.m.a 44:70:70 04-18-2018 3 /11 PRINTED: 04/02/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G297 A WING 03/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 704 CAROLINA AVENUE **ROANGKE PLACE** AHOSKIE, NC 27910 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 006 Plan Based on All Hazards Risk Assessment E 006 CFR(s): 483,475(a)(1)-(2) [(a) Emergency Plan. The [facility] must develop E006 and maintain an emergency preparedness plan that must be reviewed, and updated at least The facility will develop and annually. The plan must do the following:] maintain an emergency preparedness plan that is (1) Be based on and include a documented. facility-based and community-based risk reviewed and updated annually. assessment, utilizing an all-hazards approach.\* The facility will ensure that the plan is based on a community-\*[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and based risk assessment and community-based risk assessment, utilizing an includes missing clients and all-hazards approach, including missing residents. Identifies strategies for addressing Identified \*[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and risks/clients' needs. The plan community-based risk assessment, utilizing an will include the geographical all-hazards approach, including missing clients. location of the facility and will (2) Include strategies for addressing emergency be reflective of all hazardous events identified by the risk assessment conditions. Facility will inservice staff on identified \* [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events emergency preparedness plan. identified by the risk assessment, including the QP/Program Manager will management of the consequences of power monitor plan monthly to ensure failures, natural disasters, and other emergencies that would affect the hospice's ability to provide that the needs/strategies are care. accurately identified and This STANDARD is not met as evidenced by: addressed. Based on record review and interview, the facility failed to develop an emergency preparedness DHSR - Mental Health (EP) plan including the geographic location of the

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

risk assessment, utilizing an all-hazards

approach. The finding is:

facility and the clients' needs of the facility in the

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Any deficiency statement anding with an asterior (\*) denoted 5 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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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/SLIA (DENTIFICATION NUMBER;	(X2) MULT A. BUILDII		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
34G297		B. WING			03/2	27/2018		
NAME OF PROVIDER OR SUPPLIER  ROANDKE PLACE				70	TREET ADDRESS, CITY, STATE, ZIP CODE 14 CAROLINA AVENUE HOSKIE, NC 27910			
(X4) ID PHEFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE	
Revireve informer of the in the approximate of the interest of	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  The facility did not have an emergency plan based upon risk assessments.  Review on 3/26/18 of the facility's current EP plan revealed the plan did not provide specific information in regards to the geographic location of the facility and the clients' needs of the facility in the risk assessment, utilizing an all-hazards approach.  Interview on 3/26/18 with the qualified intellectual disabilities professional (QIDP) revealed she was not aware of this specific information was to be included in the EP plan; however, she would pass this information on to her manager.			013				

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

		(X3) DATE SURVEY COMPLETED	
34G297 B, WING		03/27/2018	
ROANOKE PLACE	reet address, city, state, zip code 14 carolina avenue Hoskie, nc 27910		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
Continued From page 2 address management of medical and nonmedical emergencies, including, but not limited to: Fire; equipment, power, or water failure; care-related emergencies; and natural disasters likely to threaten the health or safety of the participants, staff, or the public. The policies and procedures must be reviewed and updated at least annually.  *[For ESRD Facilities at §494.62(b):] Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.  This STANDARD is not met as evidenced by: Based on interview, the facility failed to develop specific policies and procedures to address emergency preparedness, considering risk assessment and their communication plan in case of an emergency evacuation of the clients in the facility. The finding is:  During an interview on 3/26/16, qualified intellectual disabilities professional (QIDP) revealed they did not have policies procedures for the emergency preparedness plan.  E 032  E 032  E 032  [(c) The [facility] must develop and maintain en	The facility will develop and maintain an emergency preparedness plan that is reviewed and updated annual. The facility will ensure that the plan is based on a community-based risk assessment and includes missing clients/communication and identifies strategies for addressing identified risks/clients' needs. Facility winservice staff on policies/procedures for emergency preparedness planning such as protocol, strategies, communication, required contacts and coordination. QP/Program Manager will monitor plan monthly to ensure that the needs/strategies are accurated identified and addressed.	e .	

