

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted in a timely manner. The finding is:</p> <p>Observation of the group home during the 5/7/24 - 5/8/24 survey revealed two matching armchairs in the den to have torn cushions. Continued observation revealed the HVAC that cooled the front of the home was not working (with no alternate means used to cool the front of the home) and the refrigerator freezer was not working. Further observation revealed a strong urine smell toward the back of the home where the bedrooms were located.</p> <p>Review of facility documentation on 5/8/24 did not reveal a work order submitted for the broken HVAC prior to exiting the survey.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 verified that the HVAC was not working since the weekend, and the refrigerator freezer stopped working on 5/7/24. Continued interview with the QIDP revealed that he was unaware of the two chairs in the den that with torn seat cushions prior to the survey. Further interview with the QIDP revealed that he could not identify where the strong urine smells were coming from at the home.</p>	W 104	<p>W -104</p> <p>The administer will in service Maintenance Coordinator on ensuring all facility repairs are completed in a timely manner. The clinical team will monitor an environmental assessments monthly on a routine basis. In the future, the Qualified Professional will ensure all facility repairs are completed. By 7/7/24</p> <p style="text-align: center;"><b>RECEIVED</b> <b>JUN 14 2024</b> <b>DHSR-MH Licensure Sect</b></p>	
W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p>	W 130		

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

*In Moore*

TITLE

*QP*

(X6) DATE

*8/11/24*

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.

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 130	<p>Continued From page 1</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 and interviews, the facility failed to ensure privacy during personal care for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations in the facility on 5/8/24 at 7:05AM revealed client #1 to enter the bathroom. Continued observations revealed client #1 to begin toileting with the bathroom door open which could be seen from the hallway. Further observation revealed staff C to pass by the bathroom and state "good job" while leaving the bathroom open. At no point during the observation did staff prompt client #1 to respect his privacy by toileting with the door closed.</p> <p>Review of the record for client #1 on 5/8/24 revealed a person centered plan (PCP) dated 7/25/23 which indicated the following program goals: recognize money, brush his teeth, and dust furniture. Continued review of the record for client #1 did not reveal program goals relative to respecting privacy during personal care or toileting.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 revealed staff has to be prompted to assist client #1 with keeping his door closed during personal care and toileting. Continued interview with the QIDP revealed all of client #1's program goals are current. Further interview with the QIDP revealed that client #1 has not had a program goal relative to respecting his privacy.</p>	W 130	<p>W-130</p> <p>Qualified professional will inservice all staff on respecting client #3's privacy, particularly during personal care and toileting. The clinical team will via Interaction Assessments 2x a week for 1 month, then on a routine basis. In the future, the Qualified Professional will ensure all People Supported's privacy is respected during toileting &amp; personal care. By 7/7/24</p>	
-------	--	-------	--	--

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 227 W 227	Continued From page 2 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the person-centered plan (PCP) included interventions to support 3 of 6 clients (#1, #3, #5) relative to communication, toileting and personal care. The findings are:  A. The facility failed to ensure client #1 received privacy during personal care and toileting. For example:  Observations in the facility on 5/8/24 at 7:05AM revealed client #1 to begin toileting with the bathroom door open which could be seen from the hallway. Further observation revealed staff C to walk past the bathroom and state "good job" while leaving the bathroom open. At no point during the observation did staff assist client #1 with closing the door during toileting and personal care.  Review of the record for client #1 on 5/8/24 revealed a PCP dated 7/25/23. Continued review of the PCP revealed the following program goals: brush his teeth, dust furniture, and recognize money. Review of the PCP did not reveal program goals relative to respecting privacy during toileting and personal care.  Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 revealed that staff	W 227 W 227	W- 227  A  Qualified professional will inservice all staff on respecting client #3's privacy, particularly during personal care and toileting. The clinical team will via Interaction Assessments 2x a week for 1 month, then on a routine basis.  In the future, the Qualified Professional will ensure all People Supported's privacy is respected during toileting & personal care.  By 7/7/24		

