STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G180	A. BUILDING _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD #3	2600 PLEASANT RIDGE ROAD SUMMERFIELD, NC 27358

(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 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to complete an updated dietary assessment for 3 of 6 clients (#3, #4, and #6). The findings are: A. The facility failed to ensure an initial dietary assessment was completed for client #3 within 30 days of admission. For example: Review of the record on 1/19/23 for client #3 revealed a person-centered plan (PCP) dated 9/28/22. Continued review of the PCP indicated client #3 has the following diet order due to seizure disorder: 2,000 calorie, regular, low sodium, whole consistency. Cut meat into 1" pieces due to seizure disorder. Further review of the record for client #3 did not reveal a dietary assessment since the client's admission to the facility on 8/30/22. Review of an email correspondence dated 10/14/22 revealed the qualified intellectual disabilities professional (QIDP) requested a dietary assessment to be completed by the facility dietician. A dietary assessment was not available for review during the survey period. Interview with the facility nurse on 1/19/23 revealed the facility has made several attempts to contact the registered dietician to complete the dietary assessments and updates for all clients. Continued interview with the nurse revealed the facility administrator will follow up to determine what are the next steps to ensure client #3 receives a dietary assessment. Interview with the	W 217		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 217	Continued From page 1 QIDP on 1/19/23 revealed staff should follow the current diet orders for client #3 until a dietary assessment is completed. B. The facility failed to ensure an annual dietary assessment was updated for clients (#4, #6). For example: Observations in the group home during the 1/18/23-1/19/23 survey revealed client #4 to participate in mealtimes with food prepared at a puree consistency and to use a divider plate. Continued observations also revealed staff to use thick-it powder in client #4's drinks during mealtimes. Subsequent observations during the survey also revealed client #6 to participate in mealtimes with food prepared at a puree consistency. Continued observations revealed client #6 to use the following adaptive equipment during mealtimes: high sided divided dish, shirt protector and dycem mat. Review of the record for client #4 on 1/19/23 revealed a person-centered plan (PCP) dated 1/31/22 which indicated the client uses a scoop plate and regular utensils during mealtimes. Continued review of the PCP revealed the following diet for client #4: weight gain, nectar thick liquids, puree diet, 4oz. yogurt, applesauce, pudding or custard at lunch and dinner. High calorie snacks should be provided to the client. Review of the OT assessment dated 1/24/22 for client #4 revealed the client uses a high sided divided dish during mealtimes due to choking and/or aspiration. Continued review of the record revealed a dietary assessment dated 5/20/21. Further review of the record for client #4 did not	W 217		

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W 217	Continued From page 2 reveal an updated dietary assessment for review during the survey. Review of the record did not reveal written aspiration precautions for staff to follow during mealtimes for client #4. Review of the record for client #6 revealed a PCP dated 3/30/22. Continued review of the PCP indicated client #6 uses the following adaptive equipment during mealtimes: divider plate, dycem mat, built up spoon and clothing protector. Review of the dietary assessment dated 9/28/21 revealed client #6 should have nectar thick liquids in all drinks. An updated dietary assessment for client #6 was not available during the survey. Interview with the facility nurse on 1/19/23 revealed the facility has made several attempts to contact the registered dietician to complete the updated dietary assessments for all clients. Continued interview with the nurse revealed the facility administrator will follow up to determine what are the next steps to ensure all clients receive an updated dietary assessment. Interview with the QIDP on 1/19/23 revealed staff should follow the current diet orders for clients #4 and #6 until an updated dietary assessment is completed.	W 217		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that	W 262		

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W 262	Continued From page 3 updated, written informed consent from the human rights committee (HRC) was secured for exterior door alarms for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Observations in the group home during the survey period from 1/18/23 - 1/19/23 revealed exterior door alarms to ring upon staff and clients entering and exiting the facility. Review of client records for client #2 revealed a signed guardian consent dated 12/10/22. Continued review for client #3 revealed a guardian consent dated 8/30/22. Further review of client #4 revealed a guardian consent dated 2/17/22. Subsequent review of client #6 revealed a guardian consent dated 3/30/22. Additional review of clients #2, #3, #4 and #6 records did not reveal written informed consents from HRC relative to exterior door alarms. Review of client records for clients #1 and #5 did not reveal updated or current written informed consent from the HRC and legal guardians relative to the exterior door alarms. Interview with the qualified intellectual disabilities professional (QIDP) revealed that current human rights consent limitation forms for clients #1, #2, #3, #4, #5 and #6 could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated and signed by the HRC and legal guardian annually.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs	W 263		

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W 263	Continued From page 4 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 exterior door alarms for 2 clients (#1 and #5). The finding is: Observations in the group home during the survey period from 1/18/23 - 1/19/23 revealed exterior door alarms to ring upon staff and clients entering and exiting the facility. Review of client records on 1/19/23 for clients #1 and #5 did not reveal updated written informed consent from the legal guardians relative to the exterior door alarms. Interview with the qualified intellectual disabilities professional (QIDP) on 1/19/23 revealed that current human rights consent limitation forms for clients #1 and #5 could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated and signed by the legal guardian annually.	W 263		
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 record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for the review year. The finding is:	W 440		

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W 440	Continued From page 5 Review of the facility fire drill reports on 1/19/23 for the 12-month review year from 2/2022 - 1/2023 revealed only 3 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 2/5/22 (no shift indicated), 8/5/22 (2nd) and 1/9/23 (1st). Interview with the facility qualified intellectual development professional (QIDP) on 1/19/23 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the QIDP verified each facility should have conducted fire evacuation drills for each shift of personnel each quarter of the review year.	W 440		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure food consistency was served in a form according to the developmental level of clients (#1, #3, #6) . The findings are: A. The facility failed to assure food consistency was provided to client #1 as prescribed. For example: Morning observations in the facility on 1/19/23 at 8:18 AM revealed client #1 to sit at the dining table and prepare for the breakfast meal. The breakfast meal consisted of the following: scrambled eggs with cheese, ham and cheese croissant sandwich, butter, jelly, water and decaf	W 474		

