DEPART		APPROVED						
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		(<u>)MB NO.</u>	0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED		
		34G355	B. WING	NG		05/11/2022		
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
GUILFO	או חכ			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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE COMPLÉTION THE APPROPRIATE DATE			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs		W 26	3				
	are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.							
	Based on observat interview, the facility written consents we	s not met as evidenced by: tion, record review and y failed to ensure updated ere 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.							
	on 5/11/22 revealed for rights limitations not include restriction refrigerator. Review #4 revealed they div	for clients #1, #2, #5, and #6 d they each signed a consent s, however, the consents did ons to the pantry or v of records for clients #3 and d have a current consent for lative to the locked pantry and						
	professional (QIDP pantry and refrigera due to client #3 bein interview with the C guardians new cons ago and none have interview with the C	ualified intellectual disability) on 5/11/22 revealed the ator restriction is necessary ng very food driven. Continued NDP revealed they sent all sents by mail several months been returned. Further NDP revealed they could not consents were updated to						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 05/18/2022

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G355		(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP COD
GUILFO	RD IV			04 SKEET CLUB ROAD HGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
W 263		age 1 to the pantry and refrigerator	W 263			
W 474	for clients #1, #2, # MEAL SERVICES CFR(s): 483.480(b)	5, and #6.	W 474			
	Based on observa- interviews, the facil consistency for 1 or followed relative to two meals. The fin	s not met as evidenced by: tion, record review and ity failed to assure the food f 3 sampled clients (#3) was the diet order for two out of ding is:				
	meal on 5/10/22 rei in a dinner meal co french fries and var observation revealed not cut into ½ piece per diet order. Ob on 5/11/22 revealed breakfast meal con sausage patties. C the sausage patties	group home during the dinner vealed client #3 to participate insisting of chicken nuggets, nilla pudding. Continued ed the chicken nuggets were es when consumed by client #3 servation in the group home d client #3 to participate in a isisting of grits, waffles and continued observation revealed is were not cut into ½ pieces y client #3 per the diet order.				
	revealed Person-Ca 1/19/22. Review of training objectives thands and cough/s review of records re Therapy (OT) evalu- the OT evaluation rallow for use of reg	for client #3 on 5/11/22 entered Plan (PCP) dated f the PCP for client #3 revealed to tolerate face mask, wash eneeze in elbow. Continued evealed an Occupational uation dated 2/4/22. Review of revealed recommendations to jular cup and spoon and npts for pacing of eating as				

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		AND HUMAN SERVICES				FORM	05/18/2022 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G355	B. WING	;		05/	11/2022	
NAME OF I	PROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE	-		
GUILFO	RD IV		404 SKEET CLUB ROAD HIGH POINT, NC 27265					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 474	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.			474				

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