| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G161 | A. BUILDING _____ B. WING _____ | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GUILFORD #1 | 416 BOXWOOD DRIVE 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 |
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| W 104 | GOVERNING BODY<br>CFR(s): 483.410(a)(1)<br><br>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:<br>Based on observations, documentation review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the interior of the facility was sanitary and orderly. The finding is:<br><br>Observations during the recertification survey completed on 7/22/25-7/23/25 revealed a bathroom (#1) with a rusted towel rack and bathroom sink which was cracked in several places and had several rusted areas.<br><br>Subsequent observations during the recertification survey from 7/22/25-7/23/25 revealed a second bathroom (#2) with a broken face plate on the wall. Further observation revealed the light switch on the far right to be missing and broken with a hole remaining. Continued observation revealed the light to remain in the on position as the light switch was broken and the light could not be turned off.<br><br>Review of the facility documentation on 7/23/25 revealed a work order request dated 7/3/25 which indicated the light switch was broken in bathroom #2. Review of the facility documentation did not reveal work orders or invoices to repair or replace the rusted towel rack and rusted pedestal sink.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 agreed that the light switch has been broken for at least one month. Further interview with the QIDP verified | W 104 | W104 Qualified Professional will in service all staff on completing work orders in a timely manner. The Residential Team Leader and Direct Support Supervisor will be Inservice on ensuring follow-up for repairs that have not been completed in time. The clinical team will monitor via monthly Environmental Assessments to ensure repairs are made as needed. In the future, Qualified Professional will follow up and ensure all work orders are submitted and repairs completed in a timely manner.<br><br>By September 21, 2025 | |

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

QP | 8/4/25

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.

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| W 104 | Continued From page 1<br>that the repairs in both facility bathrooms were a safety risk and should be repaired or replaced to ensure the safety of the clients while occupying the bathrooms during personal care. | W 104 | | |
| W 288 | MGMT OF INAPPROPRIATE CLIENT BEHAVIOR<br>CFR(s): 483.450(b)(3)<br><br>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.<br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility failed to ensure interventions to manage inappropriate behavior were incorporated into an active treatment program for 2 of 4 sampled clients (#1, #6). The findings are:<br><br>Observations in the facility from 7/22/25-7/23/25 revealed clients #1 and #6 to have door alarms fixated on their bedroom doors. Further observations revealed the door alarms to alert staff when clients #1 and #6 entered and exited their bedrooms.<br><br>Review of the record for client #1 on 7/23/25 revealed a behavior support plan (BSP) dated 1/15/25 indicating the client has refusal and physical aggression as target behaviors. Review of the 1/2025 BSP did not indicate the client has AWOL or leaving without permission as a target behavior. Further review of the record for client #1 did not reveal the use of a door alarm as an approved intervention on the client's bedroom door.<br><br>Review of the record for client #6 on 7/23/25 | W 288 | W288 Administrator will in-service Qualified Professional on ensuring interventions to manage inappropriate behavior and they are incorporated into the active treatment plan. The clinical team will meet to discuss the door alarms on clients #1 and # 6 and all other individuals and will be updated on BSP and signed by HRC annually. Qualified Professional will in service staff on any updates or changes to the PCP/BSP. Qualified Professional will monitor to ensure all individuals treatment plans are included in BSP/PCP through record reviews.<br><br>By September 21, 2025 | |

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| W 288 | Continued From page 2<br>revealed a BSP dated 5/22/25 which indicated the client has the following target behaviors: refusal and resistance. Review of the 5/2025 BSP did not reveal leaving the area without permission or AWOL as a target behavior. Further review of the record for client #6 did not reveal using a bedroom door alarm as an approved intervention.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 verified that both client #1 and #6 BSP techniques and interventions were current. Further interview with the QIDP revealed there were no BSP updates or evidence of core team meeting minutes relative to using bedroom door alarms as an approved intervention for clients #1 and #6. | W 288 | | |
| W 460 | FOOD AND NUTRITION SERVICES<br>CFR(s): 483.480(a)(1)<br><br>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews, and interview, the facility failed to provide specially prescribed diets for 2 of 4 sampled clients (#1 #5). The findings are:<br><br>Afternoon observations in the facility on 7/22/25 at 5:10PM revealed client #1 to sit at the dining table to prepare for the dinner meal. Further observations revealed staff to assist client #1 in serving his plate with hand over hand assistance. The dinner meal consisted of the following menu items: spaghetti with meatballs, salad, ranch dressing, and canned fruit. | W 460 | | |

