STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G243	A. BUILDING _____ B. WING _____	02/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE RESIDENTIAL	**467 SOUTH CREEK ROAD ORRUM, NC 28369**

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W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the individual program plans (IPP's) annually for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are: A. Review on 2/15/22 of client #1's record revealed an IPP dated 2/3/21. Additional review of client #1's record revealed no updated IPP since 2/3/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #1 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's IPP meeting was scheduled for 2/16/22 and that the IPP has not been updated since 2/3/21. B. Review on 2/15/22 of client #2's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #1 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #2's IPP meeting was scheduled for 2/18/22 and that there was no current IPP available for	W 260		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 260	Continued From page 1 review. C. Review on 2/15/22 of client #3's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #3 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #3's IPP meeting had been held but the IPP had not been written and that there was no current IPP available for review. D. Review on 2/15/22 of client #4's record revealed an IPP dated 2/4/21. Additional review of client #4's record revealed no updated IPP since 2/4/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #4 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #4's IPP meeting was scheduled for 2/16/22 and that there was no current IPP available for review. E. Review on 2/15/22 of client #5's record revealed an IPP dated 2/4/21. Additional review of client #5's record revealed no updated IPP since 2/4/21. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #6 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.	W 260		

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W 260	Continued From page 2 Interview on 2/16/22 with the QIDP confirmed client #5's IPP meeting was scheduled for 2/18/22 and that there was no current IPP available for review. F. Review on 2/15/22 of client #6's record revealed no IPP was available for review. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, staff and client #6 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home. Interview on 2/16/22 with the QIDP confirmed client #6's IPP meeting had been held but the IPP had not been written and that there was no current IPP available for review.	W 260		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 6 audit clients (#5). The finding is: Review on 2/15/22 of client #5's Behavior Support Plan (BSP) dated 12/8/2020 revealed the objective, "By 12/1/2021, [Client #5] will exhibit two or fewer challenging behaviors per month for	W 263		

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W 263	Continued From page 3 11 consecutive months." Additional review of client #5's BSP revealed, "...ingests Depakote, Sertraline, Zyprexa, Effexor and Hydroxyzine as well as a monthly injection of Invega Sustena for behavior support." Additional review of client #5's record revealed a consent dated 1/26/21. Interview on 2/16/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the facility does not have a current BSP or consent signed by client #5's legal guardian.	W 263		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drugs to manage client behavior were only used as an integral part of the client's Individual Program Plan (IPP). This affected 1 of 6 audit clients (#2). The finding is: Review on 2/15/22 of client #2's record revealed no current IPP. Additional review of client #2's record revealed a medical evaluation, dated 3/4/21, which states, "Reportedly has some problems sleeping. He ingests Melatonin 5mg nightly to help with sleep." Review on 2/16/22 of client #2's Physician's Orders dated 11/17/21 revealed an order for	W 312		

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W 312	Continued From page 4 Melatonin 5mg, "Take one tablet by mouth daily at bedtime." Review on 2/16/22 of client #2's Behavior Support Plan (BSP) revealed client #2 is supported with the use of the medication Abilify for behavior management. Interview on 2/16/22 with the facility's ICF Director confirmed the use of Melatonin for sleep behavior should be incorporated into client #2's BSP.	W 312		
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 observations, record reviews and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 6 audit clients (#1 and #4). The findings are: A. During observations of medication administration in the home on 2/16/22 at 7:00am, Staff B was observed to administer to client #1 one Amlodopine 5mg tablet, one Bisoprolol-HCTZ 5-6.25mg tablet, one Losartin 100mg tablet, one multi-vitamin tablet, one Risperidone 0.5mg tablet, one Vitamin D 2000iu tablet, and one Vitamin D3 tablet. Review on 2/16/22 of client #1's Physician's Orders dated 11/17/21 revealed an order for Occusoft Lid Scrub, "Clean both eye lid margins	W 368		

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W 368	Continued From page 5 twice daily indefinitely at 8am and 8pm" and Soothe XP Eye Drops, "Instill one drop in each eye twice daily at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #1 should have received the Occusoft Lid Scrub and Soothe XP Eye Drop as the physician's order indicates. B. During observations of medication administration in the home on 2/16/22 at 7:06am, Staff B was observed to administer to client #4 one Metformin 1000mg tablet, one Oxybutynin ER 10mg tablet, one Pioglitazone 15mg tablet, and one Vitamin D3 1000iu tablet. During the observation, client #4 asked for an eye drop. Staff B informed her she gets her eye drop at night. Review on 2/16/22 of client #4's Physician's Orders dated 11/17/21 revealed an order for Gavilax Powder, "Mix one capful in 8 ounces of water or juice and drink once daily at 8am" and Systane Balance 0.6% Eye Drop, "Instill one drop in both eyes two times a day at 8am and 8pm." Interview on 2/16/22 with the facility nurse confirmed client #4 should have received the Gavilax Powder and Systane Eye Drop as the physician's order indicates.	W 368		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the	W 436		

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W 436	Continued From page 6 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #6 was taught to use and make informed choices about the use of his dentures and hearing aid. This affected 1 of 6 audit clients. The findings are: A. During observations at the day program and in the home throughout the survey on 2/15/22 - 2/16/22, client #6 was not wearing a hearing aid. Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a medical evaluation that revealed client #6 wears a hearing aid in his right ear. Interview on 2/16/22 with Staff C revealed client #6 should be wearing a hearing aid in his right ear daily. Interview on 2/16/22 with the facility's ICF Director confirmed client #6 should be wearing a hearing aid in his right ear daily. B. During observations at the day program and in the home on 2/15/22, client #6 was not wearing dentures. At no time doing the observation was client #6 prompted to use his dentures. Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a medical evaluation that revealed client #6 wears dentures.	W 436		

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W 436	Continued From page 7 Interview on 2/16/22 with Staff B revealed client #6 should be wearing his dentures daily. Interview on 2/16/22 with the facility's ICF Director confirmed client #6 should be wearing his dentures daily, and if he chooses not to, should be prompted to wear his dentures before each meal.	W 436		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure 1 of 6 audit clients (#6) received their specially prescribed diet as indicated. The finding is: During observations at the day program on 2/15/22 at 11:28am, client #6 was observed eating lunch which consisted of a hamburger and a serving of beef stew with beef, potatoes and vegetables. The hamburger and beef stew were served whole. At 11:31am, Staff A was observed to cut the hamburger into 4 equal size pieces, larger than 2" in size. During the observation, client #6 was not wearing dentures. Additional observations in the home on 2/15/22 revealed client #6 eating dinner which consisted of a piece of meatloaf, a serving of green beans and a serving of mashed potatoes. The meatloaf and green beans were served whole. During the observation, client #6 was not wearing dentures.	W 460		

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W 460	Continued From page 8 Review on 2/15/22 of client #6's record revealed no current IPP available for review. Additional review of client #6's record revealed a nutritional evaluation which indicates client #6's diet order as regular, heart healthy, chopped or ground meats. Review on 2/15/22 of client #6's diet order posted in the kitchen of the home revealed a diet that consists of "heart healthy regular, with teeth - chopped into 1/2 - 1" pieces, without teeth - meats ground, all other foods finely chopped into 1/4" pieces." Interview on 2/16/22 with Staff B revealed the diet posted in the kitchen is current and should be followed. Interview on 2/16/22 with the facility's ICF Director confirmed that client #6's hamburger, beef stew and meatloaf should have been texturized to a ground consistency and the green beans should have been finely chopped into 1/4" pieces.	W 460		