

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

PRINTED: 09/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2022
NAME OF PROVIDER OR SUPPLIER WESTMINISTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1111 WESTRIDGE ROAD 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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure 2 of 3 sampled clients (#4, #6) received a continuous active treatment program consisting of needed interventions as identified in their person-centered plan (PCP) relative to meal preparation. The findings are:</p> <p>A. The facility failed to include client #4 in meal preparation. For example:</p> <p>Observation in the group home on 9/6/22 from 4:00 PM to 5:20 PM revealed client #4 to engage in various activities to include painting, conversation with staff and other clients, hygiene and taking their place setting to the table. Continued observation revealed staff C to prepare the dinner meal which consisted of barbeque chicken, sweet potatoes, cole slaw, fruit cup, tea and water. Further observation at 5:25 PM revealed client #4 to serve themselves and participate independently in the dinner meal.</p> <p>Observation in the group home on 9/7/22 from 6:35 AM to 7:55 AM revealed client #4 to engage</p>	W 249			

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 249	<p>Continued From page 1</p> <p>in various activities to include playing on their tablet, taking their place setting to the table and medication administration. Continued observation revealed staff D to prepare the breakfast meal which consisted of cream of wheat, sausage patties, orange juice, coffee and milk. Continued observation at 8:00 AM revealed client #4 to serve themselves and participate independently in the breakfast meal.</p> <p>Review of records for client #4 on 9/7/22 revealed a PCP dated 4/22/22. Review of client #4's PCP revealed habilitation goals to include exercise, will tolerate wearing a face mask, will gather foods for the breakfast meal, will prepare the vegetables for the dinner meal and will identify correct change when using the dollar over method.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 9/7/22 revealed staff are trained on each client's PCP and confirmed staff should support each client with their individual goals as appropriate and when the opportunity is provided.</p> <p>B. The facility failed to include client #6 in meal preparation. For example:</p> <p>Observation in the group home on 9/7/22 from 6:35 AM to 7:55 AM revealed client #6 to engage in various activities to include watching television, coloring, taking their place setting to the table and medication administration. Continued observation revealed staff D to prepare the breakfast meal which consisted of cream of wheat, cereal, sausage patties, orange juice, coffee and milk, and then cover the food items in tin foil. Further observation revealed client #6 to refuse the breakfast meal until after they receive their</p>	W 249			

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W 249	Continued From page 2 medications. Subsequent observation revealed client #6 to receive her medication at 8:33 AM and participate independently in the breakfast meal at 8:50 AM. Review of records for client #6 on 9/7/22 revealed a PCP dated 4/11/22. Review of client #6's PCP revealed habilitation goals to include will take cereal to table for breakfast meal, will take clothes to bedroom, will instruct staff how to fix vegetables for dinner, will participate in covering a serving dish for breakfast meal, will sanitize work area after activities, will exercise left hand by squeezing stress ball 65 times, will tolerate wearing a mask, will spell states when given flash cards, and will add money by counting bills. Interview with the qualified intellectual disabilities professional (QIDP) on 9/7/22 revealed staff are trained on each client's PCP and confirmed staff should support each client with their individual goals as appropriate and when the opportunity is provided.	W 249			
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: Based on observations, record review and interviews, the facility failed to furnish as well as teach 1of 3 sampled clients (#6) to use and to make informed choices relative to their adaptive equipment. The findings is:	W 436			

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W 436	Continued From page 3 Observations throughout the 9/6-7/22 survey revealed client #6 to engage in various activities to include drying dishes, coloring, checking the mail, watching television, medication administration, taking their place setting to the table and participating in meal time. Continued observation throughout the survey revealed client #6 to be without eyeglasses or a left hand splint. Further observations throughout the survey revealed at no time did staff prompt client #6 to wear eyeglasses or a left hand splint. Review of client #6's record on 9/7/22 revealed a person-centered plan (PCP) dated 4/11/22. Review of the PCP indicated client #6's adaptive equipment includes a rocker T knife, built-up handle spoon, high-sided sectional plate, dycem mat, handle cup with straw, electric wheelchair, eyeglasses daily and left hand splint. Continued review of client #6's record revealed an occupational therapy (OT) evaluation dated 3/14/22. Review of the OT evaluation indicated client #6 wears a left hand splint throughout the day time with recommendations to continue use of left Benik Hand Splint to maintain functioning and prevent contracture. Further review of client #6's record revealed an eyeglasses prescription dated 11/17/20 and a vision consult dated 2/23/21 with recommendations to continue present needs. Interview with the residential team leader (RTL) on 9/7/22 revealed client #6 has their eyeglasses and left hand splint, but often refuses to wear them. Continued interview with the RTL revealed they cannot find the left hand splint at this time. Interview with staff G on 9/7/22 revealed they have not seen client #6 wear the left hand splint	W 436			

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W 436	Continued From page 4 in months. Interview with the qualified intellectual disabilities professional (QIDP) on 9/7/22 revealed they were unaware that client #6 left hand splint was missing. Continued interview with the QIDP confirmed client #6 should be provided with and supported in using all adaptive equipment as prescribed.	W 436			
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 6 clients (#3) received a special diet as prescribed. The finding is: Observation of the breakfast meal on 9/7/22 revealed the menu to consist of cream of wheat, sausage patties, orange juice, coffee and milk. Continued observation revealed staff D to provided hand over hand assistance to client #3 during the breakfast meal. Further observation revealed client #3 to be served milk and water beverages during the breakfast meal. Review of client #3's record on 9/7/22 revealed a person-centered plan (PCP) dated 2/11/22. Continued review of client #3's record revealed a nutritional evaluation dated 1/20/22. Review of the nutritional evaluation indicated client #3's diet to include regular 2000 calorie, ground consistency, 4 oz yogurt with snack twice a week, double portions for lunch and dinner, thin liquids, prunes or prune juice daily at breakfast.	W 463			

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W 463	Continued From page 5 Interview with the qualified intellectual disabilities professional (QIDP) on 9/7/22 confirmed client #3's diet should be followed as prescribed.	W 463			