

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

PRINTED: 08/18/2019
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 08/06/2019
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	
E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical</p>	E 015			
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.

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E 015	<p>Continued From page 1 supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure the provision of subsistence needs for clients and staff, regardless of whether they evacuate or shelter in place, included but was not limited to, food and water as required by Emergency Preparedness Plan (EPP) regulations. The finding is:</p> <p>Observations on 8/5/19 of the group home's EPP subsistence supplies, as identified by staff D, revealed the supplies were maintained in the upper/wall kitchen cabinetry adjacent to the refrigerator. Further observations revealed the EPP subsistence supplies, as identified by staff D, contained inside the upper/wall kitchen cabinetry consisted of a limited assortment of canned, ready to eat foods, and 3 manual can openers. Continued observations revealed, as identified by staff D, substantial amounts of containers of water located in a pantry area off the kitchen area along with other EPP supplies.</p> <p>Interview on 8/6/19 with the qualified intellectual disabilities professional (QIDP) revealed she thought the group home's EPP supplies were kept in bin containers and housed in a pantry area where all the other EPP supplies and water containers are kept. In a further interview, the QIDP provided a detailed list of EPP subsistence</p>	E 015			

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E 015	Continued From page 2 supply needs found in the home's EPP manual titled "RHA Health Services Guilford 1 Emergency Operations Plan" dated October 2017. Continued interview with the QIDP confirmed the group home does not currently have sufficient subsistence EPP supplies such as food for clients and staff, to meet current EPP regulations regardless of whether they evacuate or remain in place at the group home. In addition, the QIDP confirmed the facility's current, comprehensive EPP needs to be updated.	E 015			
W 130	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, record review, and interviews the facility failed to provide privacy for 1 of 3 sampled clients (#2). The finding is: Observations on 8/5/19 at 5:21 PM during the dinner meal revealed client #2 to stand up from his seated position at the dining table and state, "my pants fell down" as he concurrently lifted up his shirt. Continued observations revealed client #2 to inadvertently expose his torso to clients and staff located at the dining table. Further observations revealed client #2 to state, "I'll pull my pants up," to which the client pulled up his pants and subsequently lowered his shirt to cover his torso. Subsequent observation revealed client #2 immediately returned to his seated position at the dining table. Consequently, at no time did staff offer client #2 assistance with his	W 130			

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W 130	<p>Continued From page 3</p> <p>clothing, redirection on refraining from exposing himself or provide any verbal acknowledgement of his pants statement. Further observations revealed staff A, D, and E did not move client #2 to a private area to assist with adjusting his pants.</p> <p>Observations on 8/6/19 at 6:55 AM revealed client #2 to stand in the hallway in front of his bedroom fully unclothed and ask for staff assistance. Further observations at 6:58 AM revealed client #2 to stand in the laundry room located a few feet from his bedroom still fully unclothed. Continued observations revealed the window in the laundry room had a film covering affixed to the bottom portion of the window and the top window portion had no covering of any kind. Ongoing observations revealed client #2 remained fully unclothed and viewable to nearby community neighbors as he continued to stand in the laundry room. Subsequent observations at 7:03AM revealed client #2 was fully clothed as he walked out of his bedroom.</p> <p>Review of the records for client #2 on 8/6/19 revealed a person centered plan (PCP) dated 3/8/19. Review of the behavior support plan (BSP) dated 9/7/18 revealed target behaviors of refusal, hiding soiled clothes, physical aggression, and property damage. Further review of the record for client #2 revealed an Adaptive Behavior Inventory (ABI) dated 1/24/19 that reflected client #2 needs staff assistance with pullover and buttoned up shirts, belt buckles, and zipping his pants. Continued review of the client record revealed a rights assessment dated 2/27/19 that reflected client #2 needs full support regarding privacy, personal care, and privacy in the bedroom.</p>	W 130			

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W 130	Continued From page 4 Interview with staff G on 8/6/19 revealed client #2 has had past episodes where he exposed himself during morning ADLs. Further interview with staff G revealed when client #2 exposes himself, staff will obtain a towel to cover him and assist him back to his bedroom. Continued interview with staff G revealed she has not received training on how to assist or redirect client #2 with exposing himself. Interview with staff B on 8/6/19 revealed client #2 should not have been fully unclothed and exposed where others and nearby community neighbors could see him. Interview with the qualified intellectual disabilities professional (QIDP) on 8/6/19 confirmed client #2 does not have any program objectives relative to exposing himself. Continued interview with the QIDP confirmed staff should have immediately addressed the client's exposure behavior and assisted client #2 to a private area to assist him with adjusting his clothes. In addition, the QIDP confirmed client #2 should not have been unclothed where others and nearby community neighbors could see him.	W 130			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: The facility failed to assure 1 of 3 sampled clients (#4) were provided with clean, appropriate fitting	W 137			

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W 137	Continued From page 5 clothing in good repair as evidenced by observation and interview. The finding is: Observations on 8/5/19 in the group home at 12:15 PM revealed client #4 to wear ill-fitting, lengthy, black denim pants which required adjustment assistance. Continued observations revealed client #4's pants were noticeably ripped in areas and swept the floor surface as he walked. Subsequent observation at 4:00 PM revealed client #4 to wear loose, ill-fitting, lengthy jersey shorts which exposed his backside. Observations in the group home on 8/6/19 of client #4's clothing in his bedroom, along with staff A, revealed an array of tops. Continued observations, along with staff A, revealed client #4 to have 5 large sized pants consisting of athletic/sweat pant material with elastic ribbed hems, sewn hems and cut offs, 1 large sized brown pair of khaki pants, 1 size 34-36 cutoff jean pants, and 1 size 34 pair of jean pants. Subsequent observations revealed client #4 to have 1 medium sized pair of red cut off sweat pants. Interview on 8/6/19 with staff A revealed client #4 wears size 34 pants and the facility has to hem pants for the client. Interview conducted on 8/6/19 with the qualified intellectual disabilities professional (QIDP) confirmed pants of client #4 should be hemmed and he is in need of new, better fitting clothing.	W 137			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs,	W 227			

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W 227	<p>Continued From page 6 as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the person centered plan (PCP) for 1 non-sampled client (#6) included sufficient training objectives and activities relative to educational and daily living skills. The finding is:</p> <p>Observations on the afternoon of 8/5/19 revealed between 4:13 PM and 5:00 PM, for a total of 47 minutes, activities of client #6 consisted of ambulating between the living room, bedroom, and watching television. Continued observations revealed at 5:00 PM client #6 assisted staff A in the kitchen area by taking out the trash, assisting with meal prep, and placing food items on the dining table independently.</p> <p>Observations of the breakfast meal on 8/6/19 revealed client #6 to participate and complete his breakfast and return to his bedroom. Consequent observations revealed from 8:25 AM to 8:50 AM, for a total of 25 minutes, client #6 remained in his bedroom.</p> <p>Review of the record for client #6 on 8/6/19 revealed a PCP dated 11/16/18. Review of the PCP revealed current programs to include personal care, wearing eyeglasses, matching clothing, and matching pictures. Further review of the PCP revealed program goals relative to educational skills to include telling time, counting money, and recognizing information signs.</p>	W 227			

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W 227	Continued From page 7 Interview with staff A on 8/6/19 revealed client #6 does not have any current programs or needs relative to household chores. Interview with the qualified intellectual disabilities professional (QIDP) on 8/6/19 confirmed client #6 could benefit from additional training objectives relevant to educational and household chores.	W 227			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide, maintain, and teach the client to use prescribed eyeglasses for 1 non-sampled client (#1). The finding is: Observations in the group home on 8/5/19 revealed client #1 to watch television in his bedroom at a close proximity from 3:55 PM to 5:00 PM . Continued observations revealed from 5:00 PM to 5:20 PM client #1 assisted in the kitchen with meal prep. Further observations at 5:25 PM revealed, client #1to sit at his place setting at the dinner table. Consequently, for 65 minutes, client #1 was self-engaged in watching his television in close proximity in his bedroom. At no time was client #1 observed wearing eyeglasses or to be prompted by staff to wear eyeglasses.	W 436			

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W 436	<p>Continued From page 8</p> <p>Observations on 8/6/19 in the group home revealed from 6:30 AM to 7:50 AM client #1 watched television in his bedroom at a close proximity. Continued observations revealed from 7:55 AM to 8:25 AM, client #1 participated in morning medication administration and ate breakfast. Further observation revealed at 8:30 AM, client #1 returned to his bedroom and watched television. Consequently, for 80 minutes, client #1 was self-engaged in watching television in his bedroom. At no time was client #1 observed wearing eyeglasses or to be prompted by staff to wear eyeglasses.</p> <p>Interview on 8/6/19 with client #1 revealed he largely prefers watching his television in his bedroom at a close proximity. Continued interview revealed client #1 mostly watches television in his bedroom and would like to do more activities. Further interview did not reveal client #1 possessed glasses.</p> <p>Review on 8/6/19 of client #1's records revealed a person centered plan (PCP) dated 4/13/19. Review of client #1's PCP revealed current programs to include storing clothing in proper storage areas, identifying his printed name, identifying paper money, and drying off his hair. Further review of client #1's PCP revealed an eye exam dated 5/8/18 which indicated client #1 has presbyopia and was prescribed glasses. Subsequent review did not reveal any current program objectives to assist or teach client #1 to care for and/or wear eyeglasses as prescribed.</p> <p>Interview on 8/6/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #1 should wear prescribed bifocal eyeglasses.</p>	W 436			

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W 436	Continued From page 9 Further interview confirmed client #1 has no current training to address the need to care and/or use prescribed eyeglasses. Ongoing interviews with the QIDP revealed client #1 was recently seen by his ophthalmologist; however, because client #1 was uncooperative during this recent vision examination, the ophthalmologist could not successfully assess client #1's vision. Consequently, the QIDP confirmed client #1 has been rescheduled for another vision examination.	W 436			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems regarding fire drills including the reason for extended times needed for facility evacuation. The finding is: Review on 8/5/19 of facility fire drill reports conducted over the survey review year revealed multiple drills with extended evacuation times to evacuate clients from the group home. Further review of facility fire drill reports revealed, per internal policy for evacuations exceeding 3 minutes, the facility must complete a plan of action. Continued review of the internal fire drill reports revealed 5 fire drill reports with extended evacuation times over 3 minutes that had no documented problems identified (9/5/18, 10/3/18, 1/2/19, 3/5/19, and 6/1/19). The documented evacuation times for these drills were: 9/5/18 (8 minutes), 10/3/18 (6 minutes), 1/2/19 (10 minutes), 3/5/19 (6 minutes), 6/1/19 (10 minutes).	W 448			

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W 448	Continued From page 10 Interview with the qualified intellectual disabilities professional (QIDP) on 8/6/19 confirmed the facility failed to investigate reasons for extended evacuation times during fire drill exercises on the following dates: 9/5/18, 10/3/18, 1/2/19, 3/5/19, and 6/1/19. The QIDP further verified an investigation of the extended evacuation times was necessary to identify problems relevant to safety of the facility residents.	W 448			