STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G243	A. BUILDING _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE RESIDENTIAL	**467 SOUTH CREEK ROAD ORRUM, NC 28369**

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W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients' had the right to dignity and respect regarding the use of incontinence padding for 1 or 5 audit clients (#4). The findings are: During observations in the on home on 4/22/24 from 11:15am-5:05pm, client #4 was observed sitting at various times on the rocker recliner in the living room. Underneath him was an incontinence pad visible to everyone in the home. Interview on 4/22/24 with staff B revealed the incontinence pad is used to protect the furniture in case client #4 urinates through his clothes. Interview on 4/22/24 with the qualified intellectual disabilities professional revealed she was unaware of clients incontinence pad in a chair.	W 125		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, documentation and interviews, the facility failed to ensure staff were sufficiently trained in the usage of rollator for 1 of	W 189		

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

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W 189	Continued From page 1 5 audited clients (#1). The findings are: During afternoon observations in the home on 4/22/24 at 12:00pm, client #1 received a telephone call. She got up from the couch and walked into the other room without using her walking. Staff B was sitting on the rollator and revealed client #1 will take phone calls in her bedroom. Client #1 returned to the living room area after the phone call walking without her rollator. Staff B remained sitting on the rollator once client #1 returned to the couch. Further observation on 4/22/24 at 3:00pm, staff B was sitting on client #1 rollator while client #1 sat on the couch. Review of the doctor's consultation dated 2/2024 the order of a rollator for Ataxic gait and referral to physical therapy. Interview on 4/22/24 staff B revealed client #1 received the rollator about a month ago. She had not received any training for the rollator. Interview on 4/23/24 the Licensed Practical Nurse (LPN) revealed client #1 received the rollator from a doctor's visit due to an unsteady gait. LPN confirmed there has been no training on the use of the rollator for the staff at the group home.	W 189		
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	W 249		

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W 249	Continued From page 2 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 or 5 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the use of adaptive dining equipment and feeding guidelines. The finding is: During afternoon observation in the home on 4/22/24 from 11:15am - 5:15pm staff C fed client #4 his entire meal with a regular table spoon. At no time was client #4 given the opportunity to participate in hand over hand assistance. Client #4's built up spoon with strap, built up knife, dycem mat were not provided at the lunchtime meal. Further observation in the home on the morning of 4/23/24 from 6:30am-8:30am, staff E fed client #4 his breakfast with 1 attempt to provide hand over hand assistance with the built up spoon with strap. Staff E continued to feed client #4 the remainder of his meal. Review on 4/22/24 of client #4's IPP dated 11/10/23 revealed adaptive equipment for client #4 consists of dycem mat, built up spoon with strap/clip for left hand. Further review reveals staff should sit near client #4 during meals and assist hand over hand while eating. Interview with Qualified Intellectual Disabilities Professional (QIDP) confirmed all adaptive equipment should be used at all meals. Staff	W 249		

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W 249	Continued From page 3 should attempt hand over hand with client #4.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 2 of 5 audit clients (#4 and #6). The findings are: A. Review on 4/22/24 of client #6's Individual Program Plan (IPP) dated 5/10/23 revealed formal training programs for exercise, applying lotion, toothbrushing, washing upper body, wearing hearing aid, identifying value of coin combinations and correctly interacting with peers. Review on 4/23/24 of client #6's program plan data sheets for March 2024 and April 2024 of goals that are run in the home revealed the client was on home visit from 4/8/24 - 4/22/24. No data was collected for any of those goals for the month of March or April. Review on 4/23/24 of client #6's program plan data sheets for March 2024 and April 2024 of goals that are run at the day program revealed data was completed April 8 - April 11, 2024 when client was said to be on home leave.	W 252		

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W 252	Continued From page 4 B. Review on 4/22/24 of client #4's IPP dated 11/10/23 revealed formal training programs for hygiene, and money management. Review on 4/23/24 of client #4's program data sheets for March 2024 and April 2024 of goals that are scheduled for the home revealed data was collected for 8 days, schedule for 31 days in March 2024. Data documented for 5 days in the month of April 2024 scheduled frequency for the goal was daily. Interview on 4/23/24 with the habilitation specialist confirmed the goals were not being completed as written. She had planned to schedule an inservice for the staff at the home since a lot of them were new.	W 252		
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a technique to manage inappropriate behavior was not used for the convenience of staff for 1 of 5 audit clients (#2). The finding is: During observations in the home on 4/22/24 from 11:25 and through 12:35pm, client #2 was noted to ambulate using a walker.	W 287		

