STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G355	A. BUILDING _____ B. WING _____	05/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD IV	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 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure updated written consents were obtained for 4 of 6 clients (#1, #2, #5, and #6). The finding is: Observation in the group home throughout the 5/10-11/22 survey revealed both pantries in the kitchen area to be secured with a key pad lock. Continued observation throughout the survey revealed staff to enter the combination each time they entered the pantry. Interview with staff A on 5/10/22 revealed the pantries remain locked at all times due to client #3's food seeking behaviors. Review of records for clients #1, #2, #5, and #6 on 5/11/22 revealed they each signed a consent for rights limitations, however, the consents did not include restrictions to the pantry or refrigerator. Review of records for clients #3 and #4 revealed they did have a current consent for rights limitations relative to the locked pantry and refrigerator. Interview with the qualified intellectual disability professional (QIDP) on 5/11/22 revealed the pantry and refrigerator restriction is necessary due to client #3 being very food driven. Continued interview with the QIDP revealed they sent all guardians new consents by mail several months ago and none have been returned. Further interview with the QIDP revealed they could not confirm if the new consents were updated to	W 263		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 263	Continued From page 1 include restrictions to the pantry and refrigerator for clients #1, #2, #5, and #6.	W 263		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure the food consistency for 1 of 3 sampled clients (#3) was followed relative to the diet order for two out of two meals. The finding is: Observation in the group home during the dinner meal on 5/10/22 revealed client #3 to participate in a dinner meal consisting of chicken nuggets, french fries and vanilla pudding. Continued observation revealed the chicken nuggets were not cut into ½ pieces when consumed by client #3 per diet order. Observation in the group home on 5/11/22 revealed client #3 to participate in a breakfast meal consisting of grits, waffles and sausage patties. Continued observation revealed the sausage patties were not cut into ½ pieces when consumed by client #3 per the diet order. Review of records for client #3 on 5/11/22 revealed Person-Centered Plan (PCP) dated 1/19/22. Review of the PCP for client #3 revealed training objectives to tolerate face mask, wash hands and cough/sneeze in elbow. Continued review of records revealed an Occupational Therapy (OT) evaluation dated 2/4/22. Review of the OT evaluation revealed recommendations to allow for use of regular cup and spoon and provide verbal prompts for pacing of eating as necessary. Further review of records revealed a	W 474		

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	34G355	A. BUILDING _____ B. WING _____	05/11/2022

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W 474	Continued From page 2 nursing evaluation dated 1/18/22. Review of the nursing evaluation revealed recommendation to monitor for signs of constipation, monitor for side effects of behavior medications, AWOL, worsening acne, seasonal allergies, PICA and choking. Additional review of records revealed a nutritional assessment dated 12/8/21 with diagnosis of Severe IDD, PICA, constipation, H-Pylori, seasonal allergies, elevated triglycerides, migraines, oral dysphagia, acne and Vitamin D deficiency. The nutritional assessment revealed client #3 to be on a regular diet, cut meat into ½ inch pieces, no grapefruit and no caffeine. Interview with the qualified intellectual disability professional (QIDP) on 5/11/22 verified client #3's meats should have been be cut into ½ pieces during both meals per the diet order and to prevent choking.	W 474		