

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

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER GATEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1508 GATEWOOD AVENUE GREENSBORO, NC 27405		
(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>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure a continuous active treatment program identified as an individual need was implemented for 1 of 4 audit clients (#3) relative to adaptive equipment. The finding is:</p> <p>Observations during survey 3/4-3/5/24 revealed client #3 to consume the entire dinner meal and breakfast meal. Continued observations revealed client #3 to eat the breakfast meal with the deep divided dish moving all over the table while trying to spoon out food. Further observations revealed that client #3 is prescribed a clothing protector, built-up handle spoon, deep divided dish, and a dycem for mealtime adaptive equipment. At no time during mealtime observations was client #3 provided with the prescribed dycem.</p> <p>Subsequent observations revealed that client #3 was not prompted nor provided with the prescribed AFO brace to the right foot during the survey observations.</p> <p>Review of the record on 3/5/25 for client #3</p>	W 249	<p>W249</p> <p>The Qualified Professional will retrain and in-service all staff on understanding and following client #3's and all people supported's adaptive equipment to include the use of the dycem mat and wearing AFOs as identified in the Person Center Plans.</p> <p>The clinical team will monitor via Mealtime assessments 2x a week for 1 month and then on a routine basis to ensure clients' Person Center Plans are followed. In the future, the Qualified professional will ensure that all clients' adaptive equipment is used as ordered.</p> <p>By 5/4/25</p>		

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

TITLE DHSR-MH Licensure Sect (X6) DATE

Dylinth Henderson

QP

March 13, 2025

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 249	Continued From page 1 revealed a person-centered plan (PCP) dated 3/4/24. Review of the PCP revealed client #3 utilizes an AFO brace to the right foot to maintain posture and support of the ankle and foot. This helps to minimize the risk of fall and/or fracture to the right lower extremity. Continued review of the PCP revealed a nutritional assessment dated 1/29/25 for client #3's adaptive equipment to consist of a deep divided dish, dycem, built up spoon and clothing protector. Interview on 3/5/25 with the qualified intellectual disabilities professional (QIDP) verified that client #3's PCP was current. Continued interview with the QIDP revealed that the staff should have provided client #3 with prescribed adaptive equipment which included the AFO brace and dycem. Further interview with the QIDP revealed that client #3 does not like to wear the AFO brace; however, staff should offer client #3 the AFO brace daily.	W 249			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physicians' orders. This affected 1 client (#5) observed during medication administration. The finding is: Morning observations in the group home on 3/5/25 revealed client #5 to enter the medication room at 7:10 AM along with staff A. Further observations revealed staff A to prepare the	W 368	W368 Nursing will discuss with the physician to clarify orders for the administration of Levothyroxine Tab 150 mcg for client #5. The facility nurse will ensure the order is as prescribed in QuickMar and		

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W 368	Continued From page 2 following medications for client #5: Acetamin 325mg, Aspirin Low chew 81mg, Ca CIT/VIT D 315-200, Cranberry cap 200mg, Diclofenac 1% gel, Docusate SOD Cap 100mg, Duloxetine Cap 60mg, Ferrous sulfate tab 325mg, Lactulose Sol 10gm/15ml (15ml), Levothyroxine tab 150mcg, Methanem HIP 1gm, Oxybutynin 5mg, Trimethoprim 100mg, Trulance 3mg, and Vit D3 50mcg. Continued observations revealed client #5 to swallow all oral medications at once with applesauce. Review of records revealed a physician's order dated 8/14/24 which states, "LEVOTHYROXIN TAB 150mcg - TAKE 1 TABLET BY MOUTH ONCE EVERY DAY FOR HYPOTHYROIDISM (TAKE 30 MINUTES BEFORE BREAKFAST OR OTHER MEDICATIONS) Schedule: DAILY AT 08:00." Interview with the facility nurse on 3/5/25 confirmed the Levothyroxin should have been administered to client #5 at least 30 minutes prior to administering her other medications and that it was a medication error to administer it simultaneously with the other medications.	W 368	inservice all support staff on the order as well as medication administration. The team will ensure client #5 and all clients medications are administered as prescribed by completing Medication Observations x2 a week for 1 month and then on a routine bases. In the future, the facility will ensure that all medications are administered in compliance with the physician's orders.		
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 4 audit clients (#10). The finding is: Observation in the home on 3/4/25 at 5:20 PM revealed client #10 to sit at the dining room table	W 472	By: 5/4/25		

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W 472	<p>Continued From page 3</p> <p>preparing for the dinner meal. Continued observation revealed client #10 to be provided with a prepared dinner plate consisting of salmon patty, rice, green peas, and stewed apples. Further observation revealed client #10 to consume his dinner meal. Subsequent observations at 5:46 PM revealed kitchen staff to provide the client with a 2nd plate consisting of peas and stewed apples that covered his plate.</p> <p>Observation in the home on 3/5/25 at 8:00 AM revealed client #10 to sit at the dining room table preparing for the breakfast meal. Continued observation revealed client #10 to be provided two bowls of cornflakes with milk and two biscuits. Further observation revealed that client #10 consumed his breakfast meal.</p> <p>Review of records on 3/5/25 revealed a person-centered plan (PCP) dated 12/9/24. Continued review of the PCP revealed a diagnosis of Autism Spectrum Disorder, Constipation, Diabetes, GERD, Reflux, High Cholesterol, Hypertension, Vision Problems, Ambulation concerns, Ear Infections, Asthma, Seizure Disorder, Obesity, and Sleep Problems. Further review of records revealed a nutritional assessment dated 2/28/25 for client #10's prescribed diet to be 1800 calorie heart healthy, regular consistency, chop meats and non-soft foods, thin liquids.</p> <p>Interview on 3/5/25 with the qualified intellectual disabilities professional (QIDP) verified client #10's prescribed diet. Continued interviews with the QIDP revealed that the staff should follow the client's prescribed diet.</p>	W 472	<p>W472</p> <p>The Qualified Professional will retrain and in-service the dietary staff on understanding and following client#10 and all people supported's diet orders to ensure appropriate quantity of food as identified on their diets and the Person Center Plans.</p> <p>The clinical team will monitor via Mealtime assessments 2x a week for 1 month and then on a routine basis to ensure client #10 and all clients' diets are followed. In the future, the Qualified Professional will ensure that all dietary staff are trained to follow diets of all clients.</p> <p>By: 5/4/25</p>		