

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

PRINTED: 03/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDWAY GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 FRIENDWAY ROAD GREENSBORO, NC 27409</b>	
(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 440	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire drills were conducted for each shift of personnel. The finding is:</p> <p>Review of the facility fire drill reports on 3/1/22 for the 12-month review year from 2/2021 - 2/2022 revealed 8 out of 12 fire drills were conducted on first shift. Continued review did not reveal fire drill reports for 2nd and 3rd shift of personnel during the 2nd and 4th quarters of the review year. Further review did not reveal fire drill reports for 3rd shift of personnel during the 1st quarter of the review year.</p> <p>Interview with the home manager (HM) on 3/1/22 revealed that she was not aware that fire drills should be conducted quarterly for each shift of personnel. Interview with the qualified intellectual disabilities professional (QIDP) on 3/1/22 verified that staff should have conducted a fire drill for each shift of personnel during each quarter of the review year. Continued interview with the QIDP verified that she will ensure that all staff will conduct quarterly fire drills for each shift of personnel.</p>	W 440		
W 475	<p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure that 3 of 6 clients (#3, #4, #5) in the group home were provided with appropriate utensils to allow each</p>	W 475		

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 475	<p>Continued From page 1</p> <p>client to eat as independently as possible in accordance with their highest functioning level. The findings are:</p> <p>Afternoon observations in the group home on 2/28/22 at 5:46 PM revealed clients #3, #4 and #5 to sit at the dining table to prepare for the dinner meal. The dinner meal consisted of the following: chicken tenders, northern beans, carrots, whole wheat bread, margarine, ice cream sandwiches, water and choice of beverage. Continued observations revealed staff to provide clients #3, #4 and #5 with a spoon only as the clients participated in the dinner meal. At no point during the observation period were clients #3, #4 and #5 offered a full place setting of a fork, knife and spoon during the dinner meal.</p> <p>Morning observations on 3/3/22 at 6:50 AM revealed clients #3, #4 and #5 to sit at the dining table to prepare for the breakfast meal. The breakfast meal consisted of the following: Oatmeal, fruit cup, whole wheat toast, yogurt, milk and water. Continued observations revealed staff to provide clients #3, #4 and #5 with a spoon only as the clients participated in the breakfast meal.</p> <p>Review of the record for client #3 on 3/1/22 revealed an individual program plan (IPP) dated 2/10/22. Continued review of the record revealed an Adaptive Behavior Inventory form (ABI) dated 1/2/19 which states that client #3 can use a knife with partial independence and a fork with total independence. Further review of the ABI revealed that client #3 can use appropriate eating utensils for different foods with total independence.</p>	W 475			

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W 475	<p>Continued From page 2</p> <p>Review of the record for client #4 revealed an IPP dated 5/19/21. Continued review of the record revealed an ABI dated 1/12/19 which states that client #4 can use a fork with total independence and a knife with partial independence. Further review of the ABI revealed client #4 can use appropriate eating utensils for different foods with partial independence.</p> <p>Review of the record for client #5 revealed an IPP dated 2/10/22. Continued review of the record revealed an ABI dated 4/1/18 which states that client #5 can use a fork and knife with partial independence. Further review of the ABI revealed client #5 can use appropriate eating utensils for different foods with partial independence.</p> <p>Interview with the home manager (HM) and qualified intellectual disabilities professional (QIDP) on 1/14/21 verified that all clients #3, #4 and #5 should have been offered a full place setting including a fork, knife, and spoon in order to promote independence during all meals. Continued interview with the QIDP verified that all clients will be provided a full place setting to promote independence during mealtimes.</p>	W 475			