concentrated sweets non-starchy veggies record review reveal for the diabetic diet to zero meat and 6" tortil salsa, ½ cup green signals, ½ cup green signals, 16 oz with the fattat client #6 should	r to be Regular diet, double acks. 1" consistency, thin cord review revealed the st menu to include 8 oz of calify PM on 7/9/25 confirmed have been served 8 oz of cakfast. Further interview with at all clients should be served ribed diets at every meal. It o ensure the prescribed diet ample: The evening meal on 7/8/25 The be 2 tacos consisting of ces, sour cream, salsa and a rice, pinto beans, water and dobservation revealed that all of the menu items above, cerving of rice and a slice of curther observation revealed the entire meal. 19/25 revealed a nutritional 16/16 dated 7/11/24 indicating red to be Diabetic, no consistency of control	W 46			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	1, ,	OATE SURVEY OMPLETED
		34G147	B. WING _			07/09/2025
NAME OF PE	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 463	Continued From pa	ge 8	W 4	463		
W 474	dressing. Further in	·	W 4	174		
	developmental leve This STANDARD is Based on observat interviews, the facili form consistent with prescribed diets of 3 #5). The findings are	s not met as evidenced by: ions, record review, and ty failed to serve food in a the developmental levels and of 6 sampled clients (#1, #3, e: to ensure the prescribed diet				
	revealed the meal to tacos consisting of o cream, salsa and flo beans, water and sv	d staff to serve client #1 a as cut into pieces				
	evaluation for client the client's diet orde	/9/25 revealed a nutritional #1 dated 11/22/24 indicating er to be 1800 calories, low fat, apped 1/4" consistency, 1/2				
	7/9/25 confirmed that	rogram manager (PM) on at client #1's diet order is ff should have assisted them to ¼" consistency.				

and Plan of	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G147	B. WING		07/09/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 279 SUNNY HILL DRIVE LINCOLNTON, NC 28092	•
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 474	Continued From pa	ge 9	W 47	4	
	B. The facility failed for client #3. For ex	I to ensure the prescribed diet cample:			
	revealed the meal t tacos consisting of cream, salsa and flu beans, water and s				
	evaluation for client the client's diet orde portions, ½" consis	7/9/25 revealed a nutritional t #3 dated 4/24/24 indicating er to be Regular, double tency with thin liquids (may #3 prefers) no grapefruit.			
	Interview with the PM on 7/9/25 confirmed that client #3's diet order is current and that staff should have assisted them to modify their food to ½" consistency.				
	C. The facility failed for client #5. For ex	d to ensure the prescribed diet cample:			
	revealed the meal t tacos consisting of cream, salsa and fle beans, water and s observation reveale flour tortilla which w approximately 1-2"				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCT	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
		34G147	B. WING _			07/	/09/2025
NAME OF PI	ROVIDER OR SUPPLIER		,	279 SUNNY HI	ESS, CITY, STATE, ZIP CODE ILL DRIVE IN, NC 28092	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT EACH CORRECTIVE ACTION SHOU OSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 474	-		W 4	74			
		to be Regular diet, double cks. 1" consistency, thin					
	client #5's diet order i	on 7/9/25 confirmed that s current and that staff them to modify their food to					