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

PRINTED: 10/25/2019 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		
		34G252	B. WING _			10/15/2019		
NAME OF PROVIDER OR SUPPLIER RIDGELY OAK				STREET ADDRESS, CITY, STATE, ZIP CODE 1307 WESTRIDGE RD GREENSBORO, NC 27410				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 460	CFR(s): 483.480(a)(1) Each client must rece well-balanced diet inc specially-prescribed of This STANDARD is r Based on observation interviews the facility prescribed diet for 2 of #3). The findings are A. The facility failed to prescribed diet for clie Observations of the s 5:40 PM revealed clie himself a serving of la garlic toast, and bake and drinks of juice an eaten all of these food helping of lasagne wh #1 then took his dishe clean up. Observations of the b at 7:30 AM revealed of small french toast stri juice and milk. Furthe client # 1 to finish his minutes and return his Review of the record revealed a person cei 10/23/18 which conta evaluation dated 9/26	eive a nourishing, sluding modified and diets. Inot met as evidenced by: ns, record review and failed to provide a specially of 3 sampled clients (#1 and : In provide a specially ent #1. In provide a specially ent #1. In provide a specially ent #1. In provide a specially ent #1 was assisted to serve asagne, mixed vegetables, and apples along with a yogurt downward water. After client #1 had dis he asked for another nich the staff ignored. Client es to the kitchen sink for ereakfast meal on 10/15/19 client #1 being served 2 ps, 1 scrambled egg with er observations revealed breakfast meal within 2	W 4	60				

ABORATORY 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.

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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 460	noted within the nutri- record review reveals dated 3/5/19 stating a regular diet, whole, Interview with facility she was unaware clic helpings offered for w interview with the qua professional (QIDP) of have been trained the seconds on food item been emphasized for Further interview with disabilities profession ordered by the physic the amount of food to items needs be offere in attaining his ideal to recommended by the B. The facility failed to prescribed diet for clic Observations of the se 5:40 PM revealed clic himself a serving of la garlic toast, and bake and drinks of juice an eaten all of these foo setting with the assist Observations of the to	188 lbs. on 1/2019 was stional evaluation. Continued and a current physician's order that client #1 was to receive for weight gain. 185 staff A on 10/15/19 revealed and the staff and continued alified intellectual disabilities on 10/15/19 revealed staff at client #1 can have as but seconds have not client #1 for weight gain. In the qualified intellectual and (QIDP) confirmed the diet clian should be followed, and on include seconds on food and to client #1 to assist him body weight as an untritionist. 180 provide a specially ent #3. 180 supper meal on 10/14/19 at ent #3 was assisted to serve assagne, mixed vegetable, and water. After client #3 had dis he cleaned off his place tance of staff.	W 460			
	small french toast str	client #3 being served 2 ips, 1 scrambled egg with #3 ate his breakfast items lace setting with the				

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(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 460	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 assistance of staff. Review of the record for client #3 on 10/15/19 revealed a person centered plan (PCP) dated 03/07/19 which contained a current nutritional evaluation dated 10/1/19 stating client #1 is under his ideal body of 178 lbs by 13 lbs. Also noted in the nutritional evaluation were weights of 121 lbs for client #3 on 5/19, 124 lbs. on 6/19, and 130 lbs. in 7/19. Although slowly gaining weight client #3 remains underweight currently. Continued record review revealed a current physician's order stating client #3 was to receive a 2000 calorie diet for weight gain, with 1/4 inch consistency for meats. Interview with facility staff B on 10/15/19 revealed she was unaware client should have second helpings offered for weight gain. Continued interview with the qualified intellectual disabilities professional (QIDP) on 10/15/19 revealed staff have been trained that client #3 can have seconds on food items. Further interview with the QIDP confirmed the diet ordered by the physician should be followed and the amount of food to include seconds on food items, should be offer to client #3 to assist him in attaining his ideal body weight as recommended by the nutritionist.		W 4			