

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

PRINTED: 10/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/03/2018
NAME OF PROVIDER OR SUPPLIER WESTMINISTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 WESTRIDGE ROAD GREENSBORO, NC 27405		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and review of records the individual program plan (IPP) for 1 non-sampled client (#4) failed to include an objective training to address identified needs relative to dining. The finding is:</p> <p>Observations of 3 of 3 meals throughout the survey conducted 10/2/18 to 10/3/18 revealed staff feeding client #4. At no time during meal observations were staff noted to prompt client #4 to assist in feeding. Client #4 was observed to participate at meals only with turning her head away from staff if she did not want a bite of food or a sip of beverage.</p> <p>Record review on 10/2/18 of client #4's IPP dated 3/2/18 revealed "Staff is to feed from right side (use hand over hand assistance for self feeding as tolerated)". Further record review revealed client #4's adaptive behavior inventory (ABI) dated 3/2/18 revealed client #4 has a need to feed self with a spoon and physical assistance. Interview on 10/3/18 with the QIDP and program manager verified client #4 can feed herself with staff assisting hand over hand. Subsequent interview verified client #4 did not have a current goal to address self feeding deficits due to a lack of progress with similar feeding goals in the past. Further interview with the program manager</p>	W 227			

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 227	Continued From page 1 revealed presently, there is an informal goal for staff to prompt client #4 to participate hand over hand when dining although she refuses most of the time. Further interview with the QIDP and program manager confirmed client #4 has a need for dining guidelines to address resistance to self feeding.	W 227			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, interviews and review of records, the team failed to ensure appropriate utensils were used for 1 of 3 sampled clients (client #2). The finding is: Observations of the evening meal on 10/2/18 at 6:15 pm and the morning meal on 10/3/18 at 8:25 am revealed client #2's place setting to include a regular spoon, regular plate and regular cup. Observation of the evening meal on 10/2/18 revealed client #2 to use a spoon to cut up sliced pork until staff, went into the kitchen and obtained a knife and a fork for the client. Client #4 was then observed to cut her dinner meat independently using the fork and knife. Observation of the breakfast meal on 10/3/18 revealed the meal to include link sausage with oatmeal. Client #4 was observed to have a place setting that consisted of a regular spoon, regular plate and regular cup. Further observation of the breakfast meal revealed client #4 to use her hands to eat the link sausage which she picked up and ate with her fingers with no prompts from staff to utilize an appropriate utensil for cutting or	W 475			

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W 475	Continued From page 2 eating. Review of the records for client #2 on 10/3/18 revealed an adaptive behavior inventory (ABI) dated 5/16/18 that indicated client #2 has strength and total independence in the use of appropriate utensils at meals. Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #2 has the ability to utilize a fork, knife and spoon. Further interview with the QIDP confirmed client #2 should have had a place setting at meals that included all utensils.	W 475		