

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

PRINTED: 09/17/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G015		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/10/2025	
NAME OF PROVIDER OR SUPPLIER FOX RUN/ROBIN'S NEST GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551			
(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)		
W 000	INITIAL COMMENTS			W 000			
{W 460}	A revisit was conducted on 9/10/25 for all previous deficiencies cited on 7/8/25. Some of the deficiencies were corrected with new evidence of non-compliance found. 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, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 8 audit clients (#7 and #9). The findings are: A. During dinner observations in the home on 7/7/25, client #7's dinner consisted of barbecue riblets, macaroni/cheese, green beans and applesauce. No other food items were prepared and offered. Review on 7/8/25, client #7's Individual Program Plan (IPP) stated, "...large salad...at supper". During an interview on 7/8/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7 should have received a large salad at dinner. B. During dinner observations in the home on 7/7/25, client #9 used a spoon and knife to cut her barbecue riblets. Client #9's cut her riblets			{W 460}			

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

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.

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{W 460}	Continued From page 1 longer than 1/2 inches. At one time client #9 put two pieces of the riblets into her mouth and began to chew. At no time did staff ensure her meat was cut into 1/2 inch pieces. Review on 7/7/25 of client #9's IPP dated 9/2/24 stated, "Whole diet with 1/2 inch cut meat". Review on 7/8/25 of client #9's dining card dated 8/5/24 stated, "Whole regular diet 1/2 inch cut meat". During an interview on 7/8/25, the QIDP confirmed client #9's meat are to be cut into 1/2 inch pieces. A revisit on 9/10/25 revealed staff were not preparing meals based on diet orders. A. During an observation in the home on 9/10/25 at 2:30pm, client #7 had two whole hot dogs in buns, a snack size bag of chips and regular soda in a 8 oz. can. Client #7 consumed the meal with no apparent difficulties. Record review on 9/10/25 of client #7's diet order revealed a prescribed diet of 1200 calories reduced diet with 1/2" consistency. No second portions were allowed. B. During an observation in the home on 9/10/25 at 2:30pm, client #10 had two whole hot dogs in buns, a snack size bag of chips and regular soda in a 8 oz. can. Client #10 consumed the meal with no apparent difficulties. Record review on 9/10/25 of client #10's diet order revealed a prescribed diet of 1200 calories reduced diet with 1/2" consistency. No second	{W 460}			

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{W 460}	Continued From page 2 portions were allowed. C. During an observation in the home on 9/10/25 at 2:30pm, client #2 had a snack size container of deli meat slices, small round cheese slices and a snack size bag of chips. The consistency of her food remained whole, with no observed difficulties with swallowing. Record review on 9/10/25 of client #2's diet order revealed a prescribed diet of regular calories at less than 1/2" consistency. Review on 9/10/25 of the menus for 1200 calories diet revealed clients should receive a 4 oz. lean meat and 1 starch (1 slice of bread), with a 1/2 cup fruit or vegetable. Interview on 9/10/25 with the Administrator revealed all staff had been trained by the home manager this summer, how to prepare the meals correctly based on order and had passed their meal observations.			{W 460}			