

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

PRINTED: 03/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2018
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NAME OF PROVIDER OR SUPPLIER WILMINGTON ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 800 WILMINGTON ROAD FAYETTEVILLE, NC 28304
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(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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E 037	<p>EP Training Program CFR(s): 483.475(d)(1)</p> <p>(1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</p> <p>(ii) Demonstrate staff knowledge of emergency procedures.</p>	E 037	<p>DHSR - Mental Health</p> <p>APR 16 2018</p> <p>Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Samantha Hill* TITLE: *Administrator* (X6) DATE: *3/29/18*

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.

E037 The facility will ensure that direct care staff are trained sufficiently on the facilities Emergency Plan (EP)

Safety Coordinator will in-service staff on Emergency Preparedness Plan including demonstrations, scenarios, role-plays and/or exercises.

Safety Coordinator/Home Manager will conduct drills quarterly with the staff and document the event. IDT Team and Safety Committee will monitor in addition to chart reviews to ensure that drills are being conducted.

W189 The facility will ensure that staff is sufficiently trained

Dietician/Home Manager will in-service staff on diet consistencies to include samples of consistencies of client #2, #3 and all other people supported in the home

QP and Habilitation Specialist will monitor through meal time assessments to be conducted 3 times per month for the next two consecutive months.

W254 The facility will ensure that significant events are documented

OT/PT/Nursing Support and Nursing will re-in-service all Staff on documenting and the monitoring of pressure relief strategies. When any person supported is receiving medical monitoring for skin break downs.

OT/PT/Nursing Support and Nursing will monitor 3 times per month over the next three months.

W264 The facility will ensure that the specially constituted committees review and monitor changes

Psychologist will in-service the Behavior Specialist on the process of conducting HRC meetings, typing minutes and all other documentation related to HRC are kept current.

IDT Team will monitor monthly in addition to chart reviews to ensure that current HRC minutes are present.

The QP and Administrator will monitor and attend the next HRC meeting and ensure HRC minutes are complete and thorough over the next six months.

Target Date: 5/18/18