STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G188	A. BUILDING _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLINGWOOD	4206 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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) for supervision and adaptive equipment for 1 of 3 audit clients (#3). The finding is: Observation throughout 4/15/24 - 4/16/24 revealed client #3 was sitting in a wheelchair. No staff were observed to utilize a gait belt or his walker. Further observations revealed client #3 did not get out of the wheelchair to a regular chair during dinner and breakfast, or during the group activities. Review on 4/16/24 of client #3's IPP dated 5/8/23, revealed client #3 to utilize a walker and gait belt for all ambulatory activities. Contact guard for standing activities with gait belt; a wheelchair for long distance outings and transport outings. Review on 4/16/24 of client #3's physician's orders, dated 4/16/24, revealed client #3's adaptive equipment to include a gait belt and a	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ROLLINGWOOD	4206 WEST FRIENDLY AVENUE GREENSBORO, NC 27405

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W 249	Continued From page 1 walker. Review on 4/16/24 of client #3's physical therapy (PT) evaluation, dated 3/21/2024, revealed a recommendation for continued assistance for transfer, ADL's and wheelchair propulsion for long distances or community outings. Encourage independence in all activities(monitor his standing activities). Purchase an appropriate sized platform walker for his height. Continue platform walker walking program at the day program. A manual wheelchair is used for long distances and community outings. Interview on 4/16/24 with the Facility Nurse confirmed there were no physician's order, PT recommendations, or IDT meeting notes written for client #3 to discontinue use of gait belt and walker; nor to utilize the wheelchair as needed other than for long distances and community outings.	W 249		