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coffee. Continued observations revealed client #1 to stand up from the dining table and retrieve a rocker t knife from the kitchen. Further observations revealed staff to cut the croissant sandwich in ½ and continue to cut half of the sandwich in bite size pieces. Observations also revealed staff to leave the other half of the ham and cheese sandwich whole. Additional observations at 8:23 AM reveal client #1 to eat a large piece of the ham and cheese croissant and to cough several times. Observations reveal staff to prompt client #1 to cover their mouth while coughing. At no point during the observation did staff ensure that client #1's food was cut into 1" pieces or the client would not be served pork according to the client's diet order. Observations did not reveal written aspiration precautions for staff to follow client #1's diet orders.

Review of the record for client #1 on 1/19/23 revealed a person-centered plan (PCP) dated 6/16/22. Review of the PCP revealed client #1 has aspiration precautions to "monitor for choking and/or aspiration. If the client is coughing, drooling, choking, or congestion during or immediately staff should follow diet/eating guidelines as written. Notify nursing". Continued review of the record revealed an OT Assessment dated 1/24/22. Review of the OT Assessment revealed client #1 should have chopped meats with hand over hand assistance, regular liquids, 1500 calories, no fried, spicy or greasy foods, double fruits and vegetables, low fat, bland diet. Watch for rate of eating. Review of the choking assessment for client #1 dated 6/7/22 revealed ½" consistency and fork mashed. Review of the dietary assessment dated 7/30/22 revealed client #1 should have ½" consistency, then fork mashed. Food is not to be run through a blender.

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W 474	Continued From page 7 Subsequent review of the record for client #1 revealed a physician's order dated 10/27/22 which indicates the client has the following diet: 1500 calorie, heart healthy, weight loss diet, bland, GERD, ¼ inch consistency with meats fork smashed after cut to ¼ inch. Double portions of vegetables only. No pork. Provide applesauce or fruit for afternoon snacks, ½ portions of desserts. Do not put food in blender. Interview with the facility nurse on 1/19/23 revealed the client should have ½" consistency and fork mashed. Continued interview with the nurse revealed client #1 has aspiration precautions and diet/eating guidelines however they are not written. The nurse also revealed during the interview the facility has been attempting to contact the facility dietician for quite some time with no response. Interview with the QIDP on 1/19/23 acknowledges a discrepancy of client #1's OT assessment, PCP and dietary assessment. Further interview with the QIDP revealed staff should follow client #1 diet consistency and monitor for choking and/or aspiration. B. The facility failed to ensure client #3's diet consistency was followed during mealtimes as prescribed. For example: Morning observations on 1/19/23 at 8:10 AM revealed client #3 to assist with placing food on the table. Continued observations revealed client #3 to sit at the dining table to participate in the breakfast meal. The breakfast meal consisted of the following: scrambled eggs with cheese, two ham and cheese croissant sandwiches, butter, jelly, milk and water. Further observations	W 474		

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revealed client #3 to eat the whole breakfast sandwiches and the remainder of her breakfast meal. At no point during the observation did staff prompt client #1 to cut the ham and cheese croissant sandwiches into 1" pieces.

Review of the record for client #3 on 1/19/23 revealed the client was admitted to the facility on 8/30/22. Review the PCP dated 9/28/22 revealed client #3 has the following prescribed diet: 2,000 calorie, regular, low sodium, whole consistency. Cut meat into 1" pieces due to seizure disorder. Review of an email from the qualified intellectual disabilities professional (QIDP) dated 10/14/22 revealed a request to the facility dietician for a dietary assessment for client #3 as the client is a new admit to the facility. Review of the record did not reveal a current dietary assessment for client #3 during the survey.

Interview with the facility nurse and QIDP on 1/19/23 revealed client #3 was admitted to the facility on 8/30/22. Interview with the nurse and QIDP also revealed the dietary assessment for client #3 was not completed as the facility is having difficulties in contacting the registered dietician. Continued interview with the nurse revealed the facility administrator will follow up to determine next steps in communicating with the dietician. Interview with the QIDP on 1/19/23 revealed the facility dietician was unavailable at the time of the survey. Continued interview with the QIDP revealed staff must follow the current dietary guidelines for client #3 due to the seizure disorder diagnosis.

C. The facility failed to ensure client #6 diet consistency was followed during mealtimes as prescribed. For example:

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W 474	Continued From page 9 Observations in the group home during the survey period from 1/18/23 - 1/19/23 revealed client #6 to participate in meals. The dinner meal consisted of beef macaroni casserole, toss salad with dressing, cookie and beverages. The breakfast meal consisted of scrambled eggs, a ham and cheese croissant sandwich, butter, jelly, milk and water. At no point during observations of both meals did staff administer nectar thick liquids in client's cups. Review of client's record on 1/19/23 revealed a person-centered plan (PCP) dated 3/30/22. Continued review of the PCP revealed a diet to consist of weight loss 1800 calorie diet, pureed foods and nectar thickened liquids. Further review of client's record revealed a dietary progress note dated 9/28/21 to include nectar thick liquids, aspiration precautions, full supervision and to sit upright thirty minutes after eating. Interview with the facility nurse on 1/19/23 revealed client #6 should have pureed foods and nectar thickened liquids during meals. Continued interview with the nurse revealed the client has aspiration precautions, however they are not written. The nurse also revealed there is no updated nutritional assessment completed for client #6. Further interview with the nurse revealed staff should follow all clients diet consistency as prescribed.	W 474		