PRINTED: 05/23/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	34G179		B. WING	B. WING		05/	22/2018
NAME OF PROVIDER OR SUPPLIER NORTH DRIVE GROUP HOME				12	TREET ADDRESS, CITY, STATE, ZIP CODE 216 NORTH DRIVE OLDSBORO, NC 27534		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIE			(X5) COMPLETION DATE
E 006	CFR(s): 483.475(a)(1 [(a) Emergency Plan. and maintain an emer that must be reviewed annually. The plan must be a seen and in facility-based and corresponding assessment, utilizing *[For LTC facilities at on and include a document of the community-based risk all-hazards approach.] *[For ICF/IIDs at §483 and include a document of the community-based risk all-hazards approach.] (2) Include strategies events identified by the risk amanagement of the cofailures, natural disass that would affect the frare. This STANDARD is reasonable and maintenance and failed to develop specified.	The [facility] must develop regency preparedness plan d, and updated at least ust do the following:] include a documented, munity-based risk an all-hazards approach.* §483.73(a)(1):] (1) Be based umented, facility-based and assessment, utilizing an including missing residents. 3.475(a)(1):] (1) Be based on ented, facility-based and assessment, utilizing an including missing clients. 5 for addressing emergency he risk assessment. 18.113(a)(2):] (2) Include sing emergency events assessment, including the onsequences of power ters, and other emergencies hