

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

PRINTED: 03/04/2024
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 02/27/2024
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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 2 of 6 clients (# 3, #5) were provided opportunities for dignity and respect. The findings are:</p> <p>A. The facility failed to ensure client #3 was offered an opportunity for dignity and respect relative to toileting accidents. For example:</p> <p>Observations throughout the recertification survey from 2/26/24-2/27/24 revealed staff to assist client #3 to transition throughout the facility in his wheelchair. Continued observations revealed a white towel to cover the cushion of client #3's wheelchair seat throughout the survey.</p> <p>Interview with staff F on 2/27/24 revealed the towel is used to cover client #3's seat cushion to minimize clean up during toileting accidents. Continued interview with staff F revealed client #3 is checked throughout the day. Further interview with staff F revealed the towel is removed and a clean towel is replaced when client #3 has a toileting accident.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/27/24 revealed she was not aware that staff were using a towel in the seat of client #3's wheelchair. Continued interview with the QIDP revealed staff have been trained to follow client #3's toileting schedule.</p> <p>B. The facility failed to ensure client #5 was</p>	W 130			

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 130	<p>Continued From page 1</p> <p>offered an opportunity for dignity and respect during mealtimes. For example:</p> <p>Afternoon observations in the facility on 2/26/24 at 5:15 PM revealed staff to prompt client #5 to the dining area to prepare for the dinner meal. Continued observations at 5:30 PM revealed staff to place a shirt protector around client #5's neck. Further observations revealed staff to place the end of the shirt protector under client #5's plate. Additional observations revealed the shirt protector to remain under client #5's plate as he participated in the dinner meal.</p> <p>Interview with staff on 2/27/24 revealed client #5's shirt protector is placed underneath the plate to reduce spillage during mealtimes.</p> <p>Interview with the QIDP on 2/27/24 revealed staff should not use client #5's shirt protector under his plate to capture spillage during mealtimes. Continued interview with the QIDP revealed staff have been trained to use the shirt protector to improve client #5's level of independence during mealtimes.</p>	W 130			
W 448	<p>EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems relative to fire evacuation drills including the reason for extended times needed for facility evacuation. The finding is:</p> <p>Review of facility fire evacuation drill reports on</p>	W 448			

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W 448	<p>Continued From page 2</p> <p>2/27/24 indicated fire drill reports conducted over the survey review year. Continued review of the facility fire drills revealed multiple drills with extended evacuation times to evacuate clients from the facility. Further review of the fire drill reports revealed multiple evacuations ranging from 4 minutes to 5 minutes in length. Additional review of fire drill reports indicated the following drills were completed during first shift with no identified problems noted: 4/12/23 (5 minutes), 7/8/23 (5 minutes), and 10/1/23 (5 minutes).</p> <p>Additional review of the fire drill reports indicated extended evacuation times with no documented concerns identified: 6/12/23 (4 minutes), 9/22/23 (4 minutes), 11/6/23 (4 minutes), and 12/4/23 (4 minutes).</p> <p>Subsequent review of facility documentation on 2/27/24 revealed safety committee meeting notes dated 5/10/23 indicating "some homes over three minutes. Review with staff times from actual pull of alarm, not calling." Continued review of documentation revealed safety committee meeting notes dated 7/18/23 indicated "review times. Work with new staff on times for exit." Review of facility documentation did not identify specific concerns or trends relative to the facility and course of action to address corrective and preventative actions. Review of facility documentation also did not reveal whether interventions specific to the facility were completed addressing fire evacuation drill concerns. Review of facility documentation did not reveal in-service training relative to extended fire evacuation drill concerns.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/27/24 revealed provider</p>	W 448			

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W 448	Continued From page 3 fire drills over three minutes are reported to the safety committee. Continued interview with the QIDP verified fire evacuation drills specific to the facility were not presented and discussed during safety committee meetings. Further interview with the QIDP revealed she could not confirm if interventions and/or in-service training had been completed relative to extended evacuation times to ensure the safety of the facility residents.	W 448		