CENTER	S FOR MEDICARE &	MEDICAID SERVICES). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G276		B. WING	B. WING		02/15/2019	
NAME OF PROVIDER OR SUPPLIER				:	STREET ADDRESS, CITY, STATE, ZIP CODE		
					517 NORTH HOLDEN ROAD		
HOLDEN GROUP HOME					GREENSBORO, NC 27410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TI		HOULD BE COMPLETION	
	 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review, and interview the team failed to ensure the person centered plan (PCP) for 2 of 3 sampled clients (#2 and #5) included objective training to address identified needs relative to money management and meal preparation. The findings are: A. The PCP for client #2 failed to include objective training to address identified needs relative to money management. For example: Record review for client #2 on 2/15/19 revealed a current PCP dated 6/2018 with goals to wash his back, walk for twenty minutes, prepare a beverage, put vegetables in a pot, spell words using flash cards and identify the correct amount of change when using the dollar over method. Continued review of the PCP revealed client #2 is employed at a local restaurant 8-16 hours weekly with obtained earnings of approximately \$100.00-\$200.00 bi-weekly. Further review of client #2's record revealed a current adaptive 		TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIU DEFICIENCY)		
	behavior inventory (A able to work unassiste employment, is able t calendar, and identify money and coins inde	BI) that reflected client #2 is ed in his place of o use a time clock, use a combinations of some ependently. Subsequent					
		ecord revealed he does not					
		avings account at a local					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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.

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING ____ 34G276 B. WING 02/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **517 NORTH HOLDEN ROAD** HOLDEN GROUP HOME GREENSBORO, NC 27410 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 227 Continued From page 1 W 227 bank, to further learn money management skills of saving money and writing a check as he has requested. Interview with client #2 on 2/15/19 revealed that he is employed at a local restaurant and makes up to \$200.00 bi-weekly. Continued interview with client #2 revealed he has asked to set up a checking account at a local bank but the staff and the qualified intellectual disabilities professional (QIDP) have not assisted him with this request. Further interview with client #2 revealed he wants to learn how to write checks and save some of his money by keeping his money in a savings and checking account. Subsequent interview with client #2 revealed he is spending most of his money now ordering items from online stores. Interview with the facility QIDP on 2/15/19 confirmed client #2 does work independently at a job within the community earning \$100.00-\$200.00 approximately bi-weekly. Continued interview with the QIDP revealed client #2 is able to order items from online stores and spends most of his money in this way. Further interview with the QIDP confirmed client #2 has requested assistance with setting up a checking and a savings account at a local bank, but she was "waiting until he could count all money" before assisting him with this request. Subsequent interview with the facility QIDP revealed client #2 could benefit from additional interventions and programming relative to money management skills to include setting up a checking account. B. The PCP for client #5 failed to include objective training to address identified needs relative to meal preparation and self-independence. For example:

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G276 B. WING 02/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **517 NORTH HOLDEN ROAD** HOLDEN GROUP HOME GREENSBORO, NC 27410 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 227 Continued From page 2 W 227 Observations in the group home throughout the survey period of 2/14/19 to 2/15/19 revealed client #5 to participate in the kitchen with placing dishes in the dishwasher, manually cleaning and washing food containers, blending her food items and performing additional kitchen tasks (stirring, reaching to obtain/cover food items) as staff asked her to do so. Further observations revealed client #5 to appear exasperated at times, but remained consistent in completing the kitchen tasks. Review of records for client #5 on 2/15/19 revealed a PCP dated 5/16/18. Further review of client #5's PCP dated 5/2018 revealed client #5 is very intelligent, friendly, enjoys being independent, reading, doing crossword puzzles and is happy most of the time unless she is having a bad day. Review of client #5's habilitation evaluation dated 6/15/18 revealed she is clever, quick-witted and an avid reader of books, romance novels and short newspaper articles. Review on 2/15/19 of client #5's ABI dated 6/14/18 revealed under the sub-domain labeled "Reading and Writing" reading is one of her strengths she can perform independently. Further review of client #5's ABI revealed under the subdomain "Meal Preparation" needs are identified and are as follows: (1) "Interprets recipes-pictorial or written recipes and rated as "2" for "Partial independence; is able to perform some but not all of the behavior independently" and (2) "Uses recipes to prepare shopping list" and rated as "1" for "No independence; can not perform any portion of the behavior independently."

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 02/28/2019 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
34G276			B. WING		02/15/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HOLDEN	GROUP HOME			517 NORTH HOLDEN ROAD GREENSBORO, NC 27410		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 227	Continued From page 3		W 22	7		
	Continued From page 3 Review on 2/15/19 of client #5's programs revealed objectives to address handwashing, using the washing machine, choosing shirts, learning medications using flash cards, performing leg stretches for 15 minutes, performing 15 arm extensions, and a walking program performed at the day program. Interview on 2/15/19 with the QIDP verified client #5 could benefit from a meal preparation objective, in addition to other possible objectives that would utilize her independent reading abilities.					

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