

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

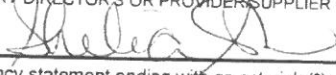
PRINTED: 01/03/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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NAME OF PROVIDER OR SUPPLIER GUILFORD #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 PLEASANT RIDGE ROAD SUMMERFIELD, NC 27358
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(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
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W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide choice and self management for 6 of 6 clients (#1, #2, #3, #4, #5 and #6) relative to leisure options and activities. For example:</p> <p>Observation in the group home on 12/21/21 from 7:35 AM until 8:45 AM revealed client #2 at various times to walk to a closet of the group home and to open the closet, peer inside and close the door. Continued observation at 8:45 AM revealed all clients of the group home to sit in the living room watching television. Further observation throughout morning observations revealed leisure activities offered to clients to include watching television, for client #2 to hold a coloring book, for client #3 to be offered a baby doll and client #4 to be offered a magazine.</p> <p>Interview with staff A on 12/21/21 revealed the closet that client #2 would walk to and open the door of used to have various engagement activities such as games, puzzles and books for all clients to choose from. Continued interview with staff A revealed client #4 tore up all the activities that were in the facility leisure closet a couple months ago and all items had been thrown away. Staff A further revealed no activities had been replaced since everything had been thrown away. Additional interview with staff A revealed active treatment options were limited in the group home due to the lack of activities that could be offered to clients.</p>	W 247	<p>W247</p> <p>The Qualified Professional will in-service all staff on affording clients #1 - #6 and all people supported the opportunity to make choices and self management related to activities and leisure. The Qualified Professional will inservice the manager to ensure activities and leisure options are available at all times. The Clinical team will monitor 2x a week for a period of four weeks via interaction assessments to ensure the opportunity for leisure choices and activities are afforded to all people supported. In the future, the Qualified Professional will ensure all staff are trained on affording the opportunity for all people supported to make choices for leisure activities.</p> <p>By: 2/21/22 DHR - Mental Health JAN 19 2022 Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/13/22
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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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NAME OF PROVIDER OR SUPPLIER GUILFORD #3			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 PLEASANT RIDGE ROAD SUMMERFIELD, NC 27358	
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W 247	Continued From page 1 Interview with the facility home manager on 12/21/21 revealed he was unaware all activity options of the facility leisure closet had been thrown away due to damage by client #4. Continued interview with the facility home manager verified clients should have choice and self management of various leisure options in the group home. Further interview with the facility home manager revealed activities of the facility leisure closet needed to be replaced.	W 247		
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, 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 observation, record review and interview the facility failed to provide teaching for 1 of 4 sampled clients (#5) relative to eyeglasses. The finding is: Observation in the group home on 12/20/21 from 4:30 PM until 6:15 PM revealed client #5 to participate in various activities to include: watching television, participation in the dinner meal, loading dishes in the dishwasher after the dinner meal, following various staff directives and taking items to the laundry room. Continued observation throughout evening observations on 12/20/21 revealed client #5 to wear eyeglasses. Observation in the group home on 12/21/21 from 7:45 AM until 8:10 AM revealed client #5 to	W 436		

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W 436	<p>Continued From page 2</p> <p>complete a morning routine of hygiene, to watch television, to participate in the breakfast meal and to enter the medication room for medication administration. Continued observation revealed at no time before 8:10 AM for client #5 to wear eyeglasses. Observation at 8:15 AM revealed client #5 to exit the medication room wearing eyeglasses.</p> <p>Review of records for client #5 on 12/21/21 revealed a person centered plan (PCP) dated 4/10/21. Review of the PCP for client #5 revealed training objectives to address clothing identification, wash hands, use of a face mask, beverage preparation, money management and traffic sign identification. Continued review of records for client #5 revealed a behavior plan dated 9/7/21 to reflect client #5 wears glasses to correct vision and staff may need to give reminders to wear glasses. Additional record review revealed a vision consult dated 4/22/21 with the recommendation to continue with current prescription.</p> <p>Interview with staff A on 12/21/21 revealed client #5's glasses were kept in the medication room to support the client with proper storage and care of her eyeglasses. Interview with the facility qualified intellectual disabilities professional (QIDP) on 12/21/21 verified client #5 wears prescribed glasses and did not have a training program to address any deficits related to eyeglass care or use. Continued interview with the QIDP revealed she was unsure why client #5's eyeglasses were kept in the medication room and the client could benefit from training to address deficits in use and care of her eyeglasses.</p>	W 436	<p>W 436</p> <p>The team will meet to discuss the use of client #5's eye glasses. The Habilitation Specialist will in-service staff as a result of the team meeting. The Qualified Professional will revise the Personal Care Plan to include the results of the meeting. The clinical team will monitor x2 days a week for a period of four weeks through interaction assessments to ensure client is wearing eye glasses as prescribed. In the future, the Qualified Professional will ensure client #5 and all people supported are afforded training to use any adaptive devices as prescribed.</p> <p>By: 2/21/22</p>	
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