PRINTED: 10/11/2024 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUI 0411260	B. WING		40/40/	
MHL0411269 AME OF PROVIDER OR SUPPLIER STREET AI			DDRESS, CITY, STATE	10	/10/2024	
IONARCH	I DBA UMAR-WESTRID	GE	STRIDGE ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COMPL THE APPROPRIATE DATI	
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on October 10, 2024. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.					
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible pe	TATION OR SERVICE developed based on the artnership with the client or erson or both, within 30 days				
	receive services beyo (d) The plan shall inc (1) client outcome(s achieved by provision projected date of ach	clude:) that are anticipated to be n of the service and a				
		view of the plan at least on with the client or legally r both;				
	outcome achievemen (6) written consent of responsible party, or					

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(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L Continued From page	GE 1801 WE ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING	, ZIP CODE PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	CORRECTION TON SHOULD BE THE APPROPRIATE	10/2024 (X5) COMPLET DATE
(X4) ID PREFIX TAG	DBA UMAR-WESTRIDG SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page	GE 1801 WE ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	STRIDGE ROAD SBORO, NC 27410 ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLET
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page	GREENS	BORO, NC 27410	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLET
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page	GREENS	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLET
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L Continued From page	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLET
TAG	Continued From page	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	
V 112 (This Rule is not met a		V 112			
		na avidanaad by:				
	Rased on record revie	•				
		ew and interviews, the				
	facility failed to update the treatment/habilitation					
	or service plan at least annually with the client or					
	legally responsible person for 1 of 3 audited					
C	clients (#1). The findir	igs are:				
	Review on 10/10/24 o	of client #1's record				
	revealed:	£ E /10/10				
	An admission date of					
		affective Disoder, Major Social Anxiety Disorder and				
	ntellectual Disability [-				
	Age 36	Jisoidei				
	0	d 5/10/10 noted "is in need				
		ent and supervision as well				
	-	alth and safety issues and				
	self-help skills, his boo	-				
		, has difficulty concentrating,				
	-	with his mom and sister,				
ι	unemployed at preser	nt and stated he does not				
	want to work at this tir					
	supervision, needs en					
		ent, and assistance with				
	activities of daily living, is his own guardian,					
		people talk in a calm voice				
		spond well to demands."				
		t plan dated 4/19/23 noted ce with personal care needs,				
		living skills by following a				
		/ on task with 3 or less				
	-	ay, will complete a personal				

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
MHL0411269		B. WING		10	0/10/2024	
ROVIDER OR SUPPLIER			ZIP CODE			
H DBA UMAR-WESTRID	GE					
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE COMPL O THE APPROPRIATE DAT		
Continued From page 2		V 112				
hygiene routine with increase his daily livi maintaining his room prompt, will follow a consistent with doing increase his indepen and will participate in independently per tri -No documentation of Interview on 10/10/2 revealed: -Goals included a hy -"Well, the main thing That is the hardest for a long time since we " Interview on 10/10/2 Lead/Qualified Profe -Was new to his role -"I plan to meet with individual and the sta current goals and oth achieve" Interview on 10/10/2 revealed: -The new TL/QP was treatment plans -"We have been with it falls back on me	1 or less verbal prompt, will ng skills by cleaning and a daily with 1 or less verbal set schedule and be g this on a daily basis, will dence in self-help and safety a monthly emergency drills al." of an updated treatment plan. 4 at 12:23pm with client #1 giene goal g is getting showers done. or meactually, it has been have looked over my goals 4 with the Team ssional (TL/QP) revealed: as TL/QP for the facility. the team (treatment), the aff todaywe will discuss the her goals he may want to 4 with the Regional Director s now responsible for the pout a TL/QP since May 2024 for not having the treatment					
	Continued From pag hygiene routine with increase his daily livi maintaining his room prompt, will follow a consistent with doing increase his indepen and will participate in independently per tri -No documentation of Interview on 10/10/2 revealed: -Goals included a hy -"Well, the main thing That is the hardest fo a long time since we " Interview on 10/10/2 revealed: -Gials included a hy -"Well, the main thing That is the hardest fo a long time since we " Interview on 10/10/2 Lead/Qualified Profe -Was new to his role -"I plan to meet with individual and the sta current goals and otf achieve" Interview on 10/10/2 revealed: -The new TL/QP was treatment plans -"We have been with it falls back on me plan updatedwe we	DF CORRECTION IDENTIFICATION NUMBER: MHL0411269 MHL0411269 ROVIDER OR SUPPLIER STREET A 1 DBA UMAR-WESTRIDGE 1801 WE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 hygiene routine with 1 or less verbal prompt, will increase his daily living skills by cleaning and maintaining his room daily with 1 or less verbal prompt, will follow a set schedule and be consistent with doing this on a daily basis, will increase his independence in self-help and safety and will participate in monthly emergency drills independently per trial." -No documentation of an updated treatment plan. Interview on 10/10/24 at 12:23pm with client #1 revealed: -Goals included a hygiene goal -"Well, the main thing is getting showers done. That is the hardest for meactually, it has been a long time since we have looked over my goals" Interview on 10/10/24 with the Team Lead/Qualified Professional (TL/QP) revealed: -Was new to his role as TL/QP for the facility. -"I plan to meet with the team (treatment), the individual and the staff todaywe will discuss the current goals and other goals he may want to achieve" Interview on 10/10/24 with the Regional Director revealed: -The new TL/QP was now responsible for the treatment plans -"We have been without a TL/QP since May 2024 t falls back on me for not having the treatment plan updated	of CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL0411269 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE: 1DBA UMAR-WESTRIDGE 1801 WESTRIDGE ROAD GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 V 112 hygiene routine with 1 or less verbal prompt, will increase his daily living skills by cleaning and maintaining his room daily with 1 or less verbal prompt, will follow a set schedule and be consistent with doing this on a daily basis, will increase his independence in self-help and safety and will participate in monthly emergency drills independently per trial." V 112 -No documentation of an updated treatment plan. Interview on 10/10/24 at 12:23pm with client #1 revealed:	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL0411269 B: WING BOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10BA UMAR-WESTRIDGE 1801 WESTRIDGE ROAD GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL RESULTION OR US: DEPRTEPTING INFORMATION) ID PREFIX TAG PROVIDERS BLANC (EACH CORRECTVE AL (EACH CORRECTV	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING:	

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