

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER GUILFORD #1			STREET ADDRESS, CITY, STATE, ZIP CODE 416 BOXWOOD DRIVE GREENSBORO, NC 27410		
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W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all interventions to manage inappropriate behavior were incorporated into an active treatment program for 4 of 6 sampled clients (#1, #2, #5 and #6). The findings are:</p> <p>A. The team failed to implement interventions relative to restricting clothing items from clients' rooms. For example:</p> <p>Observations in the group home from 7/5/22 - 7/6/22 revealed 10 pairs of shoes stored in the laundry room cabinets. Continued observation revealed staff to retrieve a pair of shoes for client #2 to wear from the laundry room cabinet. Further observation also revealed two belts to be stored in the laundry room on a table.</p> <p>Review of the record for clients #1, #2, #5 and #6 did not reveal interventions relative to tearing up or losing clothing items in the clients' behavior support plans (BSPs) or person centered plans (PCPs). Continued review of records for clients #1, #2, #5 and #6 did not reveal program goals relative to restricting access to clothing items due to tearing or losing clothing. Record review also did not reveal signed consents or human rights committee (HRC) documentation relative to storing clothing items in alternative locations other than clients' bedrooms.</p>	W 288			

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 288	<p>Continued From page 1</p> <p>Interview with staff E on 7/6/22 revealed the staff keep clothing items in the laundry room so that clients will take better care of their shoes and won't tear them up. Continued interview with staff E revealed the belts belong to clients #1 and #5 as they are known for losing them.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/6/22 revealed she was not aware staff were storing clothing items in the laundry room and not in their bedrooms. Continued interview with the QIDP revealed all clients should have clothing items in their rooms unless a formal program and/or interventions have been implemented and approved. Further interview with the QIDP revealed clients' clothing items should not be stored in alternative locations without treatment team approval.</p> <p>B. The team failed to implement interventions relative to securing eyeglasses outside of the bedroom for client #2. For example:</p> <p>Observations in the group home on 7/6/22 at 8:20 AM revealed client #2 to enter the medication room to prepare for medication administration. Continued observations revealed client #2 to enter the medication room without wearing his eyeglasses. Further observation at 8:30 AM revealed client #2 to exit the medication room wearing his eyeglasses.</p> <p>Review the record for client #2 revealed a PCP dated 3/4/22 which indicated the following program goals: handwashing goal, prepare veggies on the stove, toothbrushing goal, privacy, identify warning signs, wear a mask and cough/sneeze inside his arm. Review of the PCP did not reveal interventions relative to securing</p>	W 288			

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W 288	Continued From page 2 eyeglasses in the medication room. Review of the BSP dated 9/7/21 for client #2 revealed the following target behaviors: refusal, physical aggression and attempting to injure others. Review of the BSP did not reveal target behaviors or interventions relative to property destruction or breaking his eyeglasses. Interview with staff C on 7/6/22 revealed client #2 has broken his eyeglasses in the past during behavior outbursts. Continued interview with staff C revealed staff store client #2's eyeglasses in the medication room when he is not using them to prevent him from breaking or losing them. Interview with the QIDP on 7/6/22 revealed client #2 does not have interventions relative to breaking or losing his eyeglasses. Continued interview with the QIDP revealed client #2's eyeglasses should be stored in his room when he is not wearing them. Interview with the QIDP also revealed all of client #2's interventions are current. Further interview with the QIDP verified client #2's eyeglasses should not be stored in an alternative location without approval from the treatment team.	W 288			
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 for 1	W 436			

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W 436	<p>Continued From page 3</p> <p>non-sampled client (#4) relative to eyeglasses. The finding is:</p> <p>Observations in the group home on 7/5/22 from 4:45 PM - 6:30 PM revealed client #4 to participate in a dinner meal, clean up dinner dishes from the table and load them in the dishwasher, complete a household chore of carrying the trash out, watch a preferred television show and play a hand held musical keyboard. Continued observation revealed staff to prompt client #4 to use the restroom. At no point during the observation was client #4 observed to wear his prescribed eyeglasses or for staff to prompt the client to wear his prescribed eyeglasses.</p> <p>Morning observations in the group home on 7/6/22 from 6:15 AM - 9:00 AM revealed client #4 to wake and be assisted by staff to shower, get dressed, ambulate to the living room to participate in a preferred activity of watching a television show. Continued observations revealed client #4 to participate in medication administration, a breakfast meal and cleanup of his breakfast dishes and load them in the dishwasher. Further observation revealed client #4 to participate in activities using puzzles and cards with staff involvement. At no point during the observation was client #4 observed to wear his eyeglasses or for staff to prompt the client to wear his prescribed eyeglasses.</p> <p>Review of records for client #4 on 7/6/22 revealed a person-centered plan (PCP) dated 3/30/22 with the following diagnosis: Profound IDD (Cognitively and Adaptively), Down Syndrome, ADHD and chronic constipation. Continued review of records for client #4 revealed goals to</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>wash hands, prepare veggies, operate the washing machine, improve money management and to build tolerance in wearing eyeglasses.</p> <p>Further review of records revealed a behavior support plan (BSP) dated 5/24/22 with target behaviors as follows: refusal, verbal aggressions, property damage and physical aggression. Review of the BSP revealed a consent for the behavior support plan dated 5/24/22 that states client #4 refuses eyeglasses and is on a program to tolerate them. The record revealed an Ophthalmologist assessment dated 11/10/20 with recommendations for continued eyeglass wear and a new prescription ordered. A vision consult was not available during the survey.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 7/6/22 verified client #4 wears prescribed eyeglasses and has a training program to help increase his tolerance to wearing his eyeglasses. Continued interview the QIDP revealed she was unsure why staff did not prompt client #4 to wear his eyeglasses during the survey.</p>	W 436			