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 227	<p>Continued From page 3</p> <p>must be prompted to assist client #1 with respecting his privacy by closing his bedroom and bathroom doors during toileting and personal care. Continued interview with the QIDP revealed all of client #1's program goals are current. Further interview with the QIDP revealed that client #1 could benefit from a program goal relative to respecting his privacy.</p> <p>B. The facility failed to ensure client #3 received training objectives to improve in the area of expressive communication. For example:</p> <p>Observations in the group home throughout the 5/7/24-5/8/24 survey revealed client #3 to spend most of the time sitting in the living room watching tv and unengaged by staff. It is important to mention that client #3 is non-verbal. Further observations throughout the survey revealed client #3 to follow staff instructions when prompted. At no point during the observation did staff utilize communication objectives or techniques to assist client #3 with transitioning to various activities.</p> <p>Review of client #3's record on 5/7/24 revealed a person-centered plan (PCP) dated 1/6/24 which indicated program goals to include identifying coins, pour from a pitcher, and make his bed. Review of the PCP did not reveal communication training goals.</p> <p>Interview on 5/8/24 with the QIDP revealed client #3 did not have formal communication goals and all of client #3's program goals are current. Further interview with the QIDP revealed that client #3 could benefit from program goals relative to expressive communication to improve his level of independence.</p>	W 227	<p>B</p> <p>The team will meet with the Speech Pathologist to determine the need for a communication program for client #3. The Qualified Professional will ensure all staff are trained on the program or any recommendations from the meeting. The clinical team will monitor to ensure all guidelines are being followed via Interaction assessments 2x a week for 1 month then on a routine basis. In the future, the Qualified professional will ensure all People Supported who need formal programs to improve communication are assessed. The Qualified Professional will ensure that PCP is updated to address all changes.</p> <p>By 7/7/24</p>		

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 227	Continued From page 4  C. The facility failed to ensure client #5 received training objectives improving in the area of expressive communication. For example:  Observation in the group home throughout the 5/7/24-5/8/24 survey revealed client #5 to spend the majority of the time sitting in the living room with a blanket over his head and unengaged by staff. Further observations throughout the survey revealed client #5 to follow staff instructions when prompted and would respond when asked a question with a grunting sound. At no point during the observation did staff utilize communication objectives to transition client #5 to various activities. It is important to mention that client #5 has a visual impairment.  Review of client #5's record on 5/7/24 revealed a person-centered plan (PCP) dated 7/1/23 which indicated client's program goals to include choosing a leisure activity, carry his cup to the kitchen, and sort texture items. Review of the PCP for client #5 did not include communication objectives and techniques.  Interview on 5/8/24 with the QIDP revealed client #5 did not have a formal communication goals and all of client #5's program goals are current. Further interview with the QIDP revealed that client #5 could benefit from training objectives and interventions relative to communication.	W 227	C  The team will meet with the Speech Pathologist to determine the need for a communication program for client #5. The Qualified professional will ensure all staff are trained on programs or any recommendation from the meeting. The Clinical Team will monitor to ensure all guidelines are being followed via Interaction Assessments 2x a week for 1 month then on a routine basis. In the future, the Qualified professional will ensure all People Supported who need formal program to improve communication are assessed.  The Qualified Professional will ensure that PCP is updated to address all changes.  By 7/7/24		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management.	W 247			



