

NPT

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/13/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GENTLEHANDS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 WIMBLEDON LANE GREENSBORO, NC 27455</b>
---	---

(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) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual survey was completed on June 13, 2024. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 772	27G .0304(d)(6) Residential Facilities Without Elevators  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (6) In a residential facility licensed under residential building code standards and without elevators, bedrooms above or below the ground level shall be used only for individuals who are capable of moving up and down the steps independently.  This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure a client bedroom located on ground level was used by clients who were capable of moving up and down the steps independently. The findings are:	V 772	<p style="text-align: center;"><b>RECEIVED</b> <b>JUL 05 2024</b> <b>DHSR-MH Licensure Sect</b></p> <p>Management and Neurologist are Responsible for implementing POC.</p> <p>1. Gentlehands will indicate non-ambulatory on the License application for 7 Wimbledon Lane, Greensboro NC. 2. Gentlehands will get an order from Neurologist indicating "no-step" climbing for the individual in question.</p>	8/30/2024

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Rose Okonji*

TITLE

*M. ED/QP*

(X6) DATE

*6-26-24*

*Gentlehands of NC*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/13/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GENTLEHANDS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 WIMBLEDON LANE GREENSBORO, NC 27455</b>
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 772	<p>Continued From page 1</p> <p>Review on 6/10/24 of the facility's 2024 license renewal application revealed: -The facility was licensed for 6 ambulatory clients. -There were no approved non-ambulatory clients. -Page 3 defined ambulatory as "A person who can evacuate the building without physical or verbal assistance during a fire or other emergency."</p> <p>Review on 6/10/24 of Client #1's record revealed: -An admission date of 2/10/2002. -Diagnoses of Microcephaly, Congenital Diplegia, Congenital Rubella, Generalized Convulsive Epilepsy. -His 7/1/23 treatment plan stated he needed "hands-on assistance" when ambulating, and that his feet were "shaped awkwardly." -His physician's statement that "he requires full assistance to meet his daily needs."</p> <p>Observation of the facility on 6/7/24 beginning at 2:00 pm revealed: -A 3-level facility with steps that led upstairs to 2 client (Clients #2 and #4) bedrooms and steps that led downstairs to ground level and included a bedroom shared by 2 clients (Clients #1 and #3). -There were no elevators above or below each set of stairs that led to client bedrooms.</p> <p>Observation and attempted interview with Client #1 on 6/7/24 at 1:55 pm revealed: -He was downstairs at the facility. -He held onto the stair handrail while Staff #1 and Staff #4 held to each of his arms to assist him upstairs to the kitchen where he sat in a chair. -He was non-verbal and unable to answer questions about how long he lived at the facility and where his room was located. -He was physically and verbally assisted back down the steps to ground level by Staff #4 who</p>	V 772	<p>In the past two staff have assisted this individual with evacuation during drills and will continue to assist this individual as needed.</p> <p>QP and Staff are responsible for implementing this POC weekly.</p> <p>See Below</p> <p>Client will not climb upstairs any more since his bedroom, shower, dining and recreation is all downstairs.</p> <p>Management, QP and Staff will implement POC. This POC will be monitored daily.</p>	<p>already in place</p> <p>Already in place</p>
-------	--	-------	---	---

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/13/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GENTLEHANDS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 WIMBLEDON LANE GREENSBORO, NC 27455</b>
---	---

(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) COMPLETE DATE
V 772	<p>Continued From page 2</p> <p>held to one of Client #1's arms and verbally prompted Client #1 to hold to the handrail next to the steps. -During Client #1's descent down the stairs, his right foot bent backward at least 2-3 times. -He sat down on the hallway floor located at the bottom of the steps.</p> <p>Interview on 6/10/24 with Staff #1 revealed: -"It takes two staff to walk [Client #1]. He can't walk by himself."</p> <p>Interview on 6/10/24 with Staff #2 revealed: -Client #1 was assisted by staff to walk. "He can't walk." -Client #1 had a wheelchair that he used when he went out into the community. -"I encourage him to walk. He leans on me and I give him physical help to walk and when he is on the stairs."</p> <p>Interviews on 6/7/24, 6/10/24 and 6/13/24 with the Director of Operations/Qualified Professional about Client #1 revealed: -His sleeping area was downstairs (at the facility). -"They (staff) are working on his goal of encouraging him to climb steps." -"He's (Client #1) semi-ambulatory, not non-ambulatory." -"He doesn't meet that definition (non-ambulatory). He only uses his wheelchair outside the facility. We encourage him to hold onto the rail when using the stairs and provide that resource to him. When we do a fire drill, we have staff helping him out. He has two staff." -She defined non-ambulatory as "somebody always in a wheelchair and cannot walk." -"I will do the change application."</p>	V 772	<p>While assisting the individual to walk, staff will ensure the individual will ambulate without injury.</p> <p>Management, QP and Staff will be responsible for implementing this POC. It will be monitored daily.</p> <p>Gentlehands will review with all staff client specific trainings to ensure knowledge of this individual's goals. QP, Management and staff will be implementing this POC. Monitored daily</p> <p>Gentlehands will continue to use a wheelchair for this individual while out in the community and/or for long distances as needed. QP, staff and management are Responsible for implementing POC- to be monitored daily</p> <p>1. Staff will be instructed to not encourage climbing of stairs for this individual. 2. As a safety measure, staff will also be instructed to assist client with walking (two staff as needed). Walking, weight bearing and range of motion is part of this individuals Care Plan.</p> <p>QP, staff and management will be responsible for implementing POC. To be Monitored daily.</p>	<p>Already in place</p> <p>6/30/2024</p> <p>Already in place</p> <p>Already in place</p>