

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026
NAME OF PROVIDER OR SUPPLIER ROLLINGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 4206 WEST FRIENDLY AVENUE , 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
W0104	<p>GOVERNING BODY</p> <p>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility as evidence by damage and safety hazards observed in the group home. The finding is:</p> <p>Observations throughout the 4/20/26 – 4/21/26 26 survey revealed a broken desk chair at the entrance of the curb at group home. Continued observations revealed a swing lounge chair with torn seat cushions on the front lawn, covered with mold and mildew. Further observations revealed the back patio furniture and rug to have several visible black stains, spider webs and mildew. Subsequent observations on the back patio revealed several loose and rotten wooden planks, one-inch openings in several areas and unhinged wooden poles. Additional observations at the front of the home revealed ivy vines growing on the side entrance of the home, through the wooden planks, paint peeling off the entrance doorway, and the tree shrubs requiring some maintenance. Inside the group home, it was observed that several of the kitchen cabinet doors were unhinged, damaged, or unable to completely close.</p> <p>Observations throughout the 4/20/26 – 4/21/26 26 survey also revealed staff, surveyor, client's guardian and clients to enter and exit utilizing the back entrance of the home to get to and from their mode of transportation. This Surveyor also had an incident where the front of her shoe got stuck in one of the holes between the wooden planks on the back deck.</p> <p>Interview with the interim qualified intellectual disabilities professional (QIDP) on 4/21/26 revealed no knowledge of the findings as the assigned QIDP is currently on vacation. Further interview with the facility administrator revealed the repairs will be reviewed and completed.</p>	W0104		

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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