STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G160	A. BUILDING _____ B. WING _____	02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTRIDGE	1609 WESTRIDGE ROAD 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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, review of records and interview, the person centered plan (PCP) for 1 non sampled client (#1) failed to include sufficient training objectives to meet identified needs relative to promoting self independence. The finding is: During observations in the group home on 2/19/2020 from 1:40 PM until 2:30 PM revealed client #1 to sit on the living room couch unengaged in any activities. Continued observations from 4:00 PM to 5:30 PM revealed client #1 to sit unengaged on the couch finger flicking and feeling the fabric on his pants and a towel. During this time, observations revealed staff C verbally prompted client #1 to come the table to play games but client #1 did not. Staff were able to prompt client #1 at 4:00 PM, 4:45 PM and 5:10 PM to carry a laundry basket, hold the laundry detergent, and wash his hands. Further observations at 5:45 PM revealed client #1 to sit on the floor in the dining room area before sitting in chair to begin eating dinner at 6:05 PM. Following dinner at 6:30 PM, client #1 got up, and refused to take his dishes to the kitchen and then returned to the couch to sit unengaged until 7:45 PM. Review on 2/20/2020 of client #1's record	W 227		

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.

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W 227	Continued From page 1 revealed a person centered plan (PCP) dated 6/12/2019 with the following four objectives which includes: to rinse his hair, pull out chair to sit at the table, identify cup/spoon and close the bathroom door. Further review of the record revealed a behavior support program (BSP) dated 3/6/2019. Continued review of client #1's BSP revealed client #1 should be engaged frequently, especially when he has not exhibited a target behavior of wrist biting, head slapping or sitting on floor. Subsequent review on 2/20/2020 of client #1's record revealed an adaptive behavior inventory (ABI) completed 5/27/2019. Further review of client #1's ABI revealed he has the following needs in the areas of self-help, daily living, community living and recreation. Interview on 2/20/2020 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 is in need of acquiring more skills. The QIDP further confirmed she and the habilitation specialist will together review client #1's ABI to determine his areas of need.	W 227		
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.	W 249		

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W 249	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure 1 non-sampled client (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the person centered plan (PCP) in the area of adaptive equipment. The finding is: Evening observations on 2/20/2020 of medication administration at 7:30 PM revealed staff A crushed client #4's medications which included Simvastatin and a stool softener. Continued observations revealed staff A poured client #4's crushed medications into a medication cup of applesauce. Further observations revealed staff A then spoonfed client #4 his mixture of crushed medications and applesauce with a regular spoon. Interview on 2/20/2020 at 7:40 PM with staff A revealed client #4 has an adaptive spoon and he can feed himself with his adaptive spoon. Further interview with staff A confirmed client #4 should have been allowed to feed himself his mixture of crushed medications and applesauce. Interview on 2/20/2020 with the facility nurse and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 has an adaptive spoon and he can feed himself. Further interview confirmed client #4 should have been allowed to feed himself the mixture of crushed medications and applesauce with his adaptive spoon.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369		

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W 369	Continued From page 3 that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients observed during drug administration (#4). The finding is: Evening observations on 2/20/2020 of medication administration at 7:30 PM revealed staff A crushed client #4's medications which included Simvastatin and a stool softener. Continued observations revealed staff A poured client #4's crushed medications into a medication cup of applesauce and administered the mixture to client #4. Interview on 2/20/2020 at 7:40 PM with the medication technician staff A revealed he is familiar with client #4's pureed diet consistency. Further interview revealed staff A crushes all of client #4's by mouth medications. Review on 2/20/2020 of client #4's records revealed a person centered plan (PCP) dated 3/28/2019. Further review of client #4's PCP revealed signed physician's orders dated 1/2020 which noted Simvastatin and the stool softener medications are not order crushed. Review of client #4's PCP revealed an annual nutrition assessment dated 1/20/2020 which documented client #4's diet is pureed consistency and was downgraded to pureed because of a stroke. Interview on 2/20/2020 with the facility nurse and the Qualified Intellectual Disabilities Professional	W 369		

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W 369	Continued From page 4 (QIDP) confirmed client #4 is on a pureed diet consistency. Further interview with the facility nurse confirmed all of client #4's by mouth medications should indicate to crush.	W 369		