STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G243	A. BUILDING _____ B. WING _____	04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE RESIDENTIAL	467 CREEK ROAD ORRUM, NC 28369

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of a complaint survey conducted on 4/29/19 for Intake #NC00150594.	W 000		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of adaptive equipment. This affected 1 of 5 audit clients (#3). The finding is: Client #3 was not provided the use of his adaptive spoon during medication administration. During morning medication administration in the home on 4/30/19 at 8:35am, staff spoon fed client #3 his medication using a plastic spoon. Additional observations revealed client #3 using an adaptive spoon, with Staff D providing hand over hand assistance during his meals. During an interview on 4/30/19, Staff D stated	W 249	**W 249 The facility will ensure that each client receives a continuous active treatment plan consisting of needed interventions/tools and services identified in the IPP.** 6-27-19 RECEIVED MAY 23 2019 DHSR-MH Licensure Sect **Habilitations Specialist will in-service all staff members on client #3 usage of adaptive devices or meals/medications. Program Manager and Habilitation Specialist will monitor weekly. QP and Nurses will monitor monthly.** 6-27-19	

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

Chris Thornhill | IDF Division Director | 5-23-2019

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 249	Continued From page 1 client #3 has never used his adaptive spoon during his medication administration. Review on 4/30/19 of client #3's occupational therapy (OT) evaluation dated 2/27/19 stated, "[Client #3] continues to need assistance with feeding self while using adaptive utensils." During an interview on 4/30/19, the qualified intellectual disabilities professional (QIDP) confirmed client #3 is suppose to use his adaptive spoon during medication administration.	W 249		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 2 of 5 audit clients (#3, #6) The findings are: 1. Client #3 did not receive his cream and nasal spray. During medication administration observation in the home on 4/30/19 at 8:35am, Staff D administered client #3 nine pills. Further observations revealed client #3 did not receive any other medications, sprays or ointments. Review on 4/30/19 of client #3's physicians order's signed 2/13/19 revealed the following:	W 368	**W 368 The facility will ensure that all drugs are administered in compliance with physician's orders.** 6-27-19 1. **Nurses will train and in-service all staff on administering all ordered medications to client #3 (by mouth, nasal sprays, inhalers, cremes etc).** Nurses will Monitor weekly, Managers Monitor weekly and QIDP Monitor Monthly. 6-27-19	

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

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W 368	Continued From page 2 "Ketocanzole 2% cream apply to affected area...8am and Azelastine 0.15% Nasal spray 1 spray in each nostril once as directed...8am." During an interview on 4/30/19, the facility's nurse confirmed client #3 should have received the Ketocanzole cream and Azelastine nasal spray as ordered. 2. Client #6 did not receive his fiber powder. During medication administration on the home on 4/30/19 at 7:31am, client #6 consumed fifteen pills with water. Further observations revealed there was nothing added to the water. Review on 4/30/19 of client #6's physicians order's signed 2/15/19 revealed the following: "GNP Fiber Powder Mix 1 tablespoon in 6oz of water daily 8am." During an interview on 4/30/19, the facility's nurse confirmed client #6 should have received the fiber powder mixed with water as ordered.	W 368	**2. Nurses will train and in-service all staff on administering all ordered medications to client #6. They will ensure that staff is aware of mixture methods relating to powdered medications per orders.** Nurses and Managers will monitor weekly, QIDP will monitor monthly.	6-27-19
W 374	DRUG ADMINISTRATION CFR(s): 483.460(k)(7) The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to	W 374	**W374 The Facility and Nurses will ensure that all medications are labeled/packaged in accordance with State Law.**	6-27-19

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W 374	Continued From page 3 administer the medication and instructions as to how often to administer the medication for 1 of 5 audit clients (#6). The finding is: Client #6's Incruse and Advair inhalers were not labeled. During morning medication administration observations in the home on 4/30/19 at 7:31am, Staff D administered client #6 fifteen pills and eye drops along with his Incruse and Advair inhalers. Further observations revealed client #6's Incruse and Adair inhalers were not labeled. During an interview on 4/30/19, Staff D revealed client #6's Incruse and Advair inhalers should be labeled with his name. Further interview revealed Staff D "thought" the boxes for client #6's inhalers were thrown away. During an interview on 4/30/19, the facility's nurse confirmed client #6's Incruse and Advair inhalers should have been kept in their boxes, which are labeled and not thrown away.	W 374	**Nurses will ensure that all medications are labeled in correct/appropriate containers when delivering to Group Home. Nurses will in-service all staff on maintenance of containers medications are packaged in for client #6. Group Home manager and Nurses will monitor weekly and QP will monitor monthly.**	6-27-19
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 observation, record review and staff	W 436	**W436 The facility will ensure that all clients are taught to use and make informed decisions about any adaptive devices identified by the interdisciplinary team as needed by the client.**	

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W 436	Continued From page 4 interview, the facility failed to ensure 1 of 5 audit clients (#6) was provided and taught how to manage the cleaning of his dentures. The finding is: Client #6 was not provided or taught how to manage the cleaning of his dentures. During observations in the home on 4/30/19, client #6's container where his dentures are kept had visible signs of mold. During an interview on 4/30/19, Staff D revealed client #6 should have denture cleaner which is kept in his bedroom. Further interview revealed Staff D is the one who cleans client #6's denture container. Review on 4/30/19 of client #6's oral exam dated 3/20/18 revealed he has dentures. Further review of client #6's record revealed he does not have any training in regards to the cleaning of his dentures. During an interview on 4/30/19, the qualified intellectual disabilities professional (QIDP) confirmed client #6 does not have any training in regards to the cleaning of his dentures.	W 436	**Habilitation Specialist will develop a goal for client #6 to be taught to manage and clean his dentures. The Nurses will add denture cleaning to client medication administration list to maintain denture care. Program manager will ensure that container is adequately cleaned and will replace as needed. All staff will be in serviced by Habilitation Specialist and Nurses on denture cleanliness within goal, per MAR and monitoring. Habilitation Specialist, Program Manager will monitor weekly and QP and Nurses will monitor monthly.**	6-27-19