

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 0710612022
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NAME OF PROVIDER OR SUPPLIER GUILFORD #1	STREET ADDRESS, CITY, STATE, ZIP CODE 416 BOXWOOD DRIVE GREENSBORO, NC 27410
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O(4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	P REF TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
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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 , #5 and 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	<p>W288</p> <p>A. The Qualified Professional will in-service all staff to ensure clients #1, #2, #5 and #6 have free access to their clothing items in their bedrooms.</p> <p>The clinical team will monitor 2x a week for 1 month then on a routine basis to ensure clients #1, #2, #5 and #6 and all people supported have free access to their clothing items. In the future, the Qualified Professional will ensure all people supported have free access to their personal items.</p> <p>B. The clinical team will meet to determine client #2's need for storing his eyeglasses. The Qualified Professional will in-service staff and update the Person-Centered Plan on the results from the meeting.</p> <p>The team will monitor x2 a week for 1 month, then on a routine basis to ensure all recommendations from the meeting are trained and followed. In the future, the Qualified Professional will ensure the Person Center Plans are updated to address all people supported needs as well as ensure all people supported have access to</p>	
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			eyeglasses and other personal belongings.	
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER/REPRESENTATIVES SIGNATURE



TITLE
QP

(X6) DATE

8/1/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	0(2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 0710612022
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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.</p> <p>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</p>	w 288	

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	cough/sneeze inside his arm. Review of the PCP did not reveal interventions relative to securing			
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w 288	<p>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.</p> <p>Review of the BSP did not reveal target behaviors or interventions relative to property destruction or breaking his eyeglasses.</p> <p>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.</p> <p>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 #2s eyeglasses should not be stored in an alternative location without approval from the treatment team.</p>	w 288	
w 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide for 1</p>	w 436	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 0710612022
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	REGULATORY OR CSC IDENTIFYING INFORMATION)		
w 436	<p>Continued From page 3 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 handheld 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</p>	w 436	<p>W436</p> <p>The team will meet to determine the need for client #4 to address wearing his eyeglasses in a formal program. The Habilitation Specialist will develop a program to address the need and in-service all staff on the program.</p> <p>The clinical team will monitor 2x a week for 1 month then on a routine basis through Interaction Assessments to ensure client #4 is wearing his eyeglasses during waking hours. In the future, the Qualified Professional will ensure the Person-Centered Plan is updated to address the needs of all people supported as well as ensure all people supported are wearing eyeglasses as ordered.</p>

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<p>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>			
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<p>w 436</p> <p>Continued From page 4 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.</p> <p>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</p> <p>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>	<p>w 436</p>		
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NC DEPARTMENT
OF
HEALTH AND
HUMAN
SERVICES

Sheila Shaw, Administrator RHA Health Services,
LLC.
1701 Westchester Drive, Ste. 940
High Point, NC 27262
ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 18, 2022

Re: Recertification Completed July 6, 2022

Guilford #1; 416 Boxwood Drive; Greensboro, NC 27410

Provider Number #34G161

MHL#041-078

E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed July 6, 2022. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is September 5, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.

- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC
27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC
27699-2718 www.ncdhhs.gov/dhsr • TEL: 119-855-3795 • FAX: 919-
715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 18, 2022
Guilford #1
RHA Health Services, LLC

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Clarissa Henry at 704-589-2523.

Sincerely,

A handwritten signature in black ink, appearing to be 'CH', with a long horizontal stroke extending to the right.

Clarissa Henry, MHSA, QP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures cc: DHSR

Letters@sandhillscenter.org