


| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G160 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 03/25/2026 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER WESTRIDGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1609 WESTRIDGE ROAD , GREENSBORO, North Carolina, 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 |
| W0369 | <p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.480(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were administered without error. This affected 1 of 1 non-audit clients (#2) observed during medication administration. The finding is:</p> <p>Observations in the home during medication administration on 3/25/26 at 7:06am revealed Staff A to assist client #2 with his medications. Staff A was observed to administer Lorazepam 0.5mg (1), Vitamin D3 2000iu (1), Aripiprazole 15mg (1), Fluoxetine 10mg (1), Fluoxetine 20mg (1), Loratadine 10mg (1), Benzotropine 0.5mg (1), Vitamin E 45mg (1), Benazepril 20mg (1), Systane gel drops (2 drops in each eye), Deep Sea nasal spray (2 sprays in each nostril), and PEG3350 (17 grams in 4 ounces of water).</p> <p>Review on 3/25/26 of client #2's physician's orders dated 2/18/26 revealed an order for Vitamin E 45mg, "Take 2 by mouth every day," and an order for nasal spray, "1 spray in each nostril two times daily."</p> <p>Interview on 3/25/26 with the facility nurse revealed the physician's orders are current. The facility nurse confirmed client #2 should have received 2 of the Vitamin E 45mg, and only one spray in each nostril of the Deep Sea nasal spray.</p> | W0369 | <p>W 369</p> <p>Nursing will in-service all staff on ensuring that all people supported receive thier medications as stated on the physican's orders and without error.</p> <p>The clinical team will monitor via Medication Observations x2 per week for 1 month and then on a routine basis.</p> <p>In the future, the Qualified Professional will ensure all medications are administered per the physicaian's orders without error.</p> <p>By: 5/24/26</p> | |
| W0474 | <p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> | W0474 | <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 02 2026</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p> | |

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 reverse for further 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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE QP | (X6) DATE 3/30/2026 |
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| W0474 | <p>Continued from page 1 This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure meals were served in a form consistent with the developmental level for 3 of 3 audit clients (#1, #3 and #4). The findings are:</p> <p>A. Observations in the home on 3/24/26 at 6:05pm revealed client #3 to participate in the dinner meal, which included three 4-ounce cups of liquids. At no time during the observations did staff add thickener to client #3's cups of liquids.</p> <p>Continued observations in the home on 3/25/26 at 8:09am revealed client #3 to participate in the breakfast meal, which included three 4-ounce cups of liquids. Staff B was observed to use a spoon from client #3's place setting and put one scoop of thickener in each cup of liquid. Continued observations from 8:09am to 8:30am revealed the cups of liquids to be in a very thin consistency; in addition, client #3 was observed to cough and gag multiple times, and his face to turn red.</p> <p>Further observations in the home on 3/25/26 revealed a clear, Tupperware container with a red lid which contained the thickener, as well as a scoop inside the container.</p> <p>Review on 3/24/26 of client #3's person-centered plan (PCP) dated 8/25/25 revealed a diet order consisting of honey thickened liquids.</p> <p>Interview on 3/25/26 with Staff B and Staff D revealed they do not have directions in the home on how to thicken liquids. Staff B and Staff D revealed the thickener comes in clear plastic bag inside a large cardboard box. Staff B and Staff D could not provide information on how much thickener is used to provide client #3 with a honey thickened consistency.</p> <p>Interview on 3/25/26 with the qualified intellectual disabilities professional (QIDP) and facility nurse confirmed client #3 should be provided with the correct honey thickened consistency for his liquids at all meals.</p> <p>B. During observations in the home on 3/25/26 at</p> | W0474 | <p>W 474 A, B, C</p> <p>The Qualified Professional will retrain and in-service all staff on following client #1, #,3, #4 and all people supported diet consistency and diet orders as identified in the Person-Centered Plans.</p> <p>The clinical team will monitor via mealtime assessments 2x a week for 1 month then on a routine basis to ensure the people supported plans are followed.</p> <p>In the future, the Qualified professional will ensure that all People supported diet consistencies and diet orders are followed per orders.</p> <p>By: 5/24/26</p> | |

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| W0474 | <p>Continued from page 2</p> <p>8:09am, client #1 was observed to eat breakfast which consisted of scrambled eggs and cheese toast, in a pureed consistency, and three cups of liquids. At no time during the observations did client #3 receive yogurt.</p> <p>Review on 3/24/26 of client #1's PCP dated 6/12/25 revealed a diet order for "weight gain, heart healthy, ground consistency. Yogurt of choice at breakfast. Double portions at meals. Resource 4.0 at breakfast and dinner. No deep-fried foods, spicy foods, ketchup, BBQ sauce, vinegar or acidic juices. Use a spoon due to consistency."</p> <p>Interview on 3/25/26 with the QIDP confirmed client #1 should have received yogurt at breakfast.</p> <p>C. During observations in the home on 3/25/26 at 8:09am, client #4 was observed to eat his breakfast, which consisted of scrambled eggs and cheese toast (served in whole form).</p> <p>Review on 3/24/26 of client #4's PCP dated 7/18/25 revealed a diet order for "2000 calories, soft and bite sized (1/2-inch pieces), finger foods, and soft fruits and vegetables."</p> <p>Interview on 3/25/23 with the QIDP confirmed client #4's cheese toast should have been cut into 1/2-inch pieces as his PCP indicates.</p> | W0474 | | |