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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G355	B. WING			06/	11/2019	
NAME OF PROVIDER OR SUPPLIER			•		STREET ADDRESS, CITY, STATE, ZIP CODE			
GUILFOR	או כ				104 SKEET CLUB ROAD HIGH POINT, NC 27265			
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E 007	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EP Program Patient Population CFR(s): 483.475(a)(3) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Preparedness Plan (EPP) contained specific current information relative to the needs of 5 of 5 clients residing in the home. The finding is: Review on 6/10/19 of the facility's EPP manual titled "RHA Health Services Guilford IV Emergency Operations Plan" dated October 2017, revealed no behavior support plans (BSPs). Continued review revealed the client specific adaptive equipment needs contained within the facility's EPP pertained only to clients' assistive device needs for dining.			007	DEFICIENCY)			
	assistive device need Interview on 6/10/19 v disabilities profession did not include clients	s for dining. with the qualified intellectual al (QIDP) verified the facility BSPs. Continued interview I the facility did not include						

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

TITLE

(X6) DATE

PRINTED: 06/21/2019

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DAT	OMB NO. 0938-039 (X3) DATE SURVEY	
CORRECTION	IDENTIFICATION NUMBER:		· · · ·	COMPLETED		
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equipment needs of c with the QIDP verified needs for clients resid includes helmets, wal Further interview with updated client specific contained within the g aid persons unfamilia appropriate, safe care verified the facility's c manual dated Octobe updated as all informa current. PROTECTION OF CI CFR(s): 483.420(a)(7 The facility must ensu- Therefore, the facility	clients. Additional interview d the adaptive equipment ding in the group home lkers, and wheelchairs. In the QIDP verified BSPs and c information should be group home EPP manual to ir with each client to provide e. In addition, the QIDP current comprehensive EPP er 2017 needed to be ation in the manual was not LIENTS RIGHTS () ure the rights of all clients. must ensure privacy during					
This STANDARD is r Based on observatio failed to provide priva (#2). The finding is: Morning observations 6/11/19 at 7:32 AM in revealed staff H to as a belt with his pants. revealed client #2 to a assisted him with his exposed client #2's to brief to other clients a	not met as evidenced by: ns and interviews the facility acy for 1 non-sampled client in the group home on the kitchen/breakfast area sist client #2 with putting on Continued observations also lift up his shirt as staff H belt. Consequently, this prso and gray underwear also located in the					
	Continued From page equipment needs of of with the QIDP verified needs for clients resid includes helmets, wa Further interview with updated client specifi contained within the g aid persons unfamilia appropriate, safe care verified the facility's of manual dated Octobe updated as all inform current. PROTECTION OF CI CFR(s): 483.420(a)(7) The facility must ensu Therefore, the facility treatment and care of This STANDARD is n Based on observation failed to provide priva (#2). The finding is: Morning observations 6/11/19 at 7:32 AM in revealed staff H to as a belt with his pants. revealed client #2 to a assisted him with his exposed client #2's to brief to other clients a	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 34G355 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 equipment needs of clients. Additional interview with the QIDP verified the adaptive equipment needs for clients residing in the group home includes helmets, walkers, and wheelchairs. Further interview with the QIDP verified BSPs and updated client specific information should be contained within the group home EPP manual to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP verified the facility's current comprehensive EPP manual dated October 2017 needed to be updated as all information in the manual was not current. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide privacy for 1 non-sampled client	CORRECTION IDENTIFICATION NUMBER: A BUILDING 34G355 B. WING ROVIDER OR SUPPLIER ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 1 E 00' equipment needs of clients. Additional interview with the QIDP verified the adaptive equipment needs for clients residing in the group home includes helmets, walkers, and wheelchairs. Further interview with the QIDP verified BSPs and updated client specific information should be contained within the group home EPP manual to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP verified the facility's current comprehensive EPP manual dated October 2017 needed to be updated as all information in the manual was not current. W 130 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) W 131 The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. W 131 This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide privacy for 1 non-sampled client (#2). The finding is: Morning observations in the group home on 6/11/19 at 7:32 AM in the kitchen/breakfast area revealed staff H to assist client #2 with putting on a belt with his pants. Continued observations revealed client #2 to also lift up his shirt as staff H assisted him with his belt. Consequently, this exposed client #2 to so and gray underwear brief to other clients also located in the	CORRECTION DENTFICATION NUMBER: A. BULDING 34G355 B. WING SWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9W STREET ADDRESS, CITY, STATE, ZIP CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORR (EACH ORRECTV AUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 E 007 equipment needs of clients. Additional interview with the QIDP verified the adaptive equipment needs for clients residing in the group home includes heimets, walkers, and wheelchairs. Further interview with the QIDP verified BSPs and updated client specific information should be contained within the group home EPP manual to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP verified the facility's current comprehensive EPP manual dated October 2017 needed to be updated as all information in the manual was not current. W 130 PROTECTION OF CLIENTS RIGHTS W 130 CFR(s): 483.420(a)(7) W 130 The facility must ensure privacy during treatment and care of personal needs. W 130 This STANDARD is not met as evidenced by: Based on observations in the group home on 6/11/19 at 7:22 AM in the kitcher/breakfast area revealed staff H to assist client #2 with putting on a belt with his pants. Continued observations revealed client #2 to also located in the	EFICENCIES CORRECTION (X1) PROVIDERSUPPLIENCLIA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING (X2) MULTIPLE CONSTRUCTION A BUILDING (X2) MULTIPLE CONSTRUCTION A BUILDING ROWDER OR SUPPLIER 34G355 (B) WING (C) 44 SKEET CLUB ROAD HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES (EACH OPERCIENCY MUST EF PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) (D) PREFIX Tag (PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST EF PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) (E) D PREFIX Tag (E) PREFIX Tag (E) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 1 equipment needs of clients. Additional interview with the QIDP verified the adaptive equipment needs for clients residing in the group home includes helmets, walkers, and wheelchairs. Further interview with the QIDP verified BSPs and updated clients resider in addition, the QIDP verified the facility readed to be updated as all information in the manual was not current. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) (W 130) This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide privacy for 1 non-sampled client (#2). The finding is: (W 130) Moring observations in the group home on 6/11/18 17.32 AM in the kitchen/breakfast area revealed client #2 to tabo in the 2 with putting on a bet with his pants. Continued observations revealed client #2 to also in the group home on 6/11/18 17.32 AM in the kitchen/breakfast area r	