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W 287	Continued From page 5 Further observations on 4/22/24 from 2:30pm through 5:00pm, client #2 was noted to be in a wheelchair. Observations on 4/23/24 from 6:30am through 8am, client #2 was noted to ambulate using a walker. Interview on 4/22/24 with staff D revealed nursing instructed staff to keep client #2 in a wheelchair to keep him from walking around because he likes to get into things and go in other clients rooms. Staff D also revealed that client #2 tries to ambulate often without using the walker. Interview on 4/23/24 with the facility's registered nurse (RN) revealed client #2 was admitted 4/16/24 and has not been evaluated by physical therapy yet. However, the RN revealed staff were trained to have client #2 ambulate in the home using a walker and that the client could use a wheelchair for long distances. The RN confirmed client #2 should be allowed to ambulate as independently as possible and should be using a walker in the home.	W 287		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure techniques to manage client's inappropriate behaviors were included in a formal active treatment plan. This affected 1 of 5 audit clients (#4). The finding is:	W 288		

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W 288	Continued From page 6 During lunch observation on 4/22/24 from around 11:25am-12:15pm client #4 sat in the kitchen counter separated from dining table to eat his meal. Client #4 place setting was set in the kitchen at the countertop. Further observation on 4/23/24 from 7:15am-8:30am client #4 sat in the kitchen at the counter top to eat breakfast. Client #4's place setting was set at the kitchen countertop where he ate breakfast. Review on 4/22/24 of client #4's behavior support plan revealed client #4's prevention - staff should sit near client #4 during meals. If he begins to bang his head into his plate, staff should move his plate forward a few inches. Remove client to another area if behavior continues. Interview on 4/22/24 with staff D revealed client #4 sits separate from the group because of his behaviors. Staff D also stated since she had worked at the home, client #4 has sat in the kitchen at the counter with staff for mealtime and snacks. Interview on 4/23/24 with the program manager revealed client #4 only sits at the dining room table on Thursday. The Program manager stated it has always been that way however doesn't recall where that was written. Interview on 4/23/24 with qualified intellectual disabilities professional revealed she referred to the program manager she was unsure of where client #4 should sit during meals.	W 288		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)	W 340		

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W 340	Continued From page 7 Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 1 of 5 audit clients (#3). The finding is: During observations in the home throughout the survey on 4/22/24 through 4/23/24, client #3's fingernails were noted to be very long. Record review on 4/23/24 of client #3's Adaptive Behavior Inventory dated 9/6/23 revealed the client requires full assistance in cutting his nails. Interview on 4/23/24 with the qualified intellectual disability professional (QIDP) revealed that staff are responsible for cutting client #3's nails and a log book is kept in the home for when his nails are cut. However, the QIDP contacted staff at the home to look in the log book and they were unable to determine when his nails were last cut. Interview on 4/23/24 wit he facility's registered nurse (RN) revealed staff are responsible for maintaining client #3's nails.	W 340		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368		

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W 368	Continued From page 8 This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 5 audit clients (#3). The finding is: A. During afternoon observations in the home on 4/22/24 at 4:14pm, staff D was observed administering Artificial Tears, Olanzapine and Lorazepam to client #3. Record review 4/23/24 of client #3's physician's orders dated 2/26/24 revealed an order for "Refresh Instill 1 drop in each eye three times daily at 8am, 2pm and 8pm". Interview on 4/23/24 with the facility's licensed practical nurse (LPN) confirmed client #3 should not have received eye drops at 4:14pm. The LPN revealed medications can be given 1 hour before or 1 hour after the time a medication is ordered. B. During morning observations in the home on 4/23/24 at 8:14am, staff A was observed administering Cetaphil, Lorazepam, Amlodipine, Naproxen, Silodosin, Vitamin B12, Olanzapine, Dutastenide, Multivitamin, Lubiprostone, Metoprolol, Quetiapine to client #3. Record review on 4/23/24 of client #3's physician's orders dated 2/26/24 revealed an order for "Refresh Instill 1 drop in each eye three times daily at 8am, 2pm and 8pm". Interview on 4/23/24 with the LPN revealed client #3 should have received eye drops at 8am medication pass.	W 368		

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W 382	Continued From page 9	W 382		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all medications remained locked except when being administered. The findings are: During observations in the home on 4/22/24 at 4:07pm, staff D is unable to find the medication room key. Staff D went outside to stop staff A as she was leaving for the day to ask where the keys were. Staff A came back inside, walked into the unlocked medication room and got the keys for staff D. For an unspecified amount time, the medication room was left unlocked with the keys inside and no locks on the cabinets that contained medications. During observations in the home on 4/23/24 at 6:56am, staff F revealed that medication room keys are in a box on the wall in the hallway by the medication room. Surveyor observed the box to be unlocked and opened. Interview on 4/23/24 with staff A revealed that the medication room key is supposed to be on the person assigned to medications at all times and should not be left in the box in the hallway. Interview on 4/23/24 with the facility's registered nurse (RN) revealed the medication room key should be in a safe location at all times such as a locked key box or on the staff that is assigned to medications for that shift. The RN confirmed the	W 382		

