

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

PRINTED: 03/18/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 GATEWOOD AVENUE GREENSBORO, NC 27405</b>		
(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 440	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to conduct fire evacuation drills at least quarterly for each shift of personnel. The finding is:</p> <p>Review of facility fire drill reports on 3/7/22 from 2/21 through 3/22 revealed staff completed 3 of 12 fire drills for the review year. Further review of fire drill reports revealed (1) 1st shift drill completed in 4/21, (1) 3rd shift fire drill completed 1/22 and (1) 2nd shift in 2/22.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/8/22 revealed fire evacuation drills were not completed as required and should have been conducted at least quarterly for each shift of personnel.</p>	W 440			
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.