STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G276	A. BUILDING _____ B. WING _____	12/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLDEN GROUP HOME	517 NORTH HOLDEN ROAD 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	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during medication administration for 3 of 5 clients (#2, #3, #4). The finding is: Observations in the group home on 12/14/21 at 7:15 AM revealed client #3 to enter into the staff office area to participate in medication administration. Continued observations revealed staff A to administer medications to client #3 in the staff office area with no door or privacy screen. Further observations revealed client #1 to enter into the staff office area and to talk to staff A and this surveyor while client #3 was receiving the medication administration. Observations revealed client #4 to enter the staff office area and talk to staff A during the medication administration for client #3. At no point during the observation did staff offer privacy to client #3 during medication administration. Observations in the group home at 8:00 AM revealed client #2 to participate in medication administration with staff assistance. Continued observations revealed staff A to administer medications to client #2 in the staff office area with no door or privacy screen. Further observations revealed client #1 to enter into the staff office area multiple times and staff A to redirect client #1 back to the kitchen area. At no point during the observation did staff offer privacy to client #2 during medication administration.	W 130		

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 130	Continued From page 1 Observations in the group home at 8:55 AM revealed client #4 to participate in medication administration with staff assistance. Continued observations revealed staff A to administer medications to client #4 in the staff office area with no door or privacy screen. Further observations revealed client #1 and client #5 to enter into the staff office area multiple times and staff A to redirect both clients to the living room area. Observations revealed two staff to enter into the medication area while client #4 was receiving medication administration. At no point during the observation did staff offer privacy to client #4 during medication administration. Interview with the facility nurse on 12/14/21 verified that the staff office area previously had a privacy screen that could not be located at the time of the survey. Interview with the qualified intellectual disabilities professional (QIDP) and nurse confirmed that all clients should be offered privacy during medication administration. Interview with the QIDP on 12/14/21 verified that all staff have been trained to respect the privacy of all clients during medication administration. The QIDP also verified that client #5 destroyed the previous privacy screen for the medication area during a tantrum behavior. Further interview with the QIDP confirmed that a new privacy screen will be ordered and staff will receive in-service training on respecting the privacy of clients at all times.	W 130		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses,	W 436		

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W 436	Continued From page 2	W 436		

hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:
Based on observations, record review and interview, the facility failed to assure that clients use and make informed choices relative to adaptive equipment as prescribed for 1 non sampled client (#4). The finding is:

Afternoon observations in the group home on 12/13/21 from 4:30 PM to 6:30 PM revealed client #4 to participate in various activities including to transfer from sofa to wheelchair, to assist staff with meal preparation and to participate in the dinner meal. At no point during the observation period was client #4 offered to wear a gait belt.

Morning observations in the group home on 12/14/21 from 7:00 AM to 9:15 AM revealed client #4 to participate in various activities including to complete morning hygiene, to assist in the kitchen with meal preparation, to participate in the breakfast meal and to participate in medication administration. At no point during the observation period was client #4 offered to wear a gait belt.

Review of the record for client #4 on 12/14/21 revealed a person-centered plan (PCP) dated 5/13/21. Review of the physical therapy (PT) evaluation dated 1/8/20 indicated that client #4 has the following adaptive equipment: wheelchair, walker, gait belt and cup with a lid. Review of the PT evaluation indicated that client #4 should wear a gait belt during waking hours. Review of the record did not reveal discontinuation of the gait belt by a medical professional.

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W 436	Continued From page 3 Interview with the qualified intellectual disabilities professional (QIDP) verified that client #4's gait belt should have been worn during the day and to assist with transfers. Continued interview with the facility nurse and QIDP confirmed that client #4's goals and interventions are current. Further interview with the QIDP confirmed that client #4 should wear her gait belt as prescribed. The QIDP verified that the interdiscipinary team will consider discontinuation of client #4's gait belt.	W 436		