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 _____	03/01/2022

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 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) 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: 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. 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.	W 440	W440 The facility will ensure that fire and/evacuation drills are scheduled and conducted for each shift on a quarterly basis or more often. The Clinical Supervisor will in-service the program manager and staff in the home of the ICF requirement for disaster and fire drills to be conducted on a quarterly basis for each shift in the facility. The program manager will develop and implement a schedule for fire and disaster drill evacuations on each (1st, 2nd and 3rd) shift on a quarterly basis. The program manager will maintain a copy of all fire and disaster evacuation drills to ensure documentation to support compliance. The QP will monitor documentation of quarterly fire and evacuation drills for each shift on a monthly basis to ensure continued compliance.	5/1/2022
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) 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	W 475	W475 The facility will ensure that each client is afforded an opportunity to participate in the dining experience with the maximal level of independence in accordance with their IPP and assessments.	5/1/2022

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lorianne Jarrell — TITLE: Qualified Professional — (X6) DATE: 3/16/2022

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	Continued From page 1 client to eat as independently as possible in accordance with their highest functioning level. The findings are: 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. 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. 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.	W 475	The QP will review the IPP for all clients in the home relative to skills, needs and interventions for participation in dining experiences to include but not limited to appropriate use of utensils, place setting, and meal preparation. For Clients #3, #4 and #5 the QP will provide in-service training to all staff on the use of utensils, meal preparation and place setting to ensure staff The program manager will monitor meals in the home for all clients, twice weekly to ensure implementation of the IPP for continued compliance. The QP will monitor meals in the home for all clients, weekly to ensure continued compliance.	

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W 475	Continued From page 2 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. 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. 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.	W 475		