STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G188	A. BUILDING _____ B. WING _____	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLINGWOOD	4206 WEST FRIENDLY AVENUE 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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interview, governing body and management failed to exercise general operating direction over the facility by failing to assure the facility van was equipped with appropriate safety equipment for 1 of 2 clients (#5) utilizing wheelchairs during transport. The finding is: Observations conducted on 6/25/19 at 10:05 AM revealed all 6 clients residing in the home were prompted to board the facility van for transportation to the day program. Further observation revealed clients #1, #3, #4, and #6 were assisted by staff to board the facility van and fasten their seatbelts which included a lap belt with shoulder strap. Continued observations revealed clients #2 and #5 were loaded onto the van in their respective wheelchairs via the wheelchair lift. Staff were then observed to engage the 4-point tie down hooks to the frame of each wheelchair. Subsequent observations revealed staff fastened a lap belt and shoulder strap onto client #2, however, no lap belt or shoulder strap were utilized or present for client #5. Interview with the group home manager on 6/25/19 at 10:30 AM revealed he noted there was no lap belt or shoulder strap available on the van for client #5, but he had not reported this to the management. At 10:30 AM, another van arrived and client #5 was loaded onto the van, staff A engaging the 4 point restraints to the frame of his	W 104		

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

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W 104	Continued From page 1 wheelchair and applying the lap belt and shoulder strap. Client #5 was then transported to the day program. Interview conducted on 6/25/19 with management staff revealed facility management were unaware the lap/shoulder belt for client #5 was missing and confirmed lap/shoulder straps should be present in the van for all persons utilizing a wheelchair for transport on the van.	W 104		
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 observations, interviews, and record review, the facility failed to ensure place settings during the dinner meal on 6/24/19 and for the breakfast meal on 6/25/19 for 3 of 6 clients in the home (#1, #3, and #4). The finding is: Observations in the group home on 6/24/19 at 6:10 PM at the supper meal revealed all clients in the home sitting down to eat a prepared dinner of lasagna, garlic bread, salad, and a beverage. Clients #1 and #3 were observed to have only a fork at their place settings and client #4 only had a spoon at his place setting. Staff assisted client #4 to cut their food for their dinner meal. Clients #1 and #3 ate their dinner meal utilizing only a fork. Further observations on 6/25/19 at the breakfast meal of 3-4 inch french toast sticks, eggs, oatmeal and juice revealed again clients #4 to have a spoon only, at his place setting. Staff were	W 475		

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W 475	Continued From page 2 observed to assist clients to cut up their french toast pieces. Continued observations revealed clients #1 and #3 to sit and wait for their french toast sticks to be cut for 5 minutes before beginning to eat their breakfast meal. Subsequent observations revealed the group home manager to acknowledge that client #1 and client #3 needed to cut their french toast strips, and proceeded to bring butter knives to client #1 and client #3 from the kitchen area, so that they could cut up their food items. Additional observations revealed client #1 and client #3 to proceed to cut up their meal items and begin to eat their breakfast meal. Record review for clients #1, #3, and #4 revealed current person centered plans (PCPs) with skill assessments that stated clients #1, #3, and #4 were able to utilize all utensils independently or with hand over hand assistance. Interview with the qualified intellectual disabilities professional (QIDP) on 6/25/19 confirmed all clients able to utilize utensils independently or with hand over hand assistance should have a full place setting of a knife, fork, and spoon at all meals.	W 475		