STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 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 interview, the facility failed to ensure all drugs remained locked except when being administered. The findings is: During medication administration observations in the home on 8/6/25 at 7:31 AM revealed Staff D to administer morning medications to client #3 in the medication closet. Continued observation revealed Staff D to unlock the control drugs safe to retrieve client #3's medication. Further observation revealed after completing the med pass, Staff D escorted client #3 out of the closet and left the surveyor in the room with medications sitting on the countertop. Additionally, Staff D returned to the medication closet with client #4 at 7:45 AM to continue the administration; the control drugs safe remain opened on the countertop next to client #4. Subsequent observation during the medication administration revealed Staff D to walk in and out of the medication closet to assist in the breakfast meal leaving the medication closet unlocked and all drugs were accessible. Further observation revealed the medication closet and the control drugs safe remained unlocked until all four clients' medications were administered. Interview on 8/6/25 with the facility nurse confirmed that Staff D should have locked the control drugs after administration with client #3. Continued interview with the facility nurse confirmed control drugs are to be double locked	W 382		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 382	Continued From page 1 and that Staff D should have also locked the medication closet door when leaving the room during the medication administration.	W 382		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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 reviews and interviews, the facility failed to ensure that prescribed adaptive equipment was furnished for 2 of 4 audited clients (#2 and #4). The findings are: A. The facility failed to ensure client #2 was provided with prescribed mealtime adaptive equipment. For example: Observations on 8/5/25 during the dinner meal revealed client #2 to consume the following: 3 oz oven fried chicken, ¾ cup black eyed peas, ½ cup cooked yellow squash, ½ cup fruit, 8 oz sugar free beverage and 8 oz 2% milk. Continued observations revealed client #2 was provided with the following prescribed adaptive equipment: scoop plate, plate guard, built-up handle spoon and shirt protector. At no time during the mealtime observations was client #2 provided with a dycem mat. Observations on 8/6/25 during the breakfast meal revealed client #2 to consume the following: scrambled eggs, ¾ cup of chocolate chip cookie	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 436	Continued From page 2	W 436		

cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Continued observation revealed client #2 was provided with his prescribed built-up handle spoon. At no point during the mealtime observations was client #2 provided with his dycem mat, scoop plate, plate guard, or shirt protector.

Review of the record on 8/6/25 for client #2 revealed an Occupation Therapy Evaluation (OT) dated 7/7/24. Review of the OT evaluation revealed a recommendation for the following mealtime adaptive equipment: scoop plate, plate guard, built-up handle spoon, dycem mat and shirt protector. Further review of records revealed a Nutritional Assessment (NA) dated 7/22/24 with the following recommendations for adaptive equipment: scoop plate, plate guard, built-up handle spoon, dycem mat and shirt protector.

Interview on 8/6/25 with the facility nurse verified that client #2's assessments are current. Continued interview with the nurse revealed that staff should have provided the client with his prescribed adaptive equipment.

