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		
34G25		34G252	B. WNG		10/15/2019		
FOF PROVIDER OR SUPPLIER RIDGELY OAK			STREET ADDRESS, CITY, STATE, ZIP CODE 1307 WESTRIDGE RD GREENSBORO, NC 27410				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				
	CFR(s): 483.480(a)(1) Each client must rece well-balanced diet inc specially-prescribed d This STANDARD is n Based on observation interviews the facility t prescribed diet for 2 o #3). The findings are: A. The facility failed to prescribed diet for clie Observations of the su 5:40 PM revealed clien himself a serving of lat garlic toast, and baked and drinks of juice and eaten all of these food helping of lasagne whi #1 then took his dished clean up. Observations of the br at 7:30 AM revealed cl small french toast strip juice and milk. Further client # 1 to finish his b minutes and return his Review of the record for revealed a person cent 10/23/18 which contain evaluation dated 9/26/ under his ideal body.	ive a nourishing, luding modified and liets. ot met as evidenced by: as, record review and failed to provide a specially of 3 sampled clients (#1 and provide a specially not #1. Inper meal on 10/14/19 at a sagne, mixed vegetables, a lapples along with a yogurt liet water. After client #1 had as he asked for another chithe staff ignored. Client as to the kitchen sink for the staff served 2 s, 1 scrambled egg with the observations revealed breakfast meal within 2 plate to the sink. Or client #1 on 10/15/19 tered plan (PCP) dated lied a current nutritional	W 460	A. The Habilitation Specialis will in-service staff on client #1's prescribed diet. The clinical team will mon client #1's prescribed diet week for 1 month and on routine basis thereafter via mealtime observations to ensure client receives me per diet orders.	itor 2x a a		

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 d lowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

ri participation.

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		34G252	B. WING		10/15/201	19
OF PROVIDER OR SUPPLIER RIDGELY OAK			STREET ADDRESS, CITY, STATE, ZIP CODE 1307 WESTRIDGE RD GREENSBORO, NC 27410			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 460	10/2018 of 91 lbs., to noted within the nutrit record review revealed dated 3/5/19 stating a regular diet, whole, Interview with facility she was unaware clie helpings offered for winterview with the quaprofessional (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 offered in attaining his ideal by recommended by the B. The facility failed to prescribed diet for clied observations of the second drinks of juice and eaten all of these food setting with the assistance of the branch of the setting with the assistance of the branch of the setting with the assistance of the branch of th	88 lbs. on 1/2019 was ional evaluation. Continued a current physician's order that client #1 was to receive for weight gain. staff A on 10/15/19 revealed and #1 should have second reight gain. Continued alified intellectual disabilities on 10/15/19 revealed staff at client #1 can have so but seconds have not client #1 for weight gain. The qualified intellectual all (QIDP) confirmed the diet ian should be followed, and include seconds on food dot client #1 to assist him ody weight as nutritionist. In provide a specially ent #3. Supper meal on 10/14/19 at not #3 was assisted to serve sagne, mixed vegetable, do apples along with a yogurt dowater. After client #3 had als he cleaned off his place ance of staff. The eakfast meal on 10/15/19 alient #3 being served 2 bes, 1 scrambled egg with #3 ate his breakfast items	W 460	In the future, the Qualified Professional will ensure all staff are trained to provide the prescribed diet for client #1 and all people supported. B. The Habilitation Speciali will in-service staff on client #3's prescribed die		

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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 46	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA			