

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

PRINTED: 09/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER GUILFORD #2			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 STRATHMORE DRIVE 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#2 and #3) were afforded privacy during personal care. The findings are:</p> <p>A. During observations in the home on 8/30/23 at 6:52 am, Staff C was assisting client #2 in his bedroom getting dressed. Client #2 was observed sitting on the edge of the bed, completely unclothed. The door to the bedroom was open approximately 6 - 8 inches and client #2 could be seen from the hallway.</p> <p>During additional observations in the home on 8/30/23 at 7:41 am revealed client #2 to enter the bathroom, pull his pants down and urinate. The door to the bathroom was open and client #2 could be seen from the hallway.</p> <p>Review on 8/30/23 of client #2's Individual Program Plan (IPP) dated 1/8/23 revealed no information in regards to client #2's ability to ensure his privacy.</p> <p>Review on 8/30/23 of client #2's Adaptive Behavior Inventory (ABI) dated 1/2/22 revealed in the area of closing the door for privacy, client #2 has no independence and cannot perform any of the behavior independently.</p> <p>Interview on 8/30/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Residential Team Lead (RTL) revealed staff should close the</p>	W 130			

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.

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W 130	Continued From page 1 door for client #2 during personal care to ensure his privacy. B. During observations in the home on 8/30/23 at 7:05 am, Staff A was observed assisting client #3 in his bedroom to get changed and dressed. Client #3 was observed laying on the bed, undressed. The door to his bedroom was open and client #3 could be seen from the hallway. Review on 8/30/23 of client #3's IPP dated 8/9/23 revealed no information in regards to client #3's ability to ensure his privacy. Review on 8/30/23 of client #3's ABI dated 9/2/21 reveled in the area of closing the door for privacy, client #3 has no independence and cannot perform any of the behavior independently. Interview on 8/30/23 with the QIDP and RTL revealed staff should close the door for client #3 during personal care to ensure his privacy.	W 130			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to properly dispose of unused medications. The finding is: During observations of medication administration on 8/30/23 at 7:00 am, staff A and client #6 went into the medication room. Staff A retrieved the	W 189			

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W 189	Continued From page 2 medication tray for client #6 from the cabinet. Staff A read the name and dosage of each medication to the client, had the client punch each medication out of the bubble pack into a small paper cup, then handed the cup to the client. The client then raised the cup and poured the medications into their mouth. One of the pills fell out of the client's mouth and landed on the floor. Staff A picked the pill up from the floor and placed it in the trash can, then called the facility nurse to request instructions for handling the dropped pill. Staff A was instructed to place the dropped pill into a zipper close bag and transport it to the office, then administer a replacement dose. Staff A then administered the 8/31/23 dose from the bubble card to the client. Interview with Staff A on 8/30/23 at 7:40 am revealed that she could not locate the dropped pill. Interview with the facility nurse revealed that all staff should be trained to return all unadministered medications to the nurse for proper disposal and to never dispose of medications in the home.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249			

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W 249	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, program guidelines, and adaptive equipment. The findings are: A. Clients were not provided the opportunity to assist with meal preparation. During observations in the home on 8/29/23 from 5:00 pm until 5:35 pm, Staff C was observed to prepare the dinner meal. At 5:08 pm, client #1 was observed to walk into the kitchen. Staff C was observed to tell client #2 to go into the living room and watch television. At no time during the observation was any client prompted to participate in the dinner prep. During additional observations in the home on 8/30/23 at 7:27 am revealed Staff A to prepare the breakfast meal. At 7:32 am, client #1 walked into the kitchen and Staff A told him to go sit in his bedroom until breakfast was ready. At no time during the observation was any client prompted to participate in the preparation of breakfast. Interview on 8/30/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Residential Team Lead (RTL) confirmed clients should be participating in all aspects of meal prep. B. Client #2's eating guidelines were not followed.	W 249			

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W 249	<p>Continued From page 4</p> <p>During observations in the home on 8/29/23 of the dinner meal and 8/30/23 of the breakfast meal revealed client #2 to eat his meals. Client #2 was observed to overstuff his mouth several times and eat at a rapid pace. At no time during the observations were staff observed to prompt him to slow down and pace himself.</p> <p>Review on 8/29/23 of client #2's IPP dated 1/8/23 revealed the following eating guidelines: 1. Staff will follow diet and consistency. 2. Staff will cue client #2 to slow down and pace himself. 3. Use a napkin to wipe his mouth periodically.</p> <p>Interview on 8/30/23 with the QIDP and RTL confirmed client #2's eating guidelines should be followed at every meal.</p> <p>C. Client #2's communication program was not followed.</p> <p>During observations at the day program and in the home throughout the survey on 8/29/23 - 8/30/23, staff were observed to prompts client #2 to do various things such as eat, watch TV, take his medications, etc. At no time throughout the survey was client #2 presented with objects to make choices.</p> <p>Review on 8/29/23 of client #2's IPP dated 1/8/23 revealed a program for client #2 to make a choice when presented with two real object choices.</p> <p>Interview on 8/30/23 with the QIDP and RTL confirmed client #2's communication program is current and should be followed.</p>	W 249		

