

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

PRINTED: 11/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2019
NAME OF PROVIDER OR SUPPLIER GUILFORD #2			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 STRATHMORE 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 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure food was served in a form consistent with the developmental level for 1 sampled client (#3) and 2 non-sampled clients (#2, #5). The findings are:</p> <p>A. The facility failed to assure food items were served in a form consistent with the developmental level for client #3.</p> <p>Observations conducted on 11/12/19 at 5:00 PM revealed client #3 was seated at the dining table for his dinner meal and assisted by staff D to serve himself chicken and dumplings, mixed vegetables, wheat bread and beverages, followed by fruit cocktail for dessert. Further observation revealed the dumplings to be approximately 2"-3" pieces, the mixed vegetables approximately 1/2" pieces and the fruit cocktail with 1/2" pieces. Continued observations revealed client #3 to take a slice of wheat bread off of the tray while being passed by him and put the slice into his mouth in its whole form immediately. Staff (A, B, C, G) assisting all 6 clients at the dinner table did not observe client #3 take the slice of bread. Further observations revealed staff B to come to the table with 2 slices of bread for client #3 and with her hands tore the bread into 3 4" pieces. Client #3 was then observed to eat the bread right away. Staff B took the second slice of bread, using her hands to tear it into 3 4" pieces. Client #3 immediately started putting the bread in his</p>	W 474	<p>W474 A. The Habilitation Specialist will in-service staff on ensuring all food items are served in a consistent form as ordered by the physician for Client #3. The clinical team will monitor 2x a week for 1 month then on a routine basis through Mealtime Assessments to ensure all food items are served in a consistent form as ordered by the physician for client #3 and all people supported.</p> <p>RECEIVED DEC 06 2019 DHSR-MH Licensure Sect</p>		

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

TITLE

(X6) DATE

Alexis Evans

Qualified Professional

12/3/19

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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W 474	<p>Continued From page 1</p> <p>mouth and quickly ate all of the pieces within approximately 10 seconds.</p> <p>Observations on 11/13/19 revealed the breakfast meal to consist of cream of wheat cereal, sausage, and orange juice. Staff D assisted client #3 as he served himself cream of wheat and sausage pieces approximately 2-3 inches in size. Staff D did not assist client #3 in cutting the sausage pieces and the client ate his meal as served.</p> <p>Review of client #3's person centered plan (PCP) dated 10/2/19 revealed the client is on a weight gain diet with 1/2" consistency, high calorie snacks twice daily with milk and 4 oz of yogurt or applesauce. Further review of the occupational therapy (OT) assessment dated 9/10/19 revealed a recommendation for a current weight gain diet with 1/2" consistency, high calorie snacks twice daily with milk and 4 oz of yogurt or applesauce and "strict aspiration precautions, upright for 30 minutes after eating." The OT assessment revealed that client #3 had experienced a choking episode in the past.</p> <p>Interview on 11/13/19 with the qualified individual developmental professional (QIDP) revealed client #3 should have been assisted in cutting his food items into 1/2" pieces.</p> <p>B. The facility failed to assure food items were served in a form consistent with the developmental level for client #2.</p> <p>Observations conducted on 11/12/19 at 5:00 PM revealed client #2 was seated at the dining table</p>	W 474		