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY		
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W 130	needed and client #2 home's office. In add shift usually assists c belt. Interview on 6/1 (A) and the qualified in professional (QIDP) of stored in the group ho the kitchen/breakfast with the QIDP revealed to respect clients' priv- with the QIDP confirm client privacy during the personal needs, such INDIVIDUAL PROGR CFR(s): 483.440(c)(4 The individual progra objectives necessary as identified by the co	's belt is locked in the group lition, staff H revealed 3rd lient #2 with putting on his 1/19 with the home manager intellectual disabilities confirmed client #2's belt is ome's office, located near area. Continued interview ed all staff have been trained vacy. Subsequent interview ned staff should ensure he treatment and care of a as dressing. CAM PLAN	W 13			
	Based on observation interview, the facility of centered plan (PCP) (#2), included sufficient activities relative to set Observations on 6/10 3:30 PM to 4:25 PM ro outside underneath the gazing. Continued of 4:30 PM to 5:45 PM ro home to take his media outside, returned inside	not met as evidenced by: n, record review and failed to ensure the person for 1 non-sampled client ent training objectives and elf-help skills. The finding is: 1/19 in the group home from revealed client #2 to sit he covered carport area oservations revealed from client #2 came into the group dications, returned briefly de to his bedroom and the oservations at 5:50 PM				

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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 ____ 34G355 B. WING 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD **GUILFORD IV** HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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 3 W 227 revealed client #2 to sit at the dining table consuming his dinner meal. Observations on 6/11/19 at the group home from 7:00 AM to 7:30 AM revealed client #2 to sit in the TV room, gazing out the window. Continued observations at 7:32 AM revealed client #2 to put on his belt with staff assistance, and afterwards to walk around the kitchen/dining area and to sit at his place setting at the dining table. Further observations at 8:00 AM revealed client #2 to eat his breakfast meal. Review on 6/11/19 of client #2's PCP dated 10/24/18 revealed programs for shoe care, dusting furniture, meal preparation and a behavior support plan (BSP). Continued review revealed an adaptive behavior inventory (ABI) dated 10/24/18. Further review revealed needs for client #2 to include additional meal preparation skills, community living skills, and danger/safety awareness. Interview on 6/11/19 at 7:20 AM with staff H revealed client #2 recently graduated from high school. Continued interview revealed client #2 has no morning programs. Interview on 6/11/19 with the gualified intellectual disabilities professional (QIDP) verified client #2 recently graduated from high school and needs additional programming. The QIDP verified client #2 needs additional training objectives with relevant activities formulated for each goal to promote the accomplishment of client #2's assessed self-help skills. W 249 **PROGRAM IMPLEMENTATION** W 249 CFR(s): 483.440(d)(1)

