

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

PRINTED: 08/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2021
NAME OF PROVIDER OR SUPPLIER GUILFORD #2			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 STRATHMORE DRIVE 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 6 clients (#1). The finding is:</p> <p>Observation in the group home on 8/3/21 at 6:58 AM revealed client #1 to be prompted by staff D to use the restroom. Continued observation revealed client #1 to enter and use the restroom while the door remained open, and revealed staff C to be directly across from the bathroom mopping the hallway floor. Further observation revealed client #1 to exit the bathroom and return to the kitchen. At no time during the observation did staff C or staff D prompt client to close the bathroom door for privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/3/21 verified staff should prompt all client's to close the bathroom door to ensure their privacy.</p>	W 130		
W 249	<p>PROGRAM IMPLEMENTATION 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</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	Continued From page 1 plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 6 clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the person-centered plan (PCP) relative to health needs. The finding is: Observation in the group home on 8/3/21 at 6:58 AM revealed client #1 to be prompted by staff D to use the restroom. Continued observation revealed client #1 to use the restroom with the door open and revealed staff C to be directly across from the bathroom mopping the hallway floor. Further observation revealed client #1 to exit the bathroom without flushing the toilet or washing his hands and return to the kitchen to assist with breakfast preparation. Review of client #1's record on 8/3/21 revealed a person-centered plan (PCP) dated 3/4/21. Continued review his PCP indicated a training goal that he will "wash hands thoroughly." Interview with the qualified intellectual disabilities professional (QIDP) on 8/3/21 verified staff should prompt all client's to close the bathroom door to ensure their privacy, as well as prompt client #1 to wash his hands at appropriate times per his prescribed training goal outlined in his PCP.	W 249			
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 287			

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W 287	<p>Continued From page 2 CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the interdisciplinary team failed to assure techniques used to manage inappropriate behavior for client #2, were not used for the convenience of staff. The finding is:</p> <p>Observation in the group home on 8/3/21 at 6:15 AM - 7:00 AM revealed a black strap with christmas trinkets attached to a dining chair on one end and client's #2 bedroom door knob on the other. Further observation revealed staff C to detach the chair from the black strap, open client's door, turn the light on and place the chair into client's bedroom.</p> <p>Interview with staff C revealed the chair attached to a strap and client #2's door knob is to alert third shift when he attempts to come out of his room. Further interview with staff C revealed client #2 has a history of sneaking into other client's bedrooms, going into the pantry to steal snacks, and hoards items into his bedroom. Additional interview with staff C revealed she was not sure whether the intervention was tied to client #2's behavior support plan (BSP).</p> <p>Review of record for client #2 on 8/3/21 revealed a person-centered plan (PCP) dated 1/8/21. Further review of the record revealed a behavior plan dated 9/8/20 for target behaviors of refusal, aggression, and AWOL. Continued review of the</p>	W 287			

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W 287	<p>Continued From page 3</p> <p>BSP revealed prevention/rules of interaction strategies relative to AWOL, including staff should be alert to client's impulsive behavior and be competent in blocking techniques. Staff should use verbal prompts to redirect the client and stand between him and a desired object, a door through which he may want to escape, or similar inappropriate or unsafe situation.</p> <p>Further review of the prevention/rules of interactions revealed if client goes into the rooms of housemates to take objects to hoard, staff should be alert to his whereabouts and immediately redirect any attempts to enter the personal space of others without invitation.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed client #2 should not be restricted from leaving his bedroom. Continued interview with the QIDP verified all interventions in the BSP should be implemented as prescribed. The QIDP also verified placing a chair secured to client's door knob was not part of the client's behavior plan and should not have occurred.</p>	W 287			