STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G108	A. BUILDING _____ B. WING _____	03/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATEWOOD	1508 GATEWOOD AVENUE GREENSBORO, NC 27405

(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	EVACUATION DRILLS CFR(s): 483.470(i)(1) 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: 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. 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.	W 440	W 440 The Safety Chairperson will in-service the Residential Team Leader and the QIDP on the Fire Drill Schedule. The Administrator and Safety Chairperson will monitor all Fire Drills monthly to ensure they are completed per the schedule. In the future the Administrator will ensure Fire Drills are completed for each shift at least quarterly.	5/6/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nikah Foster, Program Manager/QP		3/28/22

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.