B. The facility failed to ensure client #4 was provided with prescribed mealtime adaptive equipment. For example:

Observations on 8/5/25 during the dinner meal revealed client #4 to consume the following: 3 oz oven fried chicken, ¾ cup black eyed peas, ½ cup cooked yellow squash, ½ cup fruit, 8 oz sugar free beverage and 8 oz 2% milk. Continued observations revealed client #4 was provided with the following prescribed adaptive equipment: high sided divided dish and shirt protector. At no time during the mealtime observations was client #4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 436	Continued From page 3 provided with a dycem mat. Observations on 8/6/25 during the breakfast meal revealed client #4 to consume the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Continued observations revealed client #4 was not provided with the following prescribed adaptive equipment: high sided divided dish, dycem mat and shirt protector. Review of the record on 8/6/25 for client #4 revealed an OT evaluation dated 7/22/24. Review of the OT evaluation revealed the recommendation for a high sided divided dish. Further review of records revealed a NA dated 7/22/24 with the following recommendations for adaptive equipment: divided sectional plate, shirt protector and dycem mat. Interview on 8/6/25 with the facility nurse verified that client #4's assessments are current. Continued interview with the nurse revealed that staff should have provided the client with his prescribed adaptive equipment.	W 436		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, reviews, and interviews, the facility failed to ensure 2 of 4 audited clients (#2 and #3) received their specialty diet as prescribed. The findings are:	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 460	Continued From page 4 A. The facility failed to ensure client #2's prescribed diet was followed. For example: Observations on 8/5/25 during the dinner meal revealed client #2 to consume the following: 3 oz oven fried chicken, ¾ cup black eyed peas, ½ cup cooked yellow squash, ½ cup fruit, 8 oz sugar free beverage and 8 oz 2% milk. At no time during the observations were staff observed to provide the client with his prescribed supplements of 4 oz apple sauce, yogurt or pudding. Review of records on 8/5/25 for client #2 revealed a Nutritional Assessment (NA) dated 7/22/24. Continued review of the NA revealed that client #2 is prescribed a weight gain 2000 + calories, ½ inch consistency, encourage seconds, strict aspiration precautions, 4 oz applesauce, yogurt, or pudding with lunch and dinner daily, high calorie snacks twice daily with milk, small bites and slow eating, Stop eating if signs of choking eat/drink only when alert, sit upright 30 minutes after eating. The client did not receive his 4 oz applesauce, yogurt, or pudding with lunch and dinner daily. Interview on 8/5/25 with the facility nurse confirmed client #2's diet as prescribed. Continued interview with the nurse confirmed that staff should have provided client #2 with his prescribed diet which includes 4 oz applesauce, yogurt, or pudding with lunch and dinner daily. B. The facility failed to ensure client #3's prescribed diet was followed. For example: Observations on 8/5/25 revealed client #3 to refuse the dinner meal remaining in his room to	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 460	Continued From page 5 sleep. Observations on 8/6/25 during the breakfast meal revealed client #3 to consume the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Continued observation revealed client #3 to consume his breakfast meal including his beverages and seconds of the chocolate chip cookie cereal and apple juice beverage. Further observation revealed client #3 should not have received bread with his breakfast meal. Subsequent observation revealed staff failed to ensure client #3's beverages were presented to him in a nectar thick consistency as medically prescribed including the refills he consumed. Review of records on 8/6/25 for client #3 revealed a Nutritional Assessment (NA) dated 7/22/24. Continued review of the NA revealed that client #3 is prescribed a weight loss, 1800 calorie, Heart healthy, GERD, ground moist meats, soft-cooked vegetables and soft fruits, no dried fruits, no breads, and nectar thick liquids. Interview on 8/6/25 with the facility nurse confirmed client #3's diet as prescribed. Continued interview with the nurse confirmed that staff should have provided client #3 with his prescribed diet which excluded bread. Further interview with the nurse revealed staff should presented client #3 with nectar thickened beverages and refills as medically prescribed.	W 460		
W 472	MEAL SERVICES	W 472		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 472	Continued From page 6 CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 4 audited clients (#1) was provided with the appropriate quantity of food during the breakfast meal as medically prescribed. The findings is: Observations on 8/6/25 revealed client #1 to participate in the breakfast meal consisting of the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Continued observations revealed client #1 to consume three bowls of chocolate chip cookie cereal. At no point did staff refuse client #1's request for additional bowls of cereal. Review of records on 8/6/25 for client #1 revealed a Nutritional Assessment (NA) dated 1/19/24. Continued review of the NA revealed the following diet and recommendations: weight loss 1800 calories, heart healthy, ½ consistency, pace mouth as needed due to difficulty with rate of eating. Further review of records revealed a behavior support plan (BSP) for client #1 dated 9/4/25 with the following target behaviors: physical aggression, taking food (try to take food that isn't prepared and/or isn't intended for him) and refusals. Interview on 8/6/25 with the facility nurse confirmed client #1's plans are current. Continued interview with the nurse confirmed staff should have followed client #1's medically prescribed weight loss diet.	W 472		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 485	Continued From page 7	W 485		
W 485	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must supervise and staff dining rooms adequately. This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 4 of 4 audited clients (#1, #2, #3 and #4) were provided supervision during a meal as medically prescribed. The findings are: A. The facility failed to provide adequate supervision for client #1 during the breakfast meal. For example: Observations on 8/6/25 revealed client #1 to participate in the breakfast meal consisting of the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Further observation of the breakfast meal revealed three assigned staff to be engaged in the following activities: staff D - medication administration, staff E - logging data on computer in the living room and staff F - ambulating between the kitchen and the dining room refilling the cereal and beverages. At no point did staff E or staff F remain in the dining room to provide supervision of the breakfast meal for client #1. Review of records on 8/6/25 for client #1 revealed a Nutritional Assessment (NA) dated 1/19/24. Continued review of the NA revealed the following diet and recommendations: weight loss 1800 calories, heart healthy, ½ consistency, pace mouth as needed due to difficulty with rate of eating. Further review of records revealed a behavior support plan (BSP) for client #1 dated	W 485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 485	Continued From page 8	W 485		

9/4/25 with the following target behaviors: physical aggression, taking food (try to take food that isn't prepared and/or isn't intended for him) and refusals.

