STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 34G355 B. WING 05/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/04/2021			ID HUMAN SERVICES					MAPPROVED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	· · ·		(X1) PROVIDER/SUPPLIER/CLIA	· /					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			34G355	B. WING			05/	04/2021	
GUILFORD IV 404 SKEET CLUB ROAD HIGH POINT, NC 27265					STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	x	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	ЗE	COMPLETION	
W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 433.440(c)(4) W 227 The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. W 227 This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the person-centered plan (PCP) failed to have sufficient training objectives to meet the identified needs for 1 of 3 sampled clients (#2) in order to promote independence during meals. The finding is: Afternoon observations in the group home on 5/3/21 from 5:30 PM to 5:53 PM revealed client #2 to participate in the dinner meal which consisted of the following: grilled chicken breast, parsley potatoes, green beans, fruit, sugar free beverage and water. Further observation revealed client #2 to move the piece of chicken and attempt to eat a steff sat on both sides of him at the dining table. Continued observations revealed client #2 to participate of thy holding it with his fork and spoon as staff sat on both sides of him at the drining table. Continued observations revealed client #2 to partice of chicken and attempt to eat a piece of thy holding it with his left hand and the fork in his right hand. Observations did not reveal client #2 to ask for assistance nor did staff offer assistance with cutting his grilled chicken to beservation did client #2 us his kinfe or ask for staff assistance.	W 227	CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the co- required by paragraph This STANDARD is r Based on observation interviews, the persor to have sufficient train identified needs for 1 order to promote inder The finding is: Afternoon observation 5/3/21 from 5:30 PM #2 to participate in the consisted of the follow parsley potatoes, great beverage and water. revealed client #2 to ra around his plate and a and spoon as staff sa dining table. Continu client #2 to pick up a attempt to eat a piece left hand and the fork Observations did not assistance nor did sta cutting his grilled chicke in the trash. At no po did client #2 use his k) m plan states the specific to meet the client's needs, omprehensive assessment h (c)(3) of this section. not met as evidenced by: n, record review and n-centered plan (PCP) failed hing objectives to meet the of 3 sampled clients (#2) in spendence during meals. ns in the group home on to 5:53 PM revealed client e dinner meal which wing: grilled chicken breast, en beans, fruit, sugar free Further observation move the piece of chicken attempt to cut it with his fork t on both sides of him at the ed observations revealed large piece of chicken and e of it by holding it with his in his right hand. reveal client #2 to ask for aff offer assistance with eken. Observations at 5:53 2 to push the remaining ³ / ₄ en to the side and to throw it int during the observation	W 2	227				

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE

(X6) DATE

PRINTED: 05/12/2021

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 AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI	LE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING			MPLETED
		34G355	B. WING		0	5/04/2021
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
GUILFOR	D IV			404 SKEET CLUB ROAD HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
W 227	Morning observations in the group home on 5/4/21 from 7:25 AM to 7:45 AM revealed client #2 to sit at the dining table and participate in the breakfast meal which consisted of a bowl of cereal, 2 pieces of raisin toast, milk and water. Continued observations revealed client #2 to attempt to cut his toast with a spoon. Further observations revealed client #2 to pick up a piece of toast and attempt to eat it with both hands. Observations at 7:50 AM revealed client #2 to throw the remaining pieces of raisin toast in the trash can to participate in helping staff in the kitchen. At no point during the observation period did client #2 use the knife available to him nor did he request assistance from staff in cutting his raisin toast. Review of the record for client #2 on 5/4/21 revealed a person-centered plan dated 10/2/20. Further review of the record for client #2 revealed an adaptive behavior inventory (ABI) dated 10/2/20 which indicates that client #2 can use a fork and spoon with full independence.		W 22	7		
	Continued review of t #2 can use a knife for independence and ne Subsequent review o client #2 is on a whol snacks two times dai record also indicates Glucerna two times a encourage seconds o pancakes, waffles, ar Interview with the qua professional (QIDP) aware that client #2 r	the ABI indicates that client r cutting with partial eeds assistance. f the PCP indicates that e diet; weight gain and ly. Further review of the that client #2 needs a day and staff should on all meals except				

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		ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 05/12/2021 FORM APPROVED DMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G355	B. WING			05/04/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE		
GUILFOR	D IV			104 SKEET CLUB ROAD HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S F (EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIAT EFICIENCY)		
W 227	assistance with cuttin misunderstood for ref QIDP confirmed that current. The QIDP al could benefit from pro	g up his food could be fusal during meals. The all of client #2's goals were so confirmed that client #2 ogram objectives relative to knife in order to increase	W 227				

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Facility ID: 080755

If continuation sheet Page 3 of 3