

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

PRINTED: 09/18/2023
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 C 09/13/2023
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 000	INITIAL COMMENTS	W 000		
W 140	<p>CLIENT FINANCES CFR(s): 483.420(b)(1)(i)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on documentation review and interviews, the facility failed to maintain a system to ensure complete accounting of clients' personal funds for 2 sampled clients (#1 and #2). The finding is:</p> <p>Review of supporting documentation during a complaint survey on 9/13/23 revealed the following records for client #2: purchase receipts, resident financial statements, and resident fund withdrawal requests from 7/31/2020 - 9/6/2023. Continued review of the resident financial statement revealed a debit in the amount of \$1,100.00 on 3/22/23 which is described as "resident new bed." Further review of the documentation and receipts presented in support of this debit revealed three receipts for clothing and electronics totaling \$563.27.</p> <p>Review of the residential financial statement for client #1 on 9/13/23 revealed a debit on 3/17/23 in the amount of \$400.00 which is described as "clothing". Continued documentation review revealed no resident fund withdrawal request or purchase receipts corresponding to the \$400.00 debit.</p>	W 140		

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 140	<p>Continued From page 1</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 9/13/23 revealed that after the 3/22/23 debit from client #2's account, meant to purchase bedroom furniture, the facility was able to secure a bed for the client, eliminating the necessity to purchase one. She stated she was given permission to use the \$1,100.00 to purchase clothing for the resident and that she personally took the resident shopping for the clothes. Further interview with the QIDP revealed that, after the shopping had been done, she placed the receipts, along with "around \$400.00" in an envelope and returned it to the home's support staff.</p> <p>Interview with the facility administrator on 9/13/23 revealed that she had located an envelope, with client #2's name on it, containing the receipts for clothing and electronics totaling \$563.27 as well as cash in the amount of \$238.02. Continued interview with the facility administrator confirmed that there is a discrepancy between the amount of money withdrawn from the client's account and the receipts and funds returned, leaving a shortfall of \$298.71 which is unaccounted for at this time. Further interview with the facility administrator revealed that the \$400.00 withdrawn from client #1's account on 3/17/23 is presently in the form of cash which is being kept in the safe at the facility office. Subsequent interview with the facility administrator confirmed this is an unacceptable practice and that client funds should be re-deposited when not spent, and that all clients should have receipts and financial statements orderly and accessible upon request.</p>	W 140			