

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

PRINTED: 09/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGELY OAK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1307 WESTRIDGE RD GREENSBORO, NC 27410</b>		
(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 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #4 was provided privacy while using the restroom. The finding is:</p> <p>Morning Observations on 9/25/24 at 8:30 AM revealed client #4 to be taken to the bathroom by staff as part of his morning routine after his breakfast meal. Continued observations at 8:33AM revealed client #4 sitting on the bathroom toilet from the hallway with the bathroom door wide open. Further observation at 8:34AM revealed staff to walk into the bathroom to check on client #4 then exit closing the bathroom door.</p> <p>Review of records on 9/25/2024 revealed a person-centered plan (PCP) dated 08/12/2024. Continued review of the PCP revealed the following diagnosis: Profound IDD, Mood DO, Depression, Severe Hearing Impairment, Esophageal Reflux, Cerebral Palsy, Bilateral Knee Contraption, Arthritis, Diabetes Type II, Chronic Constipation, Dyslipidemia and Benin Prostate Hyperplasia. Further review of his PCP revealed due client #4 being blind, staff need to ensure his privacy.</p> <p>Interview on 9/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #4's PCP is current. Continued interview with the QIDP verified staff are to always ensure client #4's privacy as he is unable to do so for himself.</p>	W 129			

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.