

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

PRINTED: 04/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2022
NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY			STREET ADDRESS, CITY, STATE, ZIP CODE 4011 WEST FRIENDLY AVENUE 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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted timely and to assure the interior of the facility was clean and orderly. The findings are:</p> <p>A. The facility failed to ensure a bathroom drain of the group home was repaired in a timely manner. For example:</p> <p>Observation of the group home during the 4/18/22- 4/19/22 survey revealed the bathroom with a walk-in shower covered with debris and the drain cover shield lifted with a screw protruding out of it. Continued observation revealed a shower chair stationed in the walk-through shower.</p> <p>Interview with multiple facility staff on 4/18/22 and 4/19/22 revealed there are a few clients who prefer to take showers in the bathroom with the walk-in shower. Continued interview with multiple facility staff revealed they did not notice the drain cover was lifted until now.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/19/22 verified concern with the condition of the bathroom's walk-in shower of the group home. Continued interview revealed the repair had been reported to maintenance and it was unknown when a repair was to occur or what was the delay</p>	W 104			

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 104	Continued From page 1 in repairing it. B. The facility failed to ensure the interior of client #5 bedroom was clean and orderly. For example: Observation of the group home on 4/18/22 and 4/19/22 survey revealed client #5's bedroom to be in disarray with the closet stuffed with clothing and additional clothing stacked in a corner on a chair overflowing to the floor. Interview with multiple facility staff on 4/18/22 and 4/19/22 revealed client #5's bedroom has been in the current condition for about two months because of the shortage of closet space. Continued interview with multiple facility staff revealed client #5 has additional storage space but it needs to be assembled. Interview with the qualified intellectual disabilities professional (QIDP) on 4/19/22 revealed that she was uncertain why client #5's bedroom was in disarray. Continued interview with the QIDP revealed a work order had been reported to maintenance on 12/12/21 and 2/24/22 and it was unknown when the work was to occur or what was the delay.	W 104			
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 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:	W 436			

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W 436	<p>Continued From page 2</p> <p>Based on observation, record review and interviews, the facility failed to ensure good repair of wheelchair for 1 sampled client (#1). The finding is:</p> <p>Observations in the group home on 4/18/22 - 4/19/22 survey revealed client #1 to use a wheelchair for ambulation. Continued observation of the wheelchair for client #1 revealed client's feet dangling at the bottom during ambulation. Further observation of the wheelchair for client #1 revealed a hole in the cover of the right arm rest with exposed internal padding, the seat cushion and back rest of the wheelchair worn and need replacing.</p> <p>Interview with staff B on 4/18/22 revealed client's wheelchair has been in its current state for a long time. Continued interview with staff revealed a pillow is placed behind client #1's legs to help with elevation and prevent client's foot from hitting the bottom of the footrest.</p> <p>Review of record for client #1 on 4/19/22 revealed a person centered plan (PCP) dated 7/19/21. Continued review of the PCP revealed a PT evaluation dated 7/29/21. Further review of the PT evaluation revealed observation of the equipment to include; manual tilt in space wheelchair is fitting well with the exception of the foot box, which is damaged and does not fit on client's wheel chair. The absence of the foot box places pressure behind the knees. The client's right arm rest is worn and needs replacing. Further review revealed recommendations for DMG agency to conduct an assessment to repair foot box and armrests.</p> <p>Interview with the qualified intellectual disabilities</p>	W 436			

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W 436	Continued From page 3 professional (QIDP) on 4/19/22 and review of documents revealed the team had been working on ordering a new wheelchair for client #1 since 7/21. Continued interview with the QIDP verified the wheelchair for client #1 have not been ordered. Further interview with the QIDP revealed there were no current work orders to repair client #1's wheelchair.	W 436		