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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 247	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that 6 of 6 clients (#1, #2, #3, #4, #5, and #6) were given opportunities for choice and self-management with respect to family-style dining. The findings are:</p> <p>Observations in the group home during the dinner meal on 5/7/24 and the breakfast meal on 5/8/24 revealed staff asking clients if they could serve them and pour the drinks into the client's cups prior to giving the client an opportunity to serve their own food or pour their own drinks. Continued observation during the dinner meal revealed staff used a knife to cut up all the meat portion into bite size pieces for all the clients and cut up the waffles during breakfast prior to giving the clients the opportunity to use the knife to cut up their own food. Further observation revealed all clients to be capable of serving themselves and passing dishes to each other with independence or assistance from staff.</p> <p>Record review on 5/8/24 revealed current person-centered plans (PCPs), goals, and clinical assessments for each client. Continued record review revealed all clients to have at least some level of independence during self-care, home management and mealtime activities. Review of the record for all clients did not reveal current comprehensive functional assessments to determine the level of functioning for utilizing utensils during mealtimes.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 revealed that staff should have allowed the clients the opportunity to be more independent during mealtimes and that</p>	W 247	<p>W-247</p> <p>The Qualified Professional will in service all staff on giving the opportunity for choices &amp; self-management during family style dining for Clients 1-6. The clinical team will monitor to ensure all clients are encouraged to be independent via Mealtime assessments 2x a week for 1 month, then on a routine basis. In the future, the Qualified Professional will ensure all staff are trained to encourage independence of all people supported.</p> <p>By 7/7/24</p>		

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 247	Continued From page 6 the clients were capable of doing more mealtime activities.	W 247			
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.  This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that a continuous active treatment program consisting of needed interventions were implemented as identified in the person-centered plan (PCP) for 3 of 6 clients (#2, #4, #6). The findings are:  A. The facility failed to ensure that interventions were implemented relative to using utensils during mealtimes. For example:  Afternoon observations on 5/7/24 at 5:50 PM revealed staff to prompt client #4 to the table to prepare for the dinner meal. The dinner meal consisted of baked chicken, rice, gravy, mixed vegetables, pudding, milk and sugar free beverage. Further observations revealed staff to ask client #4 if they could cut his meat. At no point during the observation did staff prompt client #4 to cut his meat and/or assist with hand over hand assistance as necessary.	W 249	W-249  A  The Qualified Professional will in service all staff on ensuring clients # 2,3,6 and all people supported are encourage to be independent during mealtimes relative to using utensils. The clinical team will monitor to ensure Independence via Mealtime Assessment 2x a week for 1 month then on a routine basis.  In the future, the Qualified Professional will ensure all staff are implementing all formal programs written Person Center Plan.  By: 7/7/24		

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/08/2024
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  GUILFORD IV	STREET ADDRESS, CITY, STATE, ZIP CODE 404 SKEET CLUB ROAD HIGH POINT, NC 27265
---	--

(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 249	<p>Continued From page 7</p> <p>Morning observations on 5/8/24 at 7:30AM revealed staff to prompt client #4 to the dining table to prepare for the breakfast meal. The breakfast meal consisted of 4 waffles, Canadian bacon, pancake syrup, butter, milk, and apple juice. Continued observations revealed staff to ask client #4 if they could cut up his waffles and Canadian bacon. At no point during the observation did staff prompt client #4 to cut his meat and/or assist with hand over hand assistance as necessary.</p> <p>Review of the record on 5/8/24 for client #4 revealed a PCP dated 4/26/24 which indicated the client has the following program goals: identify coins, laundry goal, use a knife to cut up his food.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/8/24 revealed client #4's goals and interventions are current. Continued interview with the QIDP revealed staff have been trained to implement client #4's program goals to increase his level of independence. Further interview with the QIDP revealed that staff should implement the mealtime goals and interventions as prescribed.</p> <p>B. The facility failed to implement program goals and interventions for client #6 relative to preparing a meal. For example:</p> <p>Observations in the facility on 5/7/24 from 4:30 PM - 5:00PM revealed client #6 to remain in his room with the door closed. Continued observations at 5:05PM revealed staff to prompt client #6 come out of his room and watch television. Further observations revealed client #6 to watch a movie from 5:05 PM to 6:00 PM.</p>	W 249	<p>B.</p> <p>The Qualified professional will in service all staff on ensuring implementing of client #6 objective for preparing meals</p> <p>The clinical team will monitor via Mealtime Assessments 2x a week for a month then on a routine basis. In the future, the</p> <p>Qualified Professional will ensure all staff are implementing all formal programs written Person Center Plan.</p>	
-------	---	-------	---	--