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

of DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING		SURVEY LETED
	34G297	B, WING_		03/	27/2018
NAME OF PROVIDER OR SUPPLIER  ROANGKE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 704 CAROLINA AVENUE AHOSKIE, NC 27010	enoral eranecense	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOUL	D BE	(XS) COMPLETION DATE
emergency preparedithat complies with Fe and must be reviewed annually.] The commall of the following:  (3) Primary and altern communicating with the communicating with the communicating with the emergency managem.  *[For ICF/IIDs at §48: alternate means for communicating with the collection of the communicating with the communication.  During an interview of intellectual disabilities revealed if the land line were down there was communicate during.	ness communication plan deral, State and local laws d and updated at least unication plan must include nate means for he following:  Dai, regional, and local nent agencies.  3.475(c):] (3) Primary and communicating with the al, State, tribal, regional, and nagement agencies.  The analytic tribal regional and interviews, the op an alternate means for acility staff, regional and uring an emergency. The sevelop an alternate means the staff, regional and local an emergency.  The facility's emergency and not include any alternate means of a 3/26/18, the qualified a professional (QIDP) ne phone and cell service and emergency.		The facility will develop and maintain an emergency preparedness plan that is reviewed and updated annually and alternate means of communicating with staff, emergency management agencies and all oversight agencies during the event of emergencies. The facility will identify primary and alternate means of communication are inservice staff. QP/Program Manager will monitor plan monthly to ensure that the needs/strategies are accurate identified and addressed.	ally. Y f III te od	5-25-18
EP Training Program		EC	937		ong a pool production and a
	CORRECTION  COVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC REGULATORY OR INTERPRETATION OR INTERPRE	CORRECTION  JOYUDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION)  Continued From page 3  emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. ] The communication plan must include all of the following:  (3) Primary and alternate means for communicating with the following:  (1) [Facility] staff.  (II) Federal, State, tribal, regional, and local emergency management agencies.  *[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.  This STANDARD is not met as evidenced by: Besed on documentation and interviews, the facility falled to develop an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:  The facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency.  Review on 3/26/18 of the facility's emergency preparedness (EP) did not include any information regarding alternate means of communication.  During an interview on 3/26/18, the qualified intellectual disabilities professional (QIDP) revealed if the land line phone and cell service were down there was not another way to communicate during an emergency.	CORRECTION    A BUILDIN   34G297   B. WING_	TOUDER OR SUPPLIER  346297  346297  346297  STREET ADDRESS, CITY, STATE, ZIP CODE TO CAROLINA AVENUE AHOSKIE, NC 27910  SUMMARY STATEMENT OF DEFICIENCIES [EACH OBFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISE IDENTIFYING INFORMATION]  Continued From page 3  mergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (I) Fracility staff, regional, and local emergency management agencies.  "[For ICF/IIIDs at §483.475(c):] (3) Primary and alternate means for communicating with the facility staff, regional and local emergency management agencies.  This STANDARD is not met as evidenced by: Based on documentation and interviews, the facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency. The finding is:  The facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency.  The facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency.  The facility failed to develop an alternate means for communicating with staff, regional and local governments during an emergency.  The facility is staff, regional and local governments during an emergency.  Review on 3/26/18 of the facility's emergency preparedness (EP) did not include any information regarding alternate means of communication.  During an interview on 3/26/18, the qualified intellectual disabilities professional (QIDP) revealed if the land line phone and cell service were down there was not another way to communicate during an emergency.	TOWNDER OR SUPPLIER  19 AGE  19 AGE  19 AGE  19 AGE  10 AGE  1

