STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G276	A. BUILDING _____ B. WING _____	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLDEN GROUP HOME	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 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the interdisciplinary team developed individualized program plan (IPP) training goals for 1 of 1 newly admitted (#5) within 30 days of admission into the facility. The finding is: Review on 1/14/25 of client #5's record revealed she was admitted to the facility on 5/14/24. Further review of client #5's record revealed an IPP dated 6/14/24 and did not include the IPP training goals. Interview on 1/15/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed initial IPP was completed on 6/14/24. However, the QIDP confirmed no training goals were implemented at the time of the IPP meeting. The QIDP revealed that she had implemented the training goals on 1/14/25.	W 226	W226 The Program Manager will in-service the Qualified Professional on ensure programing goals are implemented for a Person Supported within 30 days of admission. Qualified Professional will ensure programs are implemented for Client # 5 and all new admissions. The clinical team will monitor records via quarterly record reviews to ensure all admission assessments are completed. In the future, the Qualified Professional will ensure that within 30 days of admission the team will create individual programs for all People Supported. By March 14, 2025	
W 474	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 observation, record review and interview, the facility failed to assure food consistency was served in a form according to the developmental level of 1 non-sampled client (#2). The finding is: Morning observations on 1/15/25 at 8:04AM	W 474		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

QP | 1/29/25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G276	A. BUILDING _____ B. WING _____	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLDEN GROUP HOME	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 474	Continued From page 1 revealed staff to assist client #2 with preparing her plate for the breakfast meal. The breakfast meal consisted of cream of wheat, (3) sausage links, apple juice, 2% milk and decaf coffee. Continued observations revealed client #2 to consume the sausage links in whole form. At no point during the observation did staff assist client #2 with preparing the sausage links into a ground consistency as prescribed. Review of the record for client #2 on 1/15/25 revealed a person centered plan (PCP) dated 4/4/24 and physician's order dated 1/14/25 which indicated the client has the following diet order: 2000 calorie, ground consistency; ground meat and raw vegetables; soft foods and a 4 oz. cup. Interview with the qualified intellectual disabilities professional (QIDP) on 1/15/25 revealed that staff have been trained to prepare client #2's food based on the prescribed diet consistency. Continued interview with the QIDP verified that all of client #2's goals and interventions are current. Further interview with the QIDP verified that staff should prepare client #2's food consistency as prescribed.	W 474	The Qualified Professional will retrain and in-service all staff on following client #2's and all people supported's diet consistency as identified in the Person-Centered Plans. The Clinical team will monitor via mealtime assessments 2x a week for 1 month then on a routine basis to ensure the People Support Plans are followed. In the future, the Qualified Professional will ensure that all People Supported diet consistency are followed per orders. By March 14, 2025	