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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE
W 249	<p>Continued From page 8</p> <p>Additional observations at 6:00PM revealed staff to prompt client #6 to the dining table to prepare for the dinner meal. Observations also revealed client #6 to participate in the dinner meal consuming the meal in its entirety. At no point during the observation did staff prompt client #6 to assist with meal preparation.</p> <p>Review of the record for client #6 on 5/8/24 revealed a PCP dated 1/2/24. Continued review of the PCP revealed the following program goals for client #6: withdraw money from the bank, operate a washing machine, and prepare a dinner.</p> <p>Interview with the QIDP on 5/8/24 revealed client #6's goals and interventions are current. Continued interview with the QIDP revealed staff have been trained to implement client #6's program goals to increase his level of independence. Further interview with the QIDP revealed that staff should implement the meal preparation goal as prescribed.</p> <p>C. The facility failed to implement a program goal and interventions for client #2 relative to preparing a beverage for dinner. For example:</p> <p>Observations in the facility on 5/7/24 at 6:00PM revealed staff to prompt client #2 to the dining table to prepare for the dinner meal. Continued observations revealed staff to ask client #2 if they could pour his drink. Further observations revealed client #2 to participate in the dinner meal and consume his meal. At no point during the observation did staff prompt client #2 to prepare a drink.</p> <p>Review of the record for client #2 on 5/8/24</p>	W 249	<p>C</p> <p>The Qualified professional will in service all staff on ensuring implementing of Client #2's objective for preparing a drink for dinner. The clinical team will monitor via Mealtimes 2x a week for a month then on a routine basis. In the future, the Qualified Professional will ensure all staff are implementing all format programs per the Person Center Plan.</p> <p>By 7/7/24</p>	

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 249	Continued From page 9 revealed a PCP dated 10/5/23. Continued review of the PCP revealed the following program goals for client #2: prepare a beverage for the dinner meal, identify a coin, and operate the washing machine.  Interview with the QIDP on 5/8/24 revealed staff have been trained to assist client #2 with preparing a beverage for the dinner meal daily. Continued interview with the QIDP revealed client #2's goals and interventions are current. Further interview with the QIDP revealed that staff should implement client #2's goals as prescribed.	W 249			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii)  Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 6 of 6 clients (#1, #2, #3, #4, #5, #6) residing in the facility for 1 of 2 meals observed. The finding is:  Morning observations in the facility on 5/8/24 at 6:30 AM revealed staff to prompt client #4 to place the milk on the table and set the table to prepare for the breakfast meal. Continued observations at 7:30AM revealed all clients to assemble at the table to participate in the breakfast meal. The breakfast meal consisted of the following: waffles, milk, canadian bacon, and apple juice. Additional observations revealed the milk to remain on the table for 70 minutes.  Interview with the qualified intellectual disabilities (QIDP) on 5/8/24 revealed staff should have kept the milk refrigerated until it was ready to be	W 473			

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD IV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 SKEET CLUB ROAD HIGH POINT, NC 27265</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) COMPLETION DATE	
W 473	Continued From page 10 served. Continued interview with the QIDP revealed staff have been trained to prepare and serve menu items at an appropriate temperature prior to serving to the clients.	W 473	<p>W473</p> <p>The Qualified Professional will in service all staff on serving food at the appropriate temperature to ensure safety relative to removing milk from the table after serving. The Clinical Team will monitor via Mealtime Assessment 2x a week for 1 month and then on a regular basis.</p> <p>In future, the Qualified Professional will ensure all staff are trained to serve food at appropriate temperatures.</p> <p>By 7/7/24</p>		