

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

PRINTED: 01/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER HOLDEN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 517 NORTH HOLDEN ROAD GREENSBORO, NC 27410		
(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 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that updated, written informed consent from the human rights committee (HRC) was secured for behavior support medications and adaptive equipment for 3 of 3 clients (#2, #3, and #4). The finding is:</p> <p>Observations in the group home during the survey period from 1/10/23 - 1/11/23 revealed client #2 to utilize a built up spoon and deep divided dish during meals. Continued observations revealed client #3 to utilize a wheelchair throughout the survey.</p> <p>Review of client records on 1/11/23 revealed behavior support plans (BSP) dated 11/30/21 for client #2, 11/20/21 for client #3 and 9/7/21 for client #4. Continued review of client #2 and #4 BSP's revealed use of psychiatric behavior support medications, medication for sleep and dental/medical sedation as ordered by the physician. Further review of the BSP's revealed no consents from the human rights committee (HRC) relative to adaptive equipment and psychiatric behavior support medication.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/11/23 revealed that current HRC consent forms for clients #2, #3, and #4 could not be provided during the survey.</p>	W 262			

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.

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

PRINTED: 01/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER HOLDEN GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 517 NORTH HOLDEN ROAD GREENSBORO, NC 27410		
(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 262	Continued From page 1	W 262			
W 263	<p>Continued interview with the QIDP verified HRC consent forms for all clients should be updated and signed by the HRC and legal guardian annually.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 that updated, written informed consent from the legal guardian was secured for behavior support medications and adaptive equipment for 3 of 3 clients (#2, #3, and #4). The finding is:</p> <p>Observations in the group home during the survey period from 1/10/23 - 1/11/23 revealed client #2 to utilize a built up spoon and deep divided dish during meals. Continued observations revealed client #3 to utilize a wheelchair throughout the survey.</p> <p>Review of client records on 1/11/23 revealed behavior support plans (BSP) dated 11/30/21 for client #2, 11/20/21 for client #3 and 9/7/21 for client #4. Continued review of client #2 and #4 BSP's revealed use of psychiatric behavior support medications, medication for sleep and dental/medical sedation as ordered by the physician. Further review of the BSP's revealed no consents from the legal guardians relative to adaptive equipment and psychiatric behavior support medication.</p>	W 263			

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

PRINTED: 01/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER HOLDEN GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 517 NORTH HOLDEN ROAD GREENSBORO, NC 27410		
(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	Continued From page 2 Interview with the qualified intellectual disabilities professional (QIDP) on 1/11/23 revealed that current consent forms for clients #2, #3, and #4 could not be provided during the survey. Continued interview with the QIDP verified consent forms for all clients should be updated and signed by the legal guardian and HRC annually relative to restrictions.	W 263		