STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G169	A. BUILDING _____ B. WING _____	11/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDWAY GROUP HOME	202 FRIENDWAY ROAD GREENSBORO, NC 27409

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure that privacy was maintained for 4 of 6 clients (#1, #2,#3, and #4). The findings are: A. The facility failed to ensure privacy was maintained for client #1 during medication administration. For example: Observations in the group home on 11/16/20 at 4:30 PM revealed client #1 to stand in the kitchen in front of the medication administration door. Continued observation revealed staff C to pass a cup with medication and yogurt to client #1 which could be observed by clients and staff entering and exiting the kitchen. Further observation revealed client #1 to take the medication and drink a glass of water in front of the closed medication room door as directed by staff C. At no point during the observation was client #1 offered privacy during her medication administration. Interview with the Health Services Coordinator (HCS) on 11/17/20 verified that all clients should receive medication in the medication room with the door closed to ensure privacy. Interview with the facility nurse on 11/17/20 confirmed that all clients should receive medication administration in the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP)	W 130	The facility will ensure privacy for all clients when appropriate throughout the home routine to include but not limited to medication administration, when clients are in their bedroom, and during dressing. For clients #1, #2, #3 and #4, the QIDP will schedule in-service training for all staff assigned to the home. Each client's IPP will be reviewed with staff. Staff will be instructed to always ensure privacy for the individuals to include knocking on the bedroom door before entering, closing the door to the medication room during the medication pass and closing door to client's bedroom or bathroom during dressing or care of personal needs. Staff is encouraged to promote participation of the client in ensuring privacy such as closing the door during personal care or treatment. The program manager will monitor twice a week in the home during the dressing routine and the medication administration routine to ensure privacy for all clients. The QIDP will monitor weekly in the home to ensure continued compliance to privacy.	1/17/21 1/17/21 1/17/21

DHSR-Mental Health
DEC 21 2020
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lorianne Darnell	Qualified Professional	12-16-2020

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 130	Continued From page 1 confirmed that client #1 should have received her medication in the medication room with the door closed to ensure privacy during medication administration. The QIDP also confirmed that all clients have a right to privacy when receiving medication administration. B. The facility failed to ensure privacy was maintained for client #2 while in her room. For example: Observation in the group home throughout the observation period on 11/16/20 from 4:30 PM to 6:30 PM revealed staff C to enter client #2's room various times without knocking on the door. Continued observation revealed staff C to enter and exit client #2's room various times throughout the observation period without a request to enter the client's room. Interview with the health services coordinator (HCS) on 11/17/20 revealed that all clients should receive privacy in their rooms whether the door is opened or closed. Continued interview with the HCS also verified that staff C should have requested to enter the room of client #2 before entering. Further interview with the qualified intellectual developmental professional (QIDP) verified that male staff should not enter female clients' rooms without knocking on the door and requesting to enter. Subsequent interview with the QIDP also confirmed that all clients should receive privacy in their rooms at all times. C. The facility failed to provide privacy for client #4 during dressing. For example:	W 130	The facility will ensure for all clients that medications are administered as outlined in the physician's orders, with no exceptions. Medications will not be crushed unless indicated in the physician's orders. For clients #1, and all other clients in the home, the QIDP will schedule in-service training for all staff assigned to the home. The RN will be present to assist the QP in the training. Each	1/17/21 1/17/21

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W 130	Continued From page 2	W 130		

Observations at the group home on 11/16/20 from 6:00 PM - 6:15 PM revealed client #4 to get up from the living room recliner and to enter his room, leaving his bedroom door open. Continued observation revealed client #4 to begin undressing next to his bed with the bedroom door open. Further observation revealed staff B to enter client #4's bedroom and to provide a verbal directive for client #4 to put his clothes back on and come out of the room. Staff B was then observed to exit the client's room leaving the door opened. Subsequent observation revealed client #4 to put his clothes back on which could be observed by all passersby. Additional observation revealed client #4 to lay on his bed with the door left open. At no time was client #4 provided privacy while undressing in his room.

Interview with the HCS on 11/17/20 confirmed client #4 should have been provided privacy when changing clothes and when staff entered the bedroom. Further interview with the QIDP confirmed staff should have knocked on client #4's door prior to entering then prompted client #4 to close his bedroom door or closed it for him.

D. The facility failed to ensure privacy was maintained for client #3 while in her room. For example:

Observations in the group home throughout the observation period on 11/17/20 from 6:45 AM to 8:15 AM revealed client #3 to sit in her room participating in a picture activity. Continued observation revealed staff A to enter and exit client #3's room at various times throughout the observation period without knocking or requesting to enter her room. At no point during the observation period did staff A knock on client #3's

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W 130	Continued From page 3 door or request to enter her room. Interview with the HCS on 11/17/20 verified that staff A should have knocked on client #3's door and requested to enter prior to walking into her room. Continued interview with the HCS also confirmed that all staff should request to enter a client's room whether the door is open or closed to respect privacy of the client. Further interview with the QIDP confirmed that clients should be afforded privacy in their rooms at all times.	W 130		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for 1 non-sampled client (#1). The finding is: Observations in the group home at 7:20 AM on 11/17/20 revealed client #1 was prompted by staff to go to the medication room to receive her morning medications. Continued observation revealed staff to punch pre-packaged medications consisting of cetirizine hcl, lisinopril, vitamin D3, and calcium magnesium. Further observation revealed staff to then add vita sprout and mineral rich into a medication cup and transfer it to a small brown bowl to crush. Subsequent observation revealed staff to pour the crushed medications into a medication cup	W 368	client's medication regimen will be reviewed. Staff will be instructed to not crush client #1's medications. RN and QP will address any concerns with staff on the administration of all medications to include but not limited to when a medication is to be crushed. The program manager will monitor twice a week in the home during the medication administration routine to compliance to physician's orders. The QIDP will monitor weekly in the home to ensure continued compliance to physician's orders.	1/17/21

