

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

PRINTED: 07/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2024
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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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(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
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W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 5 of 5 clients (#1, #2, #3, #4 and #5). The finding is:</p> <p>Observations throughout the recertification survey period from 7/16/24 - 7/17/24 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed client #1's bedroom closet door to be locked.</p> <p>Review of clients' #2, #3, #4 and #5 records on 7/17/24 revealed a signed consent by the legal guardians relative to exit door alarms, fence, window and pantry door locks, and closet doors. Continued review did not reveal consents signed by the HRC. Further review did not reveal consents signed by the HRC for client's #1 locked closet door or exit door alarms.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 7/17/24 revealed that updated signed consent forms could not be located during the survey. Continued interview revealed HRC limitation consent forms for all clients should be updated and signed by the HRC annually.</p>	W 262		
W 263	PROGRAM MONITORING & CHANGE	W 263		

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 263	Continued From page 1 CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed by legal guardian for 1 of 5 clients (#1). The finding is: Observations throughout the recertification survey period from 7/16/24 - 7/17/24 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed client #1's bedroom closet door to be locked. Review of client's #1 record on 7/17/24 did not reveal consents signed by the legal guardian relative to exit door alarms and locks on the closet doors. Interview with the qualified intellectual developmental professional (QIDP) on 7/17/24 revealed that updated signed consent forms could not be located during the survey. Continued interview revealed HRC limitation consent forms for all clients should be updated and signed by the legal guardian annually.	W 263			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369			

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W 369	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 5 clients (#1) observed during medication administration. The finding is:</p> <p>Observation in the group home on 7/17/24 at 7:05 AM revealed staff C to prompt client #1 to obtain a cup from the kitchen and to walk into the medication room. Continued observation revealed staff to prompt client #1 to pour water into a cup and identify their medication basket. Further observation revealed staff to educate client #1, place all morning medications into a medicine cup and the client was observed to take all medications whole with water.</p> <p>Staff C administered client #1's Vitamin D,50MCG (2000IU), Bupropion 150MG, and Aripiprazole 20MG. Staff also informed client #1 that his controlled medication Methylphenid 54MG was not available for staff to administer.</p> <p>Interview with staff C on 7/17/24 revealed that client #1 controlled medication Methylphenid 54MG should be administered daily at 8AM, however the medication is not currently available in the group home. When asked by surveyor, when was the last time client #1 received this medication? Staff response after viewing the MAR was 6/26/24.</p> <p>Review of records for client #1 on 7/16/24 revealed physician orders dated 7/17/24. Review of the 7/1/24 physician orders revealed medications to administer at 8:00 AM to be Vitamin D,50MCG (2000IU), Bupropion 150MG, Aripiprazole 20MG and Methylphenid 54MG.</p>	W 369			

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W 369	Continued From page 3 Interview with the facility nurse on 7/16/24 confirmed the 7/1/24 physician orders for client #1 to be current. Continued interview with the facility nurse revealed that client's Methylphenid 54MG script have not been signed by the doctor. Further interview revealed that the client had not received his Methylphenid 54MG since 6/26/24. Subsequent interview revealed that the pharmacy had been contacted as of today and was informed that the doctor has agreed to sign the script once he gets to a stopping point. Additional interview with the facility nurse revealed that the medications should be available to the group home by 7/18/24 in the morning. The facility nurse also confirmed that the medication was not available to administer to client #1 at 8:00 AM today.	W 369			