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W 382	Continued From page 10 medication room should never be left unlocked where anyone has access to the room nor should the key be left in the box in the hallway.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations in the home on 4/22/24 at 4:07pm, staff D is unable to find the medication room key. Staff D went outside to stop staff A as she was leaving for the day to ask where the keys were. Staff A came back inside, walked into the unlocked medication room and got the keys for staff D. During observations in the home on 4/23/24 at 6:56am, staff F revealed that medication room keys are in a box on the wall in the hallway by the medication room. Surveyor observed the box to be unlocked and opened. Interview on 4/23/24 with staff A revealed that the medication room key is supposed to be on the person assigned to medications at all times and should not be left in the box in the hallway. Interview on 4/23/24 with the facility's registered nurse (RN) revealed the medication room key should be in a safe location at all times such as a locked key box or on the staff that is assigned to medications for that shift. The RN confirmed the	W 383		

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W 383	Continued From page 11 medication room should never be left unlocked nor should the key be left in the box in the hallway.	W 383		
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 record review and interview, the facility failed to ensure fire drills were held at least quarterly for each shift. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6)The finding is: Review on 4/26/21 of the facility's fire drills for the period of March 2023 - 4/2024 revealed documentation for drills completed on 3/31/23 for 3rd shift, 4/28/23 for 1st shift, 5/31/23 for 2nd shift, 7/5/23 for 3rd shift, 7/30/23 for 1st shift, 8/29/23 for 3rd shift, 9/28/23 for 3rd shift, 10/24/23 for 3rd shift, 11/29/23 for 2nd shift, 12/30/23 for 3rd shift, 1/28/24 for 1st shift, 2/26/24 for 2nd shift, 3/13/24 for 3rd shift and 4/6/24 for 1st shift. Interview on 4/23/24 with the qualified intellectual disability professional (QIDP) revealed that the company schedules the fire drill times and staff are supposed to follow that schedule.	W 440		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by:	W 460		

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W 460	Continued From page 12 Based on observations, record review and interviews, the facility failed to ensure 4 of 5 audit clients (#1, #2, #4 and #6) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 4/22/24 at approximately 4:20pm, client #2 sat down at the table for snack. Client #2 received pudding and a bottle of premade nectar thickened water. During observations in the home on 4/23/24 at 7:35am, client #2 sat down at the table for breakfast. Client #2 received toast cut into bite size pieces, yogurt, oatmeal, water, juice and milk. Immediate interview on 4/23/24 with staff G revealed client #2's diet is bite size and liquids are supposed to be thickened. However, staff did not thicken liquids and the client was noted to have several coughing spells throughout the meal and while drinking beverages. Record review of diet guidelines that staff had been trained on for client #2 since his admission on 4/16/24 revealed the prescribed diet is soft, bite sized foods, nectar thickened liquids. Concentrated sweets should be avoided and should have sugar free items. Glucerna three times daily. Interview on 4/23/24 wit the facility's registered nurse (RN) revealed client #2 was discharged from the hospital to the facility and was hospitalized due to aspiration pneumonia. The nurse confirmed that client #2 should have received thickened liquids. The nurse revealed that in her opinion toast would be fine for a soft diet as long as it was lightly toasted.	W 460		

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W 460	Continued From page 13 B. During observations in the home on 4/23/24 at 7:35am, client #6 sat down at the table for breakfast. Client #6 received toast cut into bite size pieces, yogurt, oatmeal, water, juice and milk. Immediate interview on 4/23/24 with staff G revealed client #6's diet is quarter size pieces. Record review on 4/22/24 of client #6's nutritional evaluation dated 10/9/23 revealed the prescribed diet to be 1800 calorie, low fat, low concentrated sweets, soft/finely chopped consistency and thin liquids. Interview on 4/23/24 with the facility's RN, revealed client #6 should have a soft/finely chopped and toast bite size pieces would not be consistent with the client's prescribed diet. C. During observations in the home at 11:30am, client #1 was at the table for lunch. Client # 1 received ground meat and potatoes with mixed vegetables. Mixed vegetables were not modified. Record review on 4/22/24 of client #1's nutritional evaluation dated 2/16/24 revealed client #1's diet, ground meats, finely chopped heart healthy, calorie controlled diet., Interview on 4/22/24 with staff E revealed client #1 was on a finely chopped diet. D. During observation in the home at 11:30am. client #4 was at the countertop for lunch. Client #4 received ground meat and potatoes with mixed vegetables. Meat was ground and mixed vegetables were not modified.	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G243	A. BUILDING _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE RESIDENTIAL	467 SOUTH CREEK ROAD ORRUM, NC 28369

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W 460	Continued From page 14 Record review on 4/22/24 of client #4's nutritional evaluation dated 4/24/23 revealed client #4's diet heat healthy low concentrated sweets, regular calorie, ground texture, puree meats, thin liquids. Interview on 4/22/24 with staff E revealed client #4 was on a puree diet. Interview on 4/22/24 with the qualified intellectual disabilities professional revealed she was unsure of clients current prescribed diets	W 460		