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W 368	Continued From page 4 and to give it to client #1 followed with a cup of water. Review of client #1's record on 11/17/20 revealed physicians orders dated 6/1/20 through 9/30/20 stated if tablets or capsules are partially broken down, do not repeat dosage. Continued review of record did not indicate that client #1's medications should be crushed. Interview with the health service coordinator (HSC) on 11/17/20 revealed she was not aware if client #1's medications should be crushed. Interview with the qualified intellectual developmental professional (QIDP) verified she was not certain whether or not client #1's medications should be crushed. Further interview with the QIDP confirmed all client medications should be administered according to physician's orders.	W 368	The facility will ensure that all clients are afforded training when appropriate to participate in the administration of their medications and have opportunities to participate in learning/ knowledge of their medications to include name, purpose and side effects, etc. For clients #1 and #6, the QIDP will schedule in-service training for all staff assigned to the home. All the clients' (6 of 6) IPP will be reviewed with staff relative to client training and participation in medication adminstration. Staff will be instructed to allow clients to pour water and prepare medications from pill pack to medication cup in an effort to promote client independence in medication administration. Per IPP, as applicable-staff will be instructed to prompt clients to respond to staff questions concerning the name of medications, purpose and side effects, per their respective IPPs.	1/17/21 1/17/21
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation and interview, the system for drug administration failed to assure 2 of 2 clients (#1 and #6) observed during medication administration were provided the opportunity to participate in medication self-administration or provided training related to the name, purpose	W 371	The program manager and QIDP will monitor twice a week in the home during the medication administration routine to ensure client training to participate in self-administration of their medications. The QIDP will provide in-service training to all staff to address the security of the medication room. Staff will be instructed to lock the medication room at all times except when administering medications. Specifically staff will not leave the medication room before locking the door, thereby always maintaining security of the medications. The QIDP, Home Manager or the Life Skills Specialist will conduct medication pass observations in the home on a weekly basis to ensure compliance.	1/17/21

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W 371	Continued From page 5	W 371		

and side-effects of medications administered. The findings are:

A. The system for drug administration failed to assure client #1 was provided the opportunity to participate in medication self-administration or provided training related to the name, purpose and side-effects of medications administered.

Observations in the group home at 7:20 AM on 11/17/20 revealed client #1 was prompted by staff to go to the medication room to receive her morning medications. Continued observations revealed client #1 to receive her morning medications consisting of cetirizine hcl, lisinopril, vitamin D3, calcium magnesium, vita sprout, and mineral rich. Further observations revealed staff to pour client #1 crushed medications into a medication cup and to give it to the client followed with a cup of water. Subsequent observations revealed at no time during the medication administration was there teaching of medication names, purposes or side effects of client #1's medications.

Interview with the health services coordinator (HSC) on 11/17/20 confirmed staff had been trained to teach clients at least the name of their medication. Continued interview with the qualified intellectual disabilities professional (QIDP) confirmed staff had been trained to teach clients the names, purposes and possible side effects of their medications. Further interview with the QIDP confirmed staff should have provided teaching to client #1 during her medication administration regarding the names, purpose and side effects.

B. The system for drug administration failed to

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assure client #6 was provided the opportunity to participate in medication self-administration or provided training related to the name, purpose and side-effects of medications administered.

Observations in the group home at 7:30 AM on 11/17/20 revealed client #6 was prompted by staff to go to the medication room to receive her morning medications. Continued observations revealed client #6 to receive her morning medications consisting of gavilam powder, benztropine, divalproex, ferrous sulfate, therems m, vitamin D, vitamin E and clonazepam. Further observations revealed staff to pour pre-packed medications into a medication cup and give to client #6 to take with a cup of water mixed with gavilam powder. Subsequent observations revealed at no time during the medication administration was there teaching of medication names, purposes or side effects of client #6's medications.

Interview with the health services coordinator (HSC) on 11/17/20 confirmed staff had been trained to teach clients at least the name of their medications. Continued interview with the qualified intellectual disabilities professional (QIDP) confirmed staff had been trained to teach clients the names, purposes and possible side effects of their medications. Further interview with the QIDP confirmed staff should have provided teaching to client #6 during her medication administration regarding the names, purpose and side effects.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 4, 2020

Melissa Bryant, Administrator
Community Based Care (CBC)
3210 Fairhill Drive
Raleigh, NC 27612

Re: Recertification Completed November 17, 2020
Friendway Group Home, 202 Friendway Road, Greensboro, NC 27409
Provider Number #34G169
MHL#041-070
E-mail Address: mbryant@communityinnovations.com
Complaint Intake #NC00166420, NC00171194

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the recertification survey and complaint investigation survey completed on November 17, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is January 17, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Clarissa Henry at 704-589-2523.

Sincerely,

Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures
Cc: DHSR_Letters@sandhillscenter.org
qmemail@cardinalinnovations.org