

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

PRINTED: 03/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
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NAME OF PROVIDER OR SUPPLIER FRIENDWAY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 202 FRIENDWAY ROAD GREENSBORO, NC 27409
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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 review and interview, the facility failed to ensure 1 of 6 clients (#2) received a continuous active treatment program consisting of needed interventions as identified in the individual habilitation plan. The finding is:</p> <p>Observations on 3/20/24 at 7:30 AM revealed client #2 to enter the medication room for their medication pass. Continued observation revealed staff to retrieve the client's medications from the closet and prepare the medication and water cup. Further observations revealed the client to take their medications independently.</p> <p>Review of records for client #2 on 3/20/24 revealed an individual habilitation plan dated 5/11/23. Review of the plan indicated program goals to include correctly clean the dining room table, correctly administer their medication by locating medication bin, pick-up medication bin, set medication bin on counter, independently do laundry by picking up laundry and putting laundry in the machine, close the door for privacy when toileting, and correctly use the vending machine</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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	Continued From page 1 once a week to make a soda selection.	W 249			
W 448	<p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 confirmed client #2's goals are current. Continued interview with the QIDP confirmed staff should support client #2 with their medication goal during every medication pass.</p> <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 review of records and interview, the facility failed to investigate fire drills specific to the reason for extended time needed for home evacuation. The finding is:</p> <p>Review on 3/19/24 of the facility fire drill reports from 3/2023 through 2/2024 revealed staff had documented extended times to evacuate in the home on various shifts with no identified reasons or issues with evacuation. Continued review of the facility fire drill reports from 3/2023 through 2/2024 revealed that fire drills conducted 5/10/23, 8/24/23, 9/6/23, 10/10/23, 11/18/23, 12/9/23, and 1/10/24 exceeded 5 minutes. Further review revealed the facility was unable to provide a drill conducted for 2/2024.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified all fire drills should be conducted in 5 minutes or less. Continued interview with the QIDP revealed that the facility had not identified the extended times noted and no inquiry or investigation had been conducted regarding evacuation times.</p>	W 448			

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W 463	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)</p> <p>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 (#4) received their specialty diets as prescribed. The finding is:</p> <p>Observation in the group home on 3/20/24 revealed client #4 to participate in the breakfast meal which included pancakes with syrup, eggs, fruit cocktail, almond milk, and water. Continued observations revealed client #4 to participate in the breakfast meal without being offered oatmeal or a high fiber cereal. Further observation revealed client #4 to consume his breakfast meal.</p> <p>Review of records on 3/20/24 for client #4 revealed a nutritional evaluation dated 2/21/24. Continued review of the nutritional evaluation revealed that client #4 is prescribed a regular calorie diet, bite size pieces, with one cup oatmeal or high fiber cereal daily at breakfast and may have a second portion.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) confirmed client #4's diet as prescribed. Continue interview with the QIDP confirmed that staff should have provided client #4 with his prescribed diet.</p>	W 463			
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by:</p>	W 474			

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W 474	<p>Continued From page 3</p> <p>Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 3 of 6 clients (#2, #4, and #6). The findings are:</p> <p>A. The facility failed to ensure diet consistency for client #2. For example:</p> <p>Observations in the group home on 3/19/24 at 5:48 PM revealed the dinner meal to include beef soft tacos, tater tots, mixed vegetables, apple sauce, milk, water, and juice. Continued observation revealed clients #2 to serve themselves and consume the dinner meal in whole form. Further observations revealed no support from staff with cutting the dinner meal into bite size pieces.</p> <p>Review of records for client #2 on 3/20/24 revealed a nutritional evaluation dated 2/21/24. Review of the evaluation indicated the client's diet order as 1800 calorie, bite size pieces, and requires assistance with cutting food.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 verified the diet order for client #2 is current. Continued interview confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.</p> <p>B. The facility failed to ensure diet consistency for client #6. For example:</p> <p>Observations in the group home on 3/19/24 at 5:48 PM revealed the dinner meal to include beef soft tacos, tater tots, mixed vegetables, apple sauce, milk, water, and juice. Continued observation revealed clients #6 to serve</p>	W 474			

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W 474	<p>Continued From page 4</p> <p>themselves and consume the dinner meal in whole form. Further observations revealed no support from staff with cutting the dinner meal into bite size pieces.</p> <p>Review of records for client #6 on 3/20/24 revealed a nutritional evaluation dated 2/21/24 which indicated the client's diet order as 1500 calorie, bite size, quarter size, and staff make sure food is cut up for their safety.</p> <p>Interview with the QIDP on 3/20/24 verified the diet order for client #6 is current. Continued interview confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.</p> <p>C. The facility failed to ensure diet consistency for client #4. For example:</p> <p>Observations in the group home on 3/19/24 at 5:48 PM revealed the dinner meal to include beef soft tacos, tater tots, mixed vegetables, apple sauce, milk, water, and juice. Continued observations revealed staff A to tear client #4's soft taco into pieces not consistent to bite size. Further observations revealed client #4 to consume the dinner meal with no further assistance from staff.</p> <p>Review of records for client #4 on 3/20/24 revealed a nutritional evaluation dated 2/21/24. Review of the nutritional evaluation for client #4 indicates that the client is prescribed a regular calorie diet, bite size pieces, with one cup oatmeal or high fiber cereal daily at breakfast, may have seconds.</p> <p>Interview with the QIDP on 3/20/24 confirmed</p>	W 474			

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W 474	Continued From page 5 client #4's diet as current. Continued interview with the QIDP confirmed that staff should ensure clients receive prescribed diets.	W 474			