

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

PRINTED: 01/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER WESTRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1609 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 000	INITIAL COMMENTS A complaint survey was completed on 1/11/23 for intake #NC00195354. No deficiencies were cited.	W 000			
W 420	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv) The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain functional furniture for 1 of 3 sample clients (#6). The finding is: Observation in the group home on 1/10/23 at 12:45 PM revealed client #6's dresser to have the knobs missing on the left side of the dresser. Further observation revealed the drawers to client #6's dresser to also be broken and off track. Interview with the home manager on 1/10/23 revealed client #6 can be rough on his dresser. Continued interview with the home manager revealed she will have the maintenance staff to assess the dresser to determine if it is able to be repaired or replaced. Interview with the home manager and qualified intellectual disabilities professional (QIDP) on 1/11/23 revealed client #6 should have access to a functionable dresser to store his clothing.	W 420			

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.