

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/04/2021
NAME OF PROVIDER OR SUPPLIER GUILFORD IV			STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD HIGH POINT, NC 27265		
(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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>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:</p> <p>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 around his plate and attempt to cut it with his fork and spoon as staff sat on both sides of him at the dining table. Continued observations revealed client #2 to pick up a large piece of chicken and attempt to eat a piece of it by 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. Observations at 5:53 PM revealed client #2 to push the remaining ¾ piece of grilled chicken to the side and to throw it in the trash. At no point during the observation did client #2 use his knife or ask for staff assistance.</p>	W 227			

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 227	<p>Continued From page 1</p> <p>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.</p> <p>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. Continued review of the ABI indicates that client #2 can use a knife for cutting with partial independence and needs assistance. Subsequent review of the PCP indicates that client #2 is on a whole diet; weight gain and snacks two times daily. Further review of the record also indicates that client #2 needs Glucerna two times a day and staff should encourage seconds on all meals except pancakes, waffles, and desserts.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified that she was not aware that client #2 needed assistance with using a knife. Further interview with the QIDP verified that she understood that the client not having</p>	W 227			

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

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W 227	Continued From page 2 assistance with cutting up his food could be misunderstood for refusal during meals. The QIDP confirmed that all of client #2's goals were current. The QIDP also confirmed that client #2 could benefit from program objectives relative to teaching him to use a knife in order to increase his level of independence during meals.	W 227		