

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

PRINTED: 09/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 GATEWOOD AVENUE GREENSBORO, NC 27405</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 000	INITIAL COMMENTS  Intake #NC00163007, NC00169717  A complaint survey was completed on 9/23/2020. Deficiencies were not cited as a result of the complaint survey for Intake #NC00163007 or #NC00169717.	W 000	11/23/2020		
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 6 sampled clients (#7) was provided the opportunity for personal privacy relative to a phone call. The finding is:  Observations on 9/22/20 at 6:35 PM revealed client #7 to sit in her wheelchair in the hallway of the facility conversing with another client. Continued observation revealed the RM (residential manager) to inform client #7 she had a phone call and escorted the client to the activity area. Further observation revealed client #7 to engage in a personal call from a family member to wish her a happy birthday. The client's family member was overheard stating several times to client #7, that she was having a difficult time hearing the client. Client #7 was observed to increase her voice volume and repeat her response multiple times to the family member. During client #7's phone call, other clients were observed in the activity room yelling, listening to	W 129	The Qualified Professional will inservices all staff on providing the opportunity for Client #7 and all people supported to have privacy during phone calls by ensuring there is an available area to take the call in private. The clinical team will monitor to ensure staff are providing the opportunity for privacy during phone calls x2 a week for period of one month and then on a routine basis through interaction assessments. In the future, the Qualified professional will ensure all People Supported are afforded privacy during phone calls and all Person Centered Plans are updated to address privacy needs.	OHSR - Mental Health OCT 30 2020 Lic. & Cert. Section	

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 129	Continued From page 1  music, watching television and engaged in various activities. Subsequent observations revealed client #7 to end the conversation with her family member and to sit in a corner of the common room crying while yelling she wanted to leave. Staff B mentioned "she was having a behavior" and escorted client #7 back into the hallway. Staff B was observed to ask the client what was wrong? and to state "It's your birthday and you shouldn't be crying on your birthday."  Interview with the QIDP (qualified intellectual disabilities professional) on 9/23/20 confirmed a phone was accessible in the facility conference room where all clients can hold private telephone conversations. The QIDP also confirmed client #7 should have been offered the opportunity to transfer to the conference room telephone where she would have had privacy and her conversations could not be overheard.	W 129			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 6 sampled clients (#5) were provided opportunities for choice and self management relative to dining during the breakfast meal. The finding is:  Observations on 9/23/20 at 8:45 AM revealed client #5 was escorted into the medication room to receive her morning medications. Further observations revealed client #5 to sit in the activity room from 8:58 AM to 10:00 AM.	W 247	W247  The Qualified Professional will inservice all staff on ensuring client # 5 is afforded the opportunity for choice and self management relative to dining as well as ensured the opportunity to eat meals after receiving medications within a reasonable time frame.  The clinical team will monitor to ensure staff are offering choices and providing the meals	11/23/2020	

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W 247	Continued From page 2  Continued observations revealed staff C to escort client #5 into the cafeteria. Subsequent observation revealed staff C to offer and feed client #5 a breakfast meal that consisted of scrambled eggs, grits and juice at 10:00 AM. Additional observation revealed client #5 to eat 100% of her breakfast meal. At no time was client #5 offered the choice or opportunity by staff to have breakfast following her morning medications until over 50 minutes after the client's medication administration.  Interview with the residential manager on 9/23/20 revealed per the morning routine, clients are taken into the dining room for breakfast after their morning medication administration. Interview with the QIDP (qualified intellectual disabilities professional) on 9/23/20 revealed the morning medication administration routine was running behind and took longer than usual. Continued interview with the QIDP and the facility nurse confirmed there was no clinical or medical reason documented as to why client #5 should not have been offered the opportunity to eat breakfast after receiving her medications without waiting 50 minutes.	W 247	within a reasonable time frame upon receiving medication's x2 a week for period of one month and then on a routine basis through mealtime assessments and medication observation. In the future, the Qualified Professional will ensure all People Supported are provided meals within a reasonable time frame upon completion of receiving medications.		
W 476	MEAL SERVICES CFR(s): 483.480(b)(3)  Food served to clients individually and uneaten must be discarded.  This STANDARD is not met as evidenced by: The facility failed to assure the health and safety of 14 of 14 clients in the facility by not ensuring food that was not consumed was discarded prior to the expiration date. The finding is:	W 476			



