PRINTED: 02/20/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	34G181	B. WING			02/	14/2023	
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE (GROUP HOME		401	REET ADDRESS, CITY, STATE, ZIP CODE MEADOWOOD STREET EENSBORO, NC 27409	•		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
Therefore, the facili treatment and care This STANDARD i Based on observatinterviews, the facili maintained during pof 5 audit clients (# During observations 6:22am, client #6 with standing at the toile bathroom, and the bathroom were open observation was clied bathroom door. Additional observations 6:26am revealed clied middle of the bathroom door. Additional observations observation was clied bathroom door. Additional observations observation was clied bathroom door. Additional observations observation in the door at the door to the bathroom to the bathroom and close stand in the door at then walked away, At 6:28am, Staff C bathroom and close Review on 2/14/23 Program Plan (IPP) the area of support #6] to ensure he unprivacy in all setting medication room, elections on 2/14/2 (HM) and Qualified Professional (QIDP)	nsure the rights of all clients. ity must ensure privacy during of personal needs. It is not met as evidenced by: tions, record reviews and lity failed to ensure privacy was personal care. This affected 1 doi. The finding is: Is in the home on 2/14/23 at was observed in the bathroom et. Client #6 was using the door to the stall and the en. At no time during the ent #6 prompted to close the ent #6 prompted to close the ent #6 to be standing in the com, completely undressed. Throom was open. At 6:28am, ed to walk to the bathroom, and talk to client #6. Staff C and the door remained open. The returned, went into the ed the door. of client #6's Individual of cli	W 1	30	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G181	B. WING		02/	/14/2023
	PROVIDER OR SUPPLIER	GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CO 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 130 W 249		to close the door or should or for him.	W 13			
	formulated a client's each client must re treatment program interventions and s and frequency to su	rdisciplinary team has sindividual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the lin the individual program				
	Based on observatinterviews, the facilical clients (#5) received treatment program support plan (ISP)	s not met as evidenced by: tions, record reviews, and ity failed to ensure that 1 of 5 d a continuous active as identified in the individual relative to wearing a we helmet. The finding is:				
	2/13/23 at 4:05 PM living room chair we unfastened. Contir revealed client #5 to head several times revealed client #5 to helmet chin strap u observations at 4:3 walk up to the home	ns in the group home on revealed client #5 to sit in a paring a helmet with chin strap nued observation at 4:11 PM to remove helmet off and on Further observations to walk around the home with infastened. Subsequent 3 PM revealed client #5 to be manager (HM) and the HM trap on the client's helmet.				
		ns in the group home on revealed client #5 to be				

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		34G181	B. WING		02	/14/2023
	PROVIDER OR SUPPLIER	GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP C 401 MEADOWOOD STREET GREENSBORO, NC 27409		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 249	dressed, sitting at the breakfast meal. Conclient #5 to not wear observations at 6:2 client #5's helmet at the lient #5's helmet at lient #5's helmet at lient #5's helmet adaptive at the lient #5's helmet review of the record plan (BSP) dated 3 the BSP revealed the lient to be worn the lient with the approfessional (QIDP Continued interview client #5's should we helmet daily with chemet daily with chem	he dining table and eating the portinued observation revealed or prescribed helmet. Further 8 AM revealed staff to obtain and place on head. Its record on 2/14/23 revealed 23. Continued review of ISP equipment for client #5 to to be worn daily. Further discreteled a behavior support 1/25/22. Subsequent review of the client #5 has a protective throughout the day. It with the QIDP confirms that ar prescribed protective hin strap secured. In (2)(iii) In discrete food in a finite developmental level of 4 1, #3, #4 and #5). The	W 2	49		
	5:39pm, client #3 w	s in the home on 2/13/23 at vas observed eating dinner a quesadilla, rice and peas.				

