

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

PRINTED: 07/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER RIDGELY OAK			STREET ADDRESS, CITY, STATE, ZIP CODE 1307 WESTRIDGE RD 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 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the specially constituted committee, designated as the human rights committee (HRC), failed to ensure written informed consent was obtained from the legal guardian for the use of door alarms for 6 of 6 clients in the home. The finding is:</p> <p>Observations in the group home throughout the 7/6/21 - 7/7/21 survey revealed any time a door to the outside of the group home was opened, a loud constant alarm would sound throughout the house until the door was closed.</p> <p>Review of records for client #1, #2, #3, #4, #5 and #6 on 7/7/21 revealed the facility's human right committee minutes and no guardian or human rights consent was secured to acknowledge the use of the obtrusive alarms that interfere with the clients' self-management of their home.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/7/21 revealed the door alarm has been set up this way for a long time but currently there is no one in the group home who is monitored for leaving the home without permission. Continued interview with the QIDP confirmed the facility has been utilizing the door alarms for security monitoring.</p>	W 263			

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.