PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|---|----------|-------------------------------|--|
| | | 34G024 | B. WING _ | | | 11/15/2018 | |
| NAME OF PROVIDER OR SUPPLIER PINEVIEW | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105 | · | | | |
| (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 CORR ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| W 104 | |) nust exercise general policy, g direction over the facility. | W 1 | 04 | | | |
| | Governing body and assure the physical e | | | | | | |
| W 220 | 11/14/18 to 11/15/18 a upholstered living roo was significantly worr scaling, peeling and f the qualified intellectu (QIDP) on 11/15/18 c room sofa and lovese replaced and were or year. However, furthe would be months awa would be purchased. INDIVIDUAL PROGR CFR(s): 483.440(c)(3) The comprehensive fi include speech and later the comprehensive for th | y period conducted on at the home revealed the m sofa and the loveseat of down with scratches, cuts, laking areas. Interview with all disabilities professional confirmed the home's living that were in need of being the list for the next fiscal er interview revealed that any before any new furniture | W 2 | 20 | | | |
| ARODATODY | The facility failed to a plan (PCP) for 1 of 3 | ssure the person centered |)E | 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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 34G024 | B. WING _ | | | 11/15/2018 | |
| NAME OF PROVIDER OR SUPPLIER PINEVIEW | | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105 | E | | |
| (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 COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| W 220 | Continued From page | 2 1 | W 2 | 220 | | | |
| | language developme | of the client's speech and nt and needs as evidenced iew and record verification. | | | | | |
| | revealed the client to communication such sporadically througho "toilet" on one occasion Continued observation majority of the survey | as repeating "call Momma" out the survey and signing on on 11/14/18 at 1:05 PM. ons revealed the client for the out to simply grab staff to pull out and for staff to verbally | | | | | |
| W 242 | the client does not cu communication object communication is listed client and the client's notes the client shoul communication skills. intellectual disabilities substantiated by furth revealed no current cois available in client # development of communications trategies. INDIVIDUAL PROGR CFR(s): 483.440(c)(6) The individual programathose clients who lack skills essential for prival control of the communication in the communication in the clients who lack skills essential for prival control of the communication in the communication in the communication in the communication is likely and the communication in the communication is likely as a substantial for prival control of the communication is likely as a control of the communication in the communication is likely as a control of the control of the communication is likely as a control of the control of t | tive even though ed as "a large barrier" for the psychological evaluation d continue to work on Interview with the qualified s professional (QIDP), ier review of the PCP, ommunication assessment 5's record to assist in the nunication programming and AM PLAN)(iii) m plan must include, for k them, training in personal vacy and independence | W 2 | .42 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|---|--|--------------------|--|
| | | 34G024 | B. WING | | 11/15/2018 | |
| NAME OF PROVIDER OR SUPPLIER PINEVIEW | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105 | | • | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE COMPLETION | |
| W 242 | Continued From page that the client is devacquiring them. | ge 2 relopmentally incapable of | W 242 | | | |
| | The facility failed to plan (PCPs) for 2 of #5) included commu- clients' communicat | s not met as evidenced by: assure the person centered is a sampled clients (#4 and unication training to meet the ion needs as evidenced by ews and record verification. | | | | |
| | 11/14-15/18 survey limited verbal comm "call Momma" spora and signing "toilet" of at 1:05 PM. Continuction of the majorit grabbed staff to pull | servations during the revealed the client to use funication such as repeating edically throughout the survey on one occasion on 11/14/18 and observations revealed the y of the survey simply them to desired needs and direct the client to activities. | | | | |
| | the client does not communication objectommunication is list client and the client notes the client sho communication skill intellectual disabilities verified the client cu communication objectory. | ective even though sted as "a large barrier" for the s psychological evaluation uld continue to work on s. Interview with the qualified es professional (QIDP) arrently does not have any ective training to increase s and teach the client | | | | |
| | 11/14-15/18 survey gestures and the us | servations during the revealed the client to use e of touch to communicate continued observations | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|---|------|----------------------------|
| | | 34G024 | B. WING | | 11/1 | 5/2018 |
| NAME OF PROVIDER OR SUPPLIER PINEVIEW | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105 | • | |
| (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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| W 242 | stood still and waited take the client to active Review of client #3's the client does not consummer to communication object PCP revealed staff slexpress himselflike possible in his activitidoes need some ass with the QIDP verified not have any communicated client communication MGMT OF INAPPROBEHAVIOR CFR(s): 483.450(b)(3). Techniques to manage behavior must never an active treatment possible to a manage the behavior (#5) was not used as treatment program as interview and record. Observations in the graph of the closet in the live with staff, revealed client's clothing is stoolier. | r the majority of the survey for staff to verbally direct or vities. PCP dated 9/5/18 revealed arrently have a stive. Continued review of his mould give him "time to s to be as independent as es of daily living although he istance and cues." Interview do the client currently does nication objective training to tion skills and teach the of basic needs. PRIATE CLIENT B) ge inappropriate client be used as a substitute for | W 24 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| W 288 | with his clothing. This resulted in missing clomixed with his dirty clobservations during the did not access this clothing from the clos and take them to clienthis bath instead of as his choice of clothing bath. Review of client #5's dated 9/1/18, substar qualified intellectual of (QIDP), revealed no clincluded in the PCP to | s behavior in the past has othing or clothing that is othing. Further he survey revealed the client oset. For example, his revealed staff to get et at 7:12 AM on 11/15/18 hit #5 when he was starting sisting the client to pick out from the closet prior to his operson centered plan (PCP) tiated by interview with the isabilities professional objective training is currently of address the behavior and needed skills to allow him to | W 2 | 88 | | | |