

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

PRINTED: 03/19/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 PLEASANT RIDGE ROAD SUMMERFIELD, NC 27358</b>		
(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 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 2 sampled clients (#3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the person centered plan (PCP) in the area of meal preparation. The findings are:</p> <p>A. Client #3 did not participate in the preparation of his meal.</p> <p>Morning observations on 3/12/2020 revealed from 6:10 AM to 7:55 AM client #3 participating in various activities such as sitting in the living room actively engaged in his preferred toy activity, going to the bathroom and his bedroom, and receiving his morning medications. Continued observations revealed at 7:56 AM client #3 was prompted to sit at the dining table. Further observations at 7:57 AM revealed client #3 was prompted to place two table mats on the dining table of which he complied. Subsequent observations at 8:05 AM revealed client #3 sat at the dining table consuming his breakfast meal consisting of scrambled eggs with cheese and a</p>	W 249			

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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W 249	<p>Continued From page 1</p> <p>blended croissant roll. At no time during the observation period did staff prompt client #3 to participate in the blending of his breakfast meal.</p> <p>Review of records on 3/12/2020 revealed client #3's PCP (dated 2/25/2020). Continued review of the PCP revealed client #3 receives a pureed consistency diet with nectar thickened milk at all meals.</p> <p>Interview on 3/12/2020 at 8:30 AM with staff E revealed client #3 is on a pureed diet. Continued interview revealed client #3 can participate in the blending of his meals; however, she usually does the blending.</p> <p>Interview on 3/12/2020 with the Home Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 should participate in meal preparation of all his meals.</p> <p>B. Client #5 did not participate in the preparation of her meal.</p> <p>Morning observations on 3/12/2020 revealed from 6:10 AM to 7:50 AM client #5 was either in her bedroom or performing her morning routine ADLs. Continued observations at 7:55 AM revealed client #5 was in the dining room area and assisted briefly with dining table place settings. Then, client #5 was observed prompted to receive her morning medications in the medication room. Subsequent observations at 8:15 AM revealed client #5 sat at the dining table consuming her breakfast meal consisting of scrambled eggs with cheese and a blended croissant roll. At no time during the observation period did staff prompt client #5 to participate in the blending of her breakfast meal.</p>	W 249			

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W 249	Continued From page 2  Review of records on 3/12/2020 revealed client #5's PCP (dated 4/3/2019). Continued review of the PCP revealed client #5 receives a pureed consistency diet with nectar thickened liquids.  Interview on 3/12/2020 at 8:30 AM with staff E revealed client #5 is on a pureed diet. Continued interview revealed staff E usually does the blending of client #5's meals.  Interview on 3/12/2020 with the HM and the QIDP confirmed client #5 should participate in the meal preparation of all her meals.	W 249			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (#6) and 1 non sampled client (#2) were provided with appropriate utensils to enable them to eat as independently as possible in accordance with their highest functioning level. The findings are:  A. Client #6 was not provided with appropriate utensils during the breakfast meal.  During breakfast observations on 3/12/2020 in the group home at 8:00 AM revealed client #6 consuming her meal consisting of scrambled eggs with cheese, croissant roll, milk and water. Further observations revealed client #6 to eat with a regular spoon during this meal. At no time during the observation period did staff provide	W 475			

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W 475	<p>Continued From page 3 client #6 with a fork or a knife.</p> <p>Review of client #6's record on 3/12/2020 revealed a person centered plan (PCP) dated 10/25/2019 which indicates client #6 does not require adaptive equipment during meals. Further review of the record for client #6 revealed an adaptive behavioral inventory (ABI) dated 10/1/2019. Continued review revealed client #6 independently eats with a fork and a spoon with minimal spillage. Client #6 also uses a knife for spreading and cutting with no independence.</p> <p>Interview on 3/12/2020 with the home manager (HM) indicated client #6 prefers to eat with a spoon and will not eat with a fork. Further interview on 3/12/2020 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 has no adaptive equipment and should be offered all utensils during meals. Continued interview with the QIDP confirmed client #6 should be provided with a complete place setting consisting of a knife, fork and spoon during all meals.</p> <p>B. Client #2 was not provided with appropriate utensils during the breakfast meal.</p> <p>Breakfast observations on 3/12/2020 in the group home at 8:00 AM revealed client #2 consuming her meal consisting of scrambled eggs with cheese, whole croissant roll, jelly, juice and water. Further observations revealed client #2 to eat with a regular fork during this meal. At no time during the observation period did staff provide client #6 with a spoon or knife.</p> <p>Review of client #2's record on 3/12/2020 revealed a person centered plan (PCP) dated</p>	W 475			

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W 475	<p>Continued From page 4</p> <p>8/8/2019. Further review of record revealed an adaptive behavioral inventory (ABI) dated 7/12/2019. Continued review of the ABI revealed client #2 eats with a fork and a spoon with minimal spillage. Client #2 also independently uses a knife for spreading and cutting.</p> <p>Interview on 3/12/2020 with the HM indicated client #2 prefers to eat with a fork. Further interview on 3/12/2020 with the QIDP confirmed client #2 should be offered all utensils during meals. Continued interview with the QIDP confirmed client #2 should be provided with a complete place setting consisting of a knife, fork and spoon during all meals.</p>	W 475			