

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G148	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026
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NAME OF PROVIDER OR SUPPLIER WEST FRIENDLY	STREET ADDRESS, CITY, STATE, ZIP CODE 4011 WEST FRIENDLY AVENUE , GREENSBORO, North Carolina, 27405
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(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
W0249	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure that 3 of 6 clients (#1, #2, #5) received a continuous active treatment program as identified in the Person-Centered Plan (PCP) relative to use of adaptive equipment. The findings are:</p> <p>A. During observations in the group home on 4/20/26 between 4:30 PM and 6:30 PM and 4/21/26 between 6:00 AM and 8:00 AM client #1 was observed to not wear eye glasses at any time. Further observation revealed that staff did not prompt client #1 to wear eye glasses. Continued observation revealed client #1 to participate in the dinner and breakfast meals and to be offered non-weighted cups with straws, but no lids during both meals.</p> <p>Record review on 4/21/26 revealed a PCP for client #1 dated 6/22/25 which lists adaptive equipment to include eye glasses to be worn during waking hours and, "handled weighted cup with lid and straw" for meals, snacks and medication administration.</p> <p>Interview on 4/21/26 with the facility administrator confirmed that client #1 should have been prompted to wear her prescribed eye glasses and should have been offered a weighted cup with handles, lid and straw during both meals.</p> <p>B. During observations in the group home on 4/20/26 between 4:30 PM and 6:30 PM and 4/21/26 between 6:00 AM and 8:00 AM client #2 was observed to not wear eye glasses at any time.</p>	W0249		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0249	Continued from page 1 Further observation revealed that staff did not prompt client #2 to wear eye glasses. Record review on 4/21/26 revealed a PCP for client #2 dated 9/4/25 which lists adaptive equipment to include eye glasses to be worn during waking hours. Interview on 4/21/26 with the facility administrator confirmed that client #2 should have been prompted to wear her prescribed eye glasses. C. During observations in the group home on 4/20/26 and 4/21/26 client #6 was observed to participate in the dinner and breakfast meals and to use a regular plate during both meals. Record review on 4/21/26 revealed a PCP for client #6 dated 6/10/25 which lists adaptive equipment to include a deep divided plate to be used for all snacks and meals. Interview on 4/21/26 with the facility administrator confirmed that client #6 should have been offered a deep divided plate during both meals.	W0249		
W0368	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. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders for 1 of 2 clients observed during medication administration (#3). The finding is: Observations in the group home on 4/21/26 at 6:50 AM revealed client #3 to enter the medication room with staff and to be administered the following medications: Levothyroxine, Paliperidone, Ezetimibe, Lamotrigine, Furosemide, Levetiracetam, Metoprol, Vit. B3, Sertraline, Acetamin, Calcitriol, Diclofenac, Calmoseptine, Ketoconazole, Refresh Opti, Aquaphor and Ipratropium bromide. Further observation revealed client #3 to swallow all pills together with yogurt and juice. Review of records revealed a physician's order dated 2/4/26 which states, "LEVOTHYROXIN TAB 150mcg – TAKE 1 TABLET MY MOUTH EVERY MORNING ON AN EMPTY STOMACH (TAKE 30	W0368		

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W0368	Continued from page 2 MINUTES BEFORE BREAKFAST OR OTHER MEDICATIONS) Schedule: DAILY AT 08:00.” Interview with the facility nurse on 3/5/25 confirmed the Levothyroxine should have been administered to client #3 at least 30 minutes prior to administering her other medications.	W0368		
W0460	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: Based on observation, record review and interviews, the facility failed to ensure that 1 of 6 clients (#1) received a specially-prescribed diet. The finding is: Observations in the group home on 4/21/26 at 7:20 AM revealed client #1 to participate in the breakfast meal. Further observation revealed client #1 to be served oatmeal, scrambled eggs and Kool-Aid. Client #1 was observed to consume the entire meal, then to leave the table with staff assistance. At no time was client #1 offered prunes or prune juice during the breakfast meal. Review of records on 4/21/26 revealed a nutritional assessment dated 1/16/26 which indicates her prescribed diet is, "2000 calorie regular diet , ground consistency, moisten meat with milk or gravy. Thin liquids. Prune or prune juice with breakfast." Interview with staff E on 4/21/26 confirmed there were prunes in the group home's pantry. Interview with the facility Administrator on 4/21/26 confirmed that client #1's diet order is current and that client #1 should have been offered prune or prune juice with breakfast.	W0460		