

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

PRINTED: 06/14/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/12/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 GATEWOOD AVENUE GREENSBORO, NC 27405</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 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a restrictive behavior support plan was only conducted with the written informed consent of all legal guardians. This affected 1 of 6 audit clients (#2). The finding is:</p> <p>Client #2's behavioral support plan (BSP) did not include written informed consent from both of his legal guardians.</p> <p>Review on 6/12/18 of client #2's record revealed a BSP dated 2/28/18. Further review revealed an informed consent with only one guardian's signature. Additional review revealed guardianship documents dated 5/30/84 and 2/28/17 confirming client #2 has two guardians.</p> <p>During an interview on 6/12/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #2's informed consent was only signed by one guardian. However, she would be contacting the guardians to get this issue corrected.</p>	W 263			
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.