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

PRINTED: 04/04/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		34G148	B. WING _	<u>_</u>		03/2	26/2019
NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY				STREET ADDRESS, CITY, STATE, ZIP 4011 WEST FRIENDLY AVENUE GREENSBORO, NC 27405	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	(EACH CORRECTIVE ACTION SHOULD BE COMPLE		(X5) COMPLETION DATE
W 227	objectives necessary as identified by the corequired by paragraph. This STANDARD is repaired by paragraph. Based on observation interview, the facility of centered plan (PCP) included objective traidentified needs in the self-help, and daily like. Afternoon observation from 4:00 PM to 4:20 in the living room engand to take the surverbedroom. Further ob 6:00 PM revealed click home's office with the minutes and to prima activities for the major independently which food/drink item prep, monitor food items or stove, place setting, at Morning observations from 7:00 AM to 7:35 in the living room engand to take her medicine.	m plan states the specific to meet the client's needs, omprehensive assessment in (c)(3) of this section. The tot met as evidenced by: In, record review and failed to assure the person for 1 sampled client (#6) ining to meet the client's erareas of pre-vocational, ring skills. The finding is: Ins on 3/25/19 in the home PM revealed client #6 to sit tagged in table top activities erareas from 4:25 PM to ent #6 to count money in the erare manager (HM) for 20 rily perform meal preprity of this time included sweeping, obtain serving containers, and inside the kitchen and wash dishes. Son 3/26/19 in the home AM revealed client #6 to sit tagged in table top activities cations. Further observations AM revealed client #6 to	W 2				
	obtain serving contain	included food/item prep, ners, and place setting.		TITLE			(Ve) DATE

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

TITLE

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.

Facility ID: 922012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G148	B. WING _		,	3/26/2019	
NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY			STREET ADDRESS, CITY, STATE, ZIP CODE 4011 WEST FRIENDLY AVENUE GREENSBORO, NC 27405		03/20/2013		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 227	revealed client #6 activities to include dishes. Record review on a dated 9/17/18 reverefrain from physich hands after using larms (right/left), padish, dust bookshe equivalences (.50, client #6's PCP rework on learning nincrease her hours. Ongoing review or behavior inventory revealed the follow letter of alphabet, letters, reads sight sentences, tells tin of the year, uses oworks alone and conteractive setting coat/robe on hook select/measure late. Continued review complete any of the taught how to do the client #6's ABI reverules in the communication with comments, "had no yet with staff."	ations from 8:35 AM to 8:55 AM to perform meal cleanup e clean up table and wash 3/26/19 of client #6's PCP ealed formal goals to include al aggression, learn to wash pathroom, exercise/stretch her articipate in seasoning a meat elf in the home, learn coin .75, \$1.00). Further review of wealed "[Client #6] also wants to ew things over the year and	W2	227			

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		34G148	B. WING		03/26/2019	
NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 WEST FRIENDLY AVENUE GREENSBORO, NC 27405	ZIP CODE	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION	
W 227	Continued From pa	ge 2	W 22	27		
W 382	formal objectives. DRUG STORAGE A CFR(s): 483.460(I)(i	AND RECORDKEEPING 2)	W 38	32		
	The facility must kee locked except when administration.	ep all drugs and biologicals being prepared for				
	The facility failed to biologicals were kep prepared for admini	s not met as evidenced by: assure all drugs and of locked except when being stration as evidenced by erview. The finding is:				
	Medications were no	ot kept locked.				
	in the home on 3/26 medication area with pill packs of client m unlocked, out on a co- Interview on 3/2619 involved revealed th	of medication administration (719 at 7:50 AM, staff left the haclient. During this time, nedications were left desk, in the medication area. at 8:00 AM with the staff (G) ney have been trained to ons are locked and secured rea.				
	Disabilities Professi Manager confirmed been trained to ensi	with the Qualified Intellectual onal (QIDP) and the Home medication technicians have ure the medications are before leaving the area dministration.				