

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

PRINTED: 02/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/07/2020
NAME OF PROVIDER OR SUPPLIER WESTSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure 1 of 1 allegations of possible resident/ patient abuse by employee was thoroughly investigated. The finding is:</p> <p>During record review of the facility Incident response improvement system (IRIS) report on 2/7/2020, revealed an incident report had been completed when client #4 reported to the home manger that a staff had verbally abused her. The report revealed that the staff was immediately suspended pending the investigation.</p> <p>During interview on 2/7/2020 clients #2, #6 and #4 revealed they are interviewable and they understood about their rights. They were able to verbalized their rights and the chain of command if their rights were violated.</p> <p>During the record review on 2/7/2020 revealed that none of the clients who were intevieawable were interviewed during the investigation.</p> <p>During an interview on 2/7/2020 with the qualified intellectual disabilities professional (QIDP) via the phone revealed the 3 interviewable clients were not interviewed regarding the verabl abuse of cient #4</p>	W 154			

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

TITLE

(X6) DATE

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.