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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 ____ 34G355 B. WING 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD **GUILFORD IV** HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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) Continued From page 4 W 249 W 249 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. This STANDARD is not met as evidenced by: The facility failed to assure the behavior support plan (BSP) for 1 of 3 sampled clients (#1) was implemented as prescribed to support achievement of the objective as evidenced by observation, interview and record verification. The finding is: Observations on 6/10/19 and 6/11/19 of the group home revealed client #1's bedroom to have no window alarm. Continued observations revealed client #1's bedroom entry door to have a visible white door alarm affixed to the door framing. Review on 6/10/19 and 6/11/19 of client #1's person centered plan (PCP) dated 7/25/18 revealed a behavior support plan (BSP). Further review of client #1's BSP dated 12/14/18 revealed "Objective #5G [Client #1] will exhibit 5 or fewer target behaviors per month for SIX (6) consecutive months." Continued review of client #1's BSP revealed environmental modifications to include classroom surface padding at the day program and a different protective helmet. Ongoing review of client #1's BSP revealed restrictive components to include a bedroom closet door lock, a window alarm and a door alarm. Subsequent review revealed target

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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 ____ 34G355 B. WING 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD **GUILFORD IV** HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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 249 Continued From page 5 W 249 behaviors to include self-injury, physical aggression, property destruction, severe disruptive episodes, fecal smearing/rectal digging, and historical/repeated elopement attempts. Interview on 6/10/19 at 5:00 PM with staff A revealed client #1's bedroom entry door does not and should not have an alarm. Continued interview revealed client #1's bedroom window has an alarm. Further interview and verified by observation with staff A, noted client #1's bedroom entry door frame had a visible and functioning battery operated door alarm. Subsequent interview and verified by direct observation with staff A, noted client #1's bedroom window did not have an alarm but should have a window alarm. In addition, staff A revealed client #1's bedroom closet door is kept locked to prevent incidents of him purposely soiling his clothing. Interview on 6/11/19 with the qualified intellectual disabilities professional (QIDP) verified client #1's bedroom should have a window alarm and a bedroom door alarm. Further interview verified client #1's bedroom closet door should be kept locked to prevent him from destroying his clothing items. W 252 PROGRAM DOCUMENTATION W 252 CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

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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 **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G355 B. WING 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD **GUILFORD IV** HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID 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 252 Continued From page 6 W 252 This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure data for a money management objective listed in the person centered plan (PCP) for 1 of 3 sampled clients (#1) was collected as prescribed. The finding is: Morning observations on 6/11/19 at 10:13 AM of the day program revealed client #1 to be laying on a mat asleep in his classroom with his helmet on. Continued observations revealed other clients to be engaged in table top activities. Interview on 6/11/19 at 10:19 AM in the classroom with the home manager (A) revealed client #1 has a coin program to state the equivalence a penny. While immediate continued interview revealed no coin(s) for client #1's coin program, the home manager (A) later found a small plastic bag of coins. Further interview with the home manager (A) revealed they record data for client #1's coin program and maintain client #1's data sheets in his program book. Review on 6/11/19 of client #1's PCP dated 7/25/18 revealed the training objective "H4D: By April 12, 2020, [Client #1] will be able to state the equivalency of coins with 90% accuracy for two review periods." Continued review of the coin objective, implemented 4/12/19, revealed the program is implemented Monday though Friday at the day program. Subsequent review revealed "[Client #1] will be presented with a coin. If [Client #1] responds incorrectly he will be provided with correct response. He will also be encouraged informally on coin equalivalency during any purchases he may do during the day." In addition, training steps, for the coin training

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W 473	be packed in the cool revealed no cooling d individual lunch bags Immediate interview of group home with staff lunch bags consisted applesauce and Chee meal. Continued inte were not packed in the ice packs should have bags to keep the food Interview on 6/11/19 a intellectual disabilities confirmed cooling dev packed in the individu interview with the QIE device should have b	er. Additional observation levice(s) to be packed in the of any client. on 6/11/19 at 9:05 AM at the f A revealed individual client of deli ham sandwiches, ez-It crackers for their lunch rview confirmed ice packs re individual lunch bags and e been packed in the lunch d cold. at 9:06 AM with the qualified s professional (QIDP) vices/ice packs were not ual lunch bags. Further DP confirmed a cooling een placed in each client's e client's lunch food at a	W 473				

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