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		34G181	B. WING			02/	14/2023
	PROVIDER OR SUPPLIER EADOWOOD DRIVE (GROUP HOME		40	TREET ADDRESS, CITY, STATE, ZIP CODE 11 MEADOWOOD STREET REENSBORO, NC 27409		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 474	Client #3's quesadil long pieces, with so larger in size. Review on 2/13/23 Support Plan (IPP) order consisting of Review on 2/13/23 displayed in the kite diet consisting of more review on 2/14/23 evaluation dated 10 consisting of mechal line review on 2/14/23 revealed client #3's revealed they have food should be cut line review on 2/14/22 (HM) and Qualified Professional (QIDP order is mechanica pieces. The HM and quesadilla should hip pieces. B. The facility failed prescribed. For example of the prescribed of the pieces. During observations 5:39pm, client #1 with consisted of Client #1's quesadil 6 long pieces.	la was observed to be cut into ome pieces being 2-3 inches or of client #3's Individual dated 1/12/23 revealed a diet chopped, dime size. of client #3's diet order chen of the home revealed a echanical soft. of client #3's nutritional wide and a diet order anical soft, nickel size pieces. 3 with Staff C and Staff D diet is mechanical soft, but never heard that client #3's into nickel or dime size pieces. 3 with the House Manager Intellectual Disabilities prevealed client #3's diet a soft, cut into nickel size and QIDP confirmed the ave been cut into nickel size	W 4	74			

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NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 401 MEADOWOOD STREET GREENSBORO, NC 27409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 474	1/11/23 revealed a chopped, nickel size Review on 2/14/23 displayed in the kit diet consisting of consisting of mechanism	a diet order consisting of ze. 3 of client #1's diet order tchen of the home revealed a chopped, nickel size. 3 of client #1's nutritional 0/4/22 revealed a diet order nanical soft, no concentrated bites, thin liquids. 23 with Staff C and Staff D is food should be cut into nickel 23 with the HM and QIDP is diet order is mechanical soft, in pieces. The HM and QIDP is adilla should have been cut ces. 24 d to follow client #4's diet as cample: 25 in the home on 2/14/23 at was observed to sit at the with a bowl of cereal and milk	W 4	74			
	evaluation dated 1	0/4/22 revealed a diet order ed, Ensure TID, and no					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTR			TE SURVEY MPLETED
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W 474	grapefruit. Interview on 2/14, revealed client #4 TID, and no grape confirmed that clicereal and milk dinterview with the typically client #4 nutri-grain bar, ar D. The facility fail prescribed. For each prescribed. For each prescribed with the typically client #4 nutri-grain bar, ar D. The facility fail prescribed. For each prescribed with the consisted of Client #5 was obsected to Client #5 was obsec	/23 with the HM and QIDP c's diet order is pureed, Ensure efruit. The HM and QIDP ent #4 should not have received ue to a pureed diet. Continued HM and QIDP revealed that would be offered yogurt, and oatmeal. ed to follow client #5's diet as example: ons in the home on 2/13/23 at 5 was observed eating dinner of a quesadilla, rice and peas. served to have several large ring the dinner meal. ons in the home on 2/14/23 at 5 was observed to eat bananas d milk. Continued observation at a staff D to pour client #5 a all of cereal with milk. 3 of client #5's IPP dated a diet order consisting of NCS, out seconds, except for	W	174			

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 474 Continued From page 6 W 474	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	TIPLE CONSTRUCTION	(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER VOCA-MEADOWOOD DRIVE GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLET GREENSBORO, NC 27409 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE W 474 Continued From page 6 W 474			34G181	B. WING	B. WING		/14/2023
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 474 Continued From page 6 W 474					401 MEADOWOOD STREET		
1 3	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	SHOULD BE	(X5) COMPLETION DATE
The HM and QIDP confirmed that client #5 was served excessive rice for dinner meal and client should not have received seconds of cereal for breakfast meal.	W 474	The HM and QIDF served excessive should not have re	confirmed that client #5 was rice for dinner meal and client	W 4	74		