

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

PRINTED: 10/01/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2018
NAME OF PROVIDER OR SUPPLIER GUILFORD #1			STREET ADDRESS, CITY, STATE, ZIP CODE 416 BOXWOOD DRIVE GREENSBORO, NC 27410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Oct 10 2018		(X5) COMPLETION DATE
W 478	<p>MENUS CFR(s): 483.480(c)(1)(ii)</p> <p>Menus must provide a variety of foods at each meal.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review and staff interview, the facility failed to assure 6 of 6 clients residing in the group home, clients (#1-#6) were offered the variety of foods listed on the menu. The finding is:</p> <p>Observations in the group home on 9/20/18 at 7:00 AM revealed a menu in the kitchen which listed the breakfast menu items for 9/20/18 as 1 cup of oatmeal with raisins, 8 ounces of skim milk, 2 scrambled eggs, coffee, and 4 ounces of apple juice. Further observations from 7:20 AM until 7:40 AM revealed client #1 to be offered oatmeal, water, eggs, and juice only. He was not offered raisins or 8 ounces of milk. Continued observations from 7:20 AM until 7:30 AM revealed client #2 was offered only eggs, oatmeal, and juice for his breakfast meal. Raisins and 8 ounces of milk were not offered to client #2. Further observations from 7:20 -7:40 AM revealed client #3 was offered only oatmeal, eggs, water and juice for his breakfast meal, raisins and milk were omitted from his meal. Subsequent observations in the group home from 7:30-7:55 AM revealed client #4 was offered cold cereal with milk, eggs, and juice for his breakfast meal, raisins and an 8 ounce glass of milk were not offered to client #4. Subsequent observations at 7:50 AM revealed a staff to place a pitcher of milk on the table and offered it to clients #5 and #6. Clients #5 and Client #6 from 7:50 Am- 8:00 AM were observed to have oatmeal, eggs, juice</p>	W 478	<p>Lic. & Cert. Section</p> <p>W478 Qualified Professional will in-service staff on ensuring the variety of foods listed on the menu are offered during all mealtimes to all people supported. Clinical team will monitor 2x a week for a period of four weeks through mealtime assessments to ensure the variety of foods listed on the menu are offered during all mealtimes. In the future, Qualified Professional will ensure staff is trained on ensuring all menu items are provided during mealtimes to ensure the variety of foods listed on the menu are offered during all mealtimes.</p> <p>By: 12/01/18</p>		12/1/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alexis Evans, DP

Qualified Professional

10/5/18

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.

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

PRINTED: 10/01/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2018
NAME OF PROVIDER OR SUPPLIER GUILFORD #1			STREET ADDRESS, CITY, STATE, ZIP CODE 416 BOXWOOD DRIVE GREENSBORO, NC 27410		
(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 478	Continued From page 1 and milk, however no raisins were offered for their breakfast meals. Interview with staff who had prepared the breakfast meal confirmed that she had forgotten to offer the raisins and the 8 ounces of milk to the clients for their breakfast meal. Continued interview with the qualified intellectual disabilities profession (QIDP) confirmed that all menu items should have been offered to all clients in the group home.	W 478			