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W 249	<p>Continued From page 5</p> <p>D. Client #4's wheelchair seatbelt was not used.</p> <p>During observations in the home throughout the survey on 8/29/23 - 8/30/23, client #2 was observed to self-propel or be pushed by staff in his wheelchair. A seatbelt on the wheelchair was observed to be hanging down on both sides. At no time during the observations was the seatbelt utilized to ensure client #2's safety.</p> <p>Interview on 8/30/23 with the QIDP and RTL confirmed the wheelchair seatbelt should be used at all times during ambulation to ensure client #2 is safe.</p> <p>E. Client #3 did not wear his AFO's.</p> <p>During observations in the home throughout the survey on 8/29/23 - 8/30/23, client #3 was observed to ambulate around his home with a rolling walker while wearing socks. At no time during the observations did client #3 wear AFO's.</p> <p>Review on 8/30/23 of client #3's IPP dated 8/9/23 revealed client #3 ambulates using AFO's and a rolling walker.</p> <p>Interview on 8/30/23 with the QIDP and RTL revealed that client #3's guardian requested at his IPP meeting that he only wear the AFO's while attending the vocational center. However, the QIDP and RTL confirmed that based on the current IPP, client #3 should be wearing them in the morning until the afternoon.</p>	W 249			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals</p>	W 382			

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W 382	Continued From page 6 locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure all medications and biological's remained locked except when being prepared for medication administration for 1 out of 6 clients (#6). The finding is: Morning observations in the home on 8/30/23 revealed staff C and client #6 to enter the medication room at 7:00 am for the purpose of administering the morning medications. Continued observations revealed staff C to assist client #6 to punch several medications into a paper cup from their bubble packs. Further observations at 7:09 am revealed staff C to leave the medication room and close the door, leaving surveyor and client #6 alone in the medication room while the medications remained in the paper cup directly next to the client. Interview with the facility nurse confirmed that staff should not leave a client in a room where previously dispense medications are present and that, if staff must leave the room, they must take the client out of the room as well.	W 382			
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 fire drills were conducted at least quarterly for each shift. The finding is: Review on 8/29/23 of the facility's fire drills for July 2022 - August 2023 revealed no recorded	W 440			

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W 440	Continued From page 7 fire drills for October 2022, November 2022, December 2022, January 2023, February 2023, March 2023, April 2023, and June 2023.	W 440			
W 474	Interview on 8/30/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Residential Team Lead (RTL) confirmed no fire drill reports could be located for the missing months. 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 observations, record reviews, and interviews, the facility failed to serve food and beverages in a form consistent with the developmental level for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are: A. The facility failed to ensure that client #4 received food that was consistent with their developmental level and prescribed diet. For example: During observations in the home on 8/29/23 at 5:35 pm revealed client #4 eating dinner. The dinner meal consisted of ground chicken, softened squash, several saltine crackers served in whole form, juice which was thickened and milk that was not thickened. During the dinner meal, client #4 was observed to overstuff his mouth with the saltine crackers, and cough several times. During additional observations in the home on 8/30/23 at 7:52 am revealed client #4 eating breakfast which consisted of oatmeal, stewed prunes and milk. The milk was served from a	W 474			

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W 474	<p>Continued From page 8</p> <p>pitcher that Staff B stated was thickened the day before.</p> <p>Review on 8/29/23 of client #4's Individual Program Plan (IPP) dated 2/11/23 revealed a diet order of weight loss, heart healthy, food consistency is whole.</p> <p>Review of diet guidelines posted in the home on 8/29/23 revealed a diet order for client #4 of weight loss, heart healthy, ground moistened meats, 1/2" cooked vegetables and soft fruits, no breads until swallow study is done and thickened liquids.</p> <p>Interview on 8/30/23 with Staff A and Staff C revealed they were unsure the level of which client #4's liquids should be thickened. Interview with Staff B revealed client #4 is on nectar thick liquids. Staff B also revealed that the pitcher of milk was thickened on the day prior, and this does not conflict with how thick the liquid gets.</p> <p>Interview on 8/30/23 with the Facility Nurse, Qualified Intellectual Disabilities Professional (QIDP) and Residential Team Lead (RTL) revealed client #4 has recently experienced a regression in his skills, which is why his diet was recently downgraded until a swallow study is completed. Further interview revealed that client #4's liquids should not be thickened the day before being served as that does not provide the correct consistency, and that he should not have received crackers at the dinner meal.</p> <p>B. The facility failed to ensure that client #2 received food that was consistent with their developmental level and prescribed diet. For example:</p>	W 474			

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W 474	Continued From page 9 During observations in the home on 8/29/23 at 5:35 pm revealed client #2 eating dinner which consisted of chicken, squash and saltine crackers. The chicken was cut into small pieces, but the squash and saltine crackers were served in whole form. Review on 8/29/23 of client #2's IPP dated 1/8/23 revealed a diet consisting of regular, heart healthy, 1/2" consistency. Interview on 8/30/23 with the QIDP and RTL confirmed client #2's saltine crackers and squash should have been modified to 1/2" consistency. C. The facility failed to ensure that client #6 received food that was consistent with their developmental level and prescribed diet. For example: Observations in the group home during the evening meal on 8/29/23 revealed client #6 was served oven fried chicken cut to various sizes, whole pieces of yellow squash and several saltine crackers served in whole form, juice and milk. Client #6 drank all of his juice before beginning to eat, then ate the entire plate of food taking few breaks, without drinking any of their milk. Staff prompted client #6 one time during the meal to "slow down." Review of this client's Individual Program Plan (IPP) dated 5/10/23, the client's diet order is, "Regular, heart healthy, 1 inch consistency, thin liquids - CHOKING AND ASPIRATION PRECAUTIONS - client should stop eating and drinking if coughing, eat slowly, no straws, small sips, alternate between food and drink, sit upright for all meals and for 60 minutes after each meal."	W 474			

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W 474	Continued From page 10 Interview with the QIDP and RTL on 8/30/23 confirmed that staff should monitor client #6's rate of eating during all meals,	W 474			