

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345573	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2018
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NAME OF PROVIDER OR SUPPLIER ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ARBOR ROAD WINSTON SALEM, NC 27104
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E 036 SS=F	<p>EP Training and Testing CFR(s): 483.73(d)</p> <p>(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be reviewed and updated at least annually.</p>	E 036		7/30/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/20/2018
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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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E 036	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to maintain an emergency preparedness training and testing program for facility staff.</p> <p>Findings included:</p> <p>During a review of the facility's emergency preparedness manual on 7-09-18 and 7-10-18, the manual did not include information on training or testing of the emergency preparedness plan for the facility staff.</p> <p>An interview with the Administrator occurred on 7-9-18 at 2:30pm. The Administrator stated she and some of the other executives participated in a community based full scale emergency exercise in 2016 and 2017 and the facility had conducted fire drills with the staff but since the facility director left last year the staff had not had any training on the emergency preparedness plan and the plan had not been tested with the facility staff. The Administrator also stated they had not temporarily assigned anyone to the facility director position.</p> <p>Upon review of the provided documents, the only full-scale emergency exercise attended in their community was in 2016 and the only drills provided with staff were routine monthly fire drills conducted by in house staff.</p> <p>During an interview with the nurse #1 on 7-10-18 at 8:15am she stated she had been employed at the facility for over a year and she had not participated in an emergency preparedness training and testing drill.</p>	E 036	<p>TAG 0036-483.73(d)Training and Testing (Emergency Preparedness) (d)Emergency Preparedness Plan was implemented at the time of the survey and approved by the surveyor, however, our facility had not completed an annual Natural Disaster Drill with all staff.</p> <p>We had a Unannounced Power outage that occurred on July 5th, 2017 that was written up as a disaster plan. At the time of the occurrence Arbor Acres was informed by our consultant that it would be sufficient, however after our survey our consultant did not realize that the power outage was not weather related.</p> <p>The Mission of Arbor Acres in respect to All Hazards Emergency Management is to plan, prepare and respond to emergency situations and disaster scenarios: to ensure that casualties and property damage are minimized; to restore normal operations; to assist other facilities that may be stricken by an emergency situation or disaster scenario with available capabilities resources; and to coordinate all emergency management activities with the Forsyth County Emergency Management agency, as well as with other local emergency response agencies.</p> <p>The purpose of this plan to provide an All Hazards approach to guide Arbor Acres in the event of an emergency, crisis, or disaster scenario that would affect the safety and well-being of our residents,</p>		

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

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E 036	Continued From page 2 An interview with a nursing assistant (NA) #2 occurred on 7-10-18 at 10:55am who stated she had been employed with the facility for over a year but had not participated in an emergency preparedness training and testing drill. The Administrator, Director of Nursing and the Human Resource Director was interviewed on 7-10-18 at 12:45pm. The Administrator stated the facility hired a new Facility Director, who would be responsible for developing and implementing the facility's EP training program and there was a plan in place for EP training to be completed with staff by the end of September. The Human Resource Director stated she understood the importance of the training but since the old Director left there was not anyone to complete the training with staff.	E 036	employees, as well as community members stricken by the situation. As an All Hazards Emergency Plan, the specific procedures detailed for various emergencies should be utilized. The desired outcome will be to protect and preserve the residents, employees, and entity from such emergencies. Arbor Acres will conduct a Natural Disaster Drill every year and the Emergency Preparedness Plan will be reviewed and updated yearly or more often if needed. The drill for 2018 is currently in the planning process and will be conducted by Sept, 30th, 2018. We have hired a new Facilities Director who will be working closely with the Administrator our local Fire Department to complete this drill. All staff will be involved in the actual drill or trained on how to respond during a Natural Disaster. Written documentation will be obtained and every staff member will be responsible for participating in the training. Other drills, such as Elopements and Fire Drills will continue on a quarterly basis on all three shifts. The Administrator will be responsible for monitoring and updating any changes that will need to take place to keep our facility in compliance with regulatory requirements. Arbor Acres, new facility director, will be responsible for planning and implementing the annual disaster drills with oversight from the Administrator.		

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E 036	Continued From page 3	E 036	Correction Date for this action will be Sept. 30th,2018.	