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| W 460 | Continued From page 3<br>Continued observations revealed client #1 to complete the dinner meal without receiving applesauce, pudding, or yogurt as prescribed.<br><br>Subsequent observations revealed staff to prompt client #5 to the table to prepare for the dinner meal. Further observations revealed staff to prompt client #5 to place food items on his plate. Observations also revealed client #5 to complete the dinner meal. At no point during the dinner meal did staff provide client #5 with applesauce, pudding, or yogurt as prescribed.<br><br>Review of the record for client #1 on 7/23/25 revealed a physician's order dated 6/25/25 which indicated the client has the following diet order: 2000+ calorie weight gain diet, double portions of protein, offer seconds at all meals, oatmeal or oat bran cereal with breakfast three days a week (M/W/F) to assist with Lipid levels, and applesauce/pudding or yogurt with lunch and dinner.<br><br>Review of the record for client #5 on 7/23/25 revealed a physician's order dated 6/25/25 which indicated the following diet order: weight gain 2000+ calorie diet, Diabetic, Heart Healthy, seconds of meats, fruits, and vegetables. Provide yogurt, sugar free applesauce, or pudding with lunch and dinner.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 revealed staff have been trained to follow client #1 and #5 diet orders as prescribed. Further interview with the QIDP verified both client #1 and #5 diet orders are current. Continued interview with the QIDP revealed staff should have provided the prescribed food items to assist with their weight | W 460 | W460 Qualified Professional will in service all staff on client #1 and #5 and all other individuals to follow the diet consistencies to ensure that each individual receives a nourishing, well-balanced diet including modified and specially prescribed diets. The clinical team will monitor via mealtime observations 2xs a week for a month then routinely thereafter to ensure all staff are following the diet consistencies. In the future, Qualified Professional will ensure that staff are following the diet consistencies and menu for all individuals per orders and the Person-Center Plan.<br><br>By September 21, 2025 | |

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| W 460 | Continued From page 4<br>gain diet. | W 460 | | |
| W 472 | MEAL SERVICES<br>CFR(s): 483.480(b)(2)(i)<br><br>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 2 of 4 sampled clients (#1, #5). The findings are:<br><br>Afternoon observations on 7/22/25 at 5:10PM revealed staff to prompt client #1 to the dining table to prepare for the dinner meal. Further observations revealed staff to assist client #1 with preparing his plate using hand over hand assistance. The following menu items were prepared for the dinner meal: spaghetti with meatballs, salad, ranch dressing, and canned fruit. Continued observations revealed client #1 was not provided double portions of the dinner meal as prescribed.<br><br>Subsequent observations at 5:15PM revealed staff to assist client #5 with preparing his plate during the dinner meal. Further observations revealed client #5 was not offered seconds of meat, fruits, and/or vegetables during the dinner meal as prescribed.<br><br>Morning observations on 7/23/25 at 8:00AM revealed staff to prompt client #1 to the table to prepare for the breakfast meal. The breakfast meal consisted of the following menu items: cream of wheat, 2 sausage patties, milk, and water. At no point during the observation was client #1 offered double portions of the breakfast meal. | W 472 | W472 Qualified Professional will in service all staff on client # 1, #5 and all other individuals to follow the menu to ensure that the appropriate quantity of food is served for all individuals for their developmental level. The clinical team will monitor via mealtime observations 2x a week for a month then routinely thereafter to ensure all staff are following the menus and diet consistencies. In the future, Qualified Professional will ensure that staff are following the menus and diet consistencies for all individuals per orders and the Person-Center Plan.<br>By September 21, 2025 | |

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| W 472 | Continued From page 5<br><br>Review of the record for client #1 on 7/23/25 revealed a physician's order dated 6/25/25 which indicated the following diet order: double portions of protein, offer seconds at all meals, oatmeal or oat bran cereal with breakfast three days a week (M/W/F) to assist with Lipid levels, and applesauce/pudding or yogurt with lunch and dinner.<br><br>Review of the record for client #5 on 7/23/25 revealed a physician's order dated 6/25/25 which indicated the following diet order: seconds of meats, fruits, and vegetables. Provide yogurt, sugar free applesauce, or pudding with lunch and dinner.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 7/23/25 verified both clients #1 and #5 are on a weight gain diet. Further interview with the QIDP verified that both clients #1 and #5 should have provided food portions as prescribed. | W 472 | | |