

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

PRINTED: 03/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY			STREET ADDRESS, CITY, STATE, ZIP CODE 4011 WEST FRIENDLY AVENUE 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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, documentation reviews and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the interior of the facility was sanitary and orderly. The finding is:</p> <p>Observations during the 3/25/24-3/26/24 recertification survey revealed a bathroom on the left side of the home at the end of the hallway. Continued observations revealed the bathroom to have a standard bathtub with dead bugs in it. Further observations revealed a plastic strip filled with dirt and grime sitting on the rim of the bathtub. Additional observations revealed the bathtub knob to be broken and the bathtub drain to have a white sludge substance in it. Observations revealed the bathtub to be inoperable.</p> <p>Subsequent observations of the facility revealed numerous cobb webs around the facility. Observations also revealed two of three of the facility bathrooms to have a brown dried substance around the base of the shower floors and in between the shower tiles. Continued observations revealed a bathroom close to the living room area to have a rusted HVAC register on the wall and insulation falling from the ceiling into a rusted ceiling bathroom light fixture.</p> <p>Review of facility documentation on 3/26/24 revealed a work order dated 2/19/24 and 3/15/24 indicating a need to repair the "back bathroom</p>	W 104		

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 104	Continued From page 1 water turn off knob broken in the bathtub". Interview with the home manager (HM) on 3/26/24 revealed she was not sure how long the bathtub was inoperable. Continued interview with the HM revealed management and the maintenance department are aware of the inoperable bathtub in the facility, however staff primarily use that bathroom. Interview with the qualified intellectual disabilities professional (QIDP) on 3/26/24 revealed a work order was completed for the bathtub; however it has not been repaired to date. Continued interview with the QIDP revealed that staff should ensure that the facility is operable, clean, and sanitary for client use.	W 104			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients had the right to retain and use appropriate personal possessions and clothing affecting 6 of 6 clients (#1, #2, #3, #4, #5, #6). The finding is: Observations throughout the 3/25/24-3/26/24 survey revealed three bathrooms in the facility. Continued observations revealed two of three bathrooms to have several used toothbrushes stacked on top of each other and tubes of toothpaste with remnants of dried toothpaste in the plastic storage bin. Further observations	W 137			

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W 137	Continued From page 2 revealed two of three bathroom cabinets with several open containers of lotion, shower gel, and shampoo. Additional observations revealed several opened packages of adult briefs. Interview with the home manager (HM) on 3/26/24 revealed that the open and used toiletries should be in the clients' rooms or with their specifically identified toiletries and supplies. Interview with the qualified intellectual disabilities professional (QIDP) revealed that clients' personal possessions should be either in their rooms or clearly identified if kept in the bathroom cabinets. Continued interview with the QIDP revealed she will also ensure that the storage of the clients' toiletries and supplies will be stored to protect the clients' dignity and respect.	W 137			
W 281	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(1)(iv)(C) Procedures that govern the management of inappropriate client behavior must address the use of drugs to manage inappropriate behavior. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used to manage inappropriate behavior were consistent with the client's diagnosis for 1 of 3 sampled clients (#5). The finding is: Review of records on 3/26/24 for client #5 revealed a Person-Centered Plan (PCP) dated 11/7/23. Continued review of the PCP revealed that client #5 has the following diagnosis: Cerebral Palsy, Epilepsy, Asthma, GERD, neurogenic bladder, vision impairment, impaired	W 281			

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W 281	Continued From page 3 hearing in left ear, seizures, Vitamin D deficiency, vertigo, Moderate Intellectual Developmental Disabilities, Osteopenia, and bunions. Further review of the records revealed physician orders dated 3/26/24 for client #5 to be prescribed Lurasidore Tab 60 MG to take one tablet by mouth every morning. Subsequent review of records on 3/26/24 revealed no diagnosis for client #5 to be associated with the prescribed Lurasidore medication. Interview on 3/26/24 with the qualified intellectual disabilities professional (QIDP) confirmed that the PCP and physician orders for client #5 were current. Continued interview with the QIDP confirmed that client #5 does not have a formal diagnosis associated with Lurasidore Tab 60 MG medication.	W 281			
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 review of record and interview, the facility failed to show evidence that quarterly fire drills were conducted during each shift of personnel relative to second and third shift. The finding is: Review of the facility fire drill reports from 4/2023 through 3/2024 revealed missing fire drills for 4/23, 7/23, and 2/24. Further review of the fire drill reports revealed a first shift drill conducted on 5/18/23, 9/6/23, 10/26/23, and 1/18/24, second shift drill conducted on 11/20/23 and 3/18/24, and third shift drills completed on 6/21/23 and 8/5/23 with missing evacuation times. There was no additional documentation available relative to	W 440			

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W 440	Continued From page 4 conducting second and third shift drills during the review year. Interview with the qualified intellectual disabilities professional (QIDP) on 3/26/24 verified that facility fire drills should have been conducted quarterly for each shift of personnel. Continued interview with the QIDP confirmed that there was no additional documentation to verify the missing drills were conducted during the review year.	W 440			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 2 of 6 clients (#2, #6). The findings are: Evening observations in the facility on 3/25/24 at 5:55PM revealed client #6 to participate in the dinner meal. The dinner meal consisted of the following menu items: salisbury steak, mashed potatoes, green beans, pineapples, milk and sugar free beverage. Continued observations revealed client #6 to serve her plate with two large servings of ranch dressing and ketchup and two large servings of gravy on top of the mashed potatoes. Further observations revealed client #6 to consume her meal in its entirety. Subsequent observations at 6:15 PM revealed client #2 to make her plate to participate in the dinner meal. Observations revealed client #2 to have salisbury steak, mashed potatoes, green beans, pineapples, milk and sugar free dressing. Continued observations revealed client #2 to	W 472			

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W 472	<p>Continued From page 5</p> <p>serve her plate with two large servings of gravy on top of her mashed potatoes. Further observations revealed client #2 to consume her meal in its entirety.</p> <p>Review of the record for client #6 on 3/26/24 revealed a person-centered plan (PCP) dated 8/4/23 which indicated the client has an 1800 calorie diet with ground consistency. Review of the menu for the facility menu revealed that client #6 should have had the following menu items for an 1800 calorie diet: 3oz. Salisbury steak, 1 oz. gravy, ½ cup mashed potatoes, ½ cup green beans, ½ cup fruit and 8 oz. 2% milk.</p> <p>Review of the record for client #2 on 3/26/24 revealed a PCP dated 9/14/23 which indicated the client has a 1500 calorie, weight loss diet and ground consistency. Review of the menu for the facility menu revealed that client #2 should have had the following menu items for a 1500 calorie diet: 3oz. Salisbury steak, 1 oz. gravy, ½ cup mashed potatoes, ½ cup green beans, ½ cup fruit, and 8 oz. 2% milk.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/26/24 revealed staff have been trained to follow the prescribed diet for clients #2 and #6 during mealtimes. Continued interview with the QIDP revealed clients #2 and #6's prescribed diets are current. Further interview with the QIDP revealed staff should follow the clients prescribed diets as ordered.</p>	W 472			