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W 474	<p>Continued From page 2</p> <p>for the dinner meal and assisted by staff C to serve himself chicken and dumplings, mixed vegetables, wheat bread and beverages, followed by fruit cocktail for dessert. Further observations revealed the dumplings to be approximately 2"-3" pieces, the mixed vegetables approximately 1/2" pieces and the fruit cocktail with 1/2" pieces. Continued observations revealed client #2 to serve himself a slice of wheat bread off of the tray passed to him. Further observations revealed staff did not assist client #2 to cut up his bread or his dumplings at any point during the dinner meal. Subsequent observations of the dinner meal revealed client #2 to eat his bread in large bites, along with the large pieces of dumplings.</p> <p>Observations on 11/13/19 revealed the breakfast meal consisted of cream of wheat cereal, sausage, orange juice and milk. Staff G assisted client #2 as he served himself cream of wheat and sausage pieces approximately 2-3 inches in size.</p> <p>Review of client #2's PCP dated 1/20/19 revealed he is on a 1800 calorie, weight reducing, heart healthy high fiber diet with foods to be cut to 1/2" consistency. Further review of the occupational therapy OT assessment dated 2/22/19 recommended a regular diet with 1/2" consistency. Physician orders dated 10/30/19 revealed a heart healthy diet with 1/2" consistency of food items.</p> <p>Interview on 11/13/19 with the QIDP revealed client #2 should have been assisted in cutting his food items into 1/2" pieces at the dinner meal and at his breakfast meal.</p> <p>C. The facility failed to assure food items were</p>	W 474	<p>B. The Habilitation Specialist will in-service staff on ensuring all food items are served in a consistent form as ordered by the physician for Client #2. The clinical team will monitor 2x a week for 1 month then on a routine basis through Mealtime Assessments to ensure all food items are served in a consistent form as ordered by the physician for client #2 and all people supported.</p>		

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W 474	<p>Continued From page 3</p> <p>served in a form consistent with the developmental level for client #5.</p> <p>Observations conducted on 11/12/19 at 5:00 PM revealed client #5 was seated at the dining table for his dinner meal and assisted by staff G to serve himself chicken and dumplings, mixed vegetables, wheat bread and beverages, followed by fruit cocktail for dessert. Further observations revealed the dumplings served to client #5 to be approximately 2"-3" pieces, the mixed vegetables approximately 1/2" pieces and the fruit cocktail with 1/2" pieces. Continued observations revealed client #5 to serve himself a slice of wheat bread off of the tray passed to him. Further observations revealed staff did not prompt or assist client #5 to cut up his bread or his dumplings at any point during the dinner meal. Subsequent observations of the dinner meal revealed client #2 to eat his bread in large bites, along with the large pieces of dumplings. At no time did staff assist client #5 to cut his food items to 1/2" pieces during the dinner meal.</p> <p>Observations on 11/13/19 revealed the breakfast meal consisted of cream of wheat cereal, sausage, orange juice and milk. Staff assisted client #5 as he served himself cream of wheat and sausage pieces approximately 2-3 inches in size.</p> <p>Review of client #5's PCP dated 6/20/19 revealed he is on a heart healthy diet with foods to be cut to 1/2" consistency. Further review of the OT assessment dated 5/23/19 recommended a regular diet with 1/2" consistency. Physician orders dated 10/30/19 revealed a heart healthy diet with 1/2" consistency of food items.</p>	W 474	<p>C. The Habilitation Specialist will in-service staff on ensuring all food items are served in a consistent form as ordered by the physician for Client #5. The clinical team will monitor 2x a week for 1 month then on a routine basis through Mealtime Assessments to ensure all food items are served in a consistent form as ordered by the physician for client #5 and all people supported.</p> <p>In the future, the Qualified Professional will ensure staff are trained to implement orders and the Person Centered Plan as written.</p> <p>By: 01/11/20</p>		

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W 474	Continued From page 4 Interview on 11/13/19 with the QIDP revealed client #5 should have been assisted in cutting his food items into 1/2" pieces at the dinner meal and at his breakfast meal.	W 474			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 26, 2019

Sheila Shaw, Facility Administrator
RHA Health Services, LLC
1701 Westchester Dr. Ste 940
High Point, NC 27262

Re: Recertification Completed November 13, 2019
Guilford #2, 1800 Strathmore Drive, Greensboro, NC 27410
Provider Number 34G162
MHL# 041-080
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed November 13, 2019. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **January 11, 2020**.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
952 Old Highway 70
Black Mountain, NC 28711

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Sherri Capps at 919-215-3446.

Sincerely,

Sherri Capps, RN

Sherri Capps, RN
Nurse Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
[DHSR Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)