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W 476	<p>Continued From page 3</p> <p>Observation in the facility on 9/23/20 revealed the dining room to include two refrigerators. Continued observation of the contents in the refrigerators revealed (5) gallons of milk with expired dates of 9/20/20 and 9/21/20. Further observation revealed a 5 pound container of chicken salad with an expiration date of 9/21/20, a 5 pound container of egg salad with an expiration date of 6/18/20 and (4) 5 pound containers of pimento cheese with expiration dates of 2/7/20, 3/21/20, and 5/1/20.</p> <p>Observation of the dinner meal on 9/22/20 revealed no client to receive any milk or any food item from the expired containers. Observation in the facility kitchen on 9/23/20 at 7:35 AM revealed kitchen staff A to prepare breakfast items of oatmeal and grits. Observation of the kitchen refrigerator revealed a opened gallon of milk with an expired date of 9/21/20.</p> <p>Interview with kitchen staff A on 9/23/20 at 7:40 AM revealed no client had ate breakfast and she had used milk to prepare the morning grits. Continued interview with staff A revealed clients on a pureed diet would be offered grits and clients on a regular diet would be offered oatmeal. Subsequent interview with staff A verified she had used milk from the gallon of milk with the expired date of 9/21/20.</p> <p>Interview with the facility residential manager (RM) at 7:45 AM revealed no expired food items should be in the refrigerators of the facility. Continued interview with the facility RM verified food items made with-expired milk could not be served to clients. Further interview with the facility RM verified all expired food items would be</p>	W 476	<p>11/23/2020</p> <p>W476</p> <p>The Qualified Profession will inservice all dietary staff on completing a daily inspections to ensure all expired foods are discarded and not served during meals at any time. The Residential Team Leader will complete a meal time assessment and dietary assessment x2 a week for period of one month and then on a routine basis to ensure all expired foods are discarded. In the future, the Qualified Professional will ensure all People Supported are not served any food/drink items which have expired.</p>		

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

34G108

(X2) MULTIPLE CONSTRUCTION:

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

09/23/2020

NAME OF PROVIDER OR SUPPLIER

GATEWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

1508 GATEWOOD AVENUE

GREENSBORO, NC 27405

(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 476

Continued From page 4  
thrown away and new milk would be brought to  
the facility to support dietary needs with the  
morning meal. It should be noted at 8:11 AM, milk  
was brought to the facility by a staff member.  
  
Interview with kitchen staff A at 8:20 AM revealed  
the grits that had been made with expired milk  
was thrown away and new grits had been  
prepared with a substitute of water. Further  
interview verified all expired milk and food items  
had been thrown away.

W 476



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 2, 2020

Sheila Shaw, Facility Administrator  
Facility Administrator  
RHA Health Services, LLC  
1508 Gatewood Ave.  
Greensboro, NC 27405

DHSR - Mental Health

OCT 30 2020

Lic. & Cert. Section

Re: Recertification Completed September 23, 2020  
Gatewood  
Provider Number #34G108  
MHL# 041-055  
E-mail Address: sshaw@rha.net  
Complaint Intake #NC00163007, NC00169717

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey and complaint survey completed September 23, 2020. 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 November 23, 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.

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

10/02/2020  
Sheila Shaw  
RHA Health Services, LLC

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  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

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 me at (828) 750-2664.

Sincerely,



Kaila Mitchell  
Facility Compliance Consultant II  
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org  
\_DHSR\_Letters@sandhillscenter.org