Interview on 8/6/25 with the facility nurse confirmed client #1's plans are current. Continued interview with the facility nurse confirmed staff should have provided supervision during the breakfast meal as medically prescribed.

B. The facility failed to provide adequate supervision for client #2 during the breakfast meal. For example:

Observations on 8/6/25 revealed client #2 to participate in the breakfast meal consisting of the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Further observation of the breakfast meal revealed three assigned staff to be engaged in the following activities: staff D - medication administration, staff E - logging data on computer in the living room and staff F - ambulating between the kitchen and the dining room refilling the cereal and beverages. At no point did staff E or staff F remain in the dining room to provide supervision of the breakfast meal for client #2.

Review of records on 8/6/25 for client #2 revealed a Nutritional Assessment (NA) dated 7/22/24. Continued review of the NA revealed that client #2 is prescribed a weight gain 2000 + calories, ½ inch consistency, encourage seconds, strict aspiration precautions, 4 oz applesauce, yogurt, or pudding with lunch and dinner daily, high calorie snacks twice daily with milk, small bites and slow eating, Stop eating if signs of choking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 485	Continued From page 9	W 485		

eat/drink only when alert, sit upright 30 minutes after eating.

Interview on 8/6/25 with the facility nurse confirmed client #2's plan is current. Continued interview with the nurse confirmed staff should have provided supervision during the breakfast meal as medically prescribed.

C. The facility failed to provide adequate supervision for client #3 during the breakfast meal. For example:

Observations on 8/6/25 revealed client #3 to participate in the breakfast meal consisting of the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Further observation of the breakfast meal revealed three assigned staff to be engaged in the following activities: staff D - medication administration, staff E - logging data on computer in the living room and staff F - ambulating between the kitchen and the dining room refilling the cereal and beverages. At no point did staff E or staff F remain in the dining room to provide supervision of the breakfast meal for client #3.

Review of records on 8/6/25 for client #3 revealed a Nutritional Assessment (NA) dated 7/22/24. Continued review of the NA revealed that client #3 is prescribed a weight loss, 1800 calorie, heart healthy, GERD, ground moist meats, soft-cooked vegetables and soft fruits, no dried fruits, no breads, and nectar thick liquids.

Interview on 8/6/25 with the facility nurse confirmed client #3's plan is current. Continued interview with the nurse confirmed staff should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G162	A. BUILDING _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #2	1800 STRATHMORE DRIVE GREENSBORO, NC 27410

(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 485	Continued From page 10 have provided supervision during the breakfast meal as medically prescribed. . D. The facility failed to provide adequate supervision for client #4 during the breakfast meal. For example: Observations on 8/6/25 revealed client #4 to participate in the breakfast meal consisting of the following: scrambled eggs, ¾ cup of chocolate chip cookie cereal, 1 slice of raisin toast, 8 oz of apple juice and 8 oz of 2% milk. Further observation of the breakfast meal revealed three assigned staff to be engaged in the following activities: staff D - medication administration, staff E - logging data on computer in the living room and staff F - ambulating between the kitchen and the dining room refilling the cereal and beverages. At no point did staff E or staff F remain in the dining room to provide supervision of the breakfast meal for client #4. Review of records on 8/6/25 for client #4 revealed a Nutritional Assessment (NA) dated 7/22/24. Continued review of the NA revealed that client #4 is prescribed a weight loss 1800 calorie, heart healthy, high fiber ¼ consistency diet, seconds of vegetables only, alternate bites and sips, cue slow down when eating, hand over hand assistance for chopping. Interview on 8/6/25 with the facility nurse confirmed client #4's plan are current. Continued interview with the nurse confirmed staff should have provided supervision during the breakfast meal as medically prescribed.	W 485		