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '		CONSTRUCTION	(X3) DATE ( COMPL			
	34G297 B. WING			03/27/2018					
NAME OF PROVIDER OR SUPPLIER  ROANOKE PLACE				70	STREET ADDRESS, CITY, STATE, ZIP CODE 704 CAROLINA AVENUE AHOSKIE, NC 27910				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			×		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
€ 037	CFR(s): 483.475(d)(1  (1) Training program. ASCs, PACE organiz and dialysis facilities]  (i) Initial training in erpolicies and procedures arrangement, and volexpected role.  (ii) Provide emergence least annually.  (iii) Maintain docume (iv) Demonstrate staff procedures.  *[For Hospitals at §44 at §491.12:] (1) Train or RHC/FQHC] must (i) Initial training in erpolicies and procedus staff, individuals provarrangement, and volexpected roles.  (ii) Provide emergence least annually.  (iii) Maintain docume (iv) Demonstrate staff procedures.  *[For Hospices at §4 hospica must do all color in training in expected roles and procedures.	The [facility, except CAHs, atlons, PRTFs, Hospices, must do all of the following: nergency preparedness res to all new and existing iding services under funteers, consistent with their cy preparedness training at intation of the training. If knowledge of emergency do all of the following: nergency preparedness res to all new and existing iding on-site services under funteers, consistent with their cy preparedness training at intation of the training. If knowledge of emergency		037	The facility will ensure that the emergency preparedness plants implemented across all settings. The facility will train all staff on the identified emergency preparedness plants and each staff's role annually QP/Program Manager will monitor plan monthly to ensuthat the needs/strategies are accurately identified and addressed.	n n n '.	5-25-18		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
34G297		B. WNG	B. WING			27/2018		
NAME OF PROVIDER OR SUPPLIER  ROANOKE PLACE				7	STREET ADDRESS, CITY, STATE, 2IP CODE 104 CAROLINA AVENUE AHOSKIE, NC 27910		-	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX '		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
E 037	procedures.  (III) Provide emergent least annually.  (iv) Periodically reviet emergency prepared employees (including special emphasis pla procedures necessar others.  *[For PRTFs at §441. program. The PRTF (i) Initial training in empolicies and procedures taff, individuals provented roles.  (II) After initial training preparedness training (III) Demonstrate staff procedures, (iv) Maintain docume preparedness training in empolicies and procedustaff, individuals provented staff, individuals procedures, consister (ii) Provide emergented staff, including what to do, where to case of an emergence	ey preparedness training at w and rehearse its ness plan with hospice nonemployee staff), with ced on carrying out the y to protect patients and  184(d):] (1) Training must do all of the following: nergency preparedness res to all new and existing iding services under funteers, consistent with their g, provide emergency g at least annually. If knowledge of emergency mation of all emergency g.  34(d):] (1) The PACE all of the following: nergency preparedness res to all new and existing iding on-site services under stors, participants, and at with their expected roles. Exp preparedness training at if knowledge of emergency g informing participants of go, and whom to contact in		037				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
34G297		B. WING	B. WING		03/27/2018			
NAME OF PROVIDER OR SUPPLIER  ROANOKE PLACE				7	TREET ADDRESS, CITY, STATE, ZIP CODE 04 CAROLINA AVENUE AHOSKIE, NC 27910			
(X4) ID PREFIX TAG	Summary Statement of Deficiencies (Each Deficiency must be preceded by full REGULATORY OR LSC IDENTIFYING INFORMATION)			ix )	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(KS) Completion Date	
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## PRINTED: 04/02/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING B. WING 34G297 03/27/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 704 CAROLINA AVENUE **ROANOKE PLACE** AHOSKIE, NC 27810 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XII) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) E 037 Continued From page 7 E 037 \*(For CMHCs at §485.920(d):) (1) Training. The CMHC must provide 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 roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually. This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to ensure direct care staff were sufficiently trained on the facility's emergency plan (EP). The finding is: Staff had not received training on the emergency plan (EP). Review on 3/26/18 of facility documents revealed no documented specific training for direct care staff in regards to the EP. Staff Interviews (2) on 3/26/18 revealed they have been trained regarding fire drills and disaster drills: however, the staff could not provide specific details regarding the facility's EP program. Interview on 3/26/18 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff had been trained regarding fire drills and disaster drills. However, there had not been

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**INITIAL COMMENTS** 

any training provided concerning the new EP.

This facility is in compliance with the conditions

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04-18-2018

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AND PLAN OF	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	NG		COMPLETED		
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ROANOKE PLACE				Al	HOSKIE, NC 27910			
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W 000	persons with mental	ermediate care facilities for retardation found at 42 CFR ) and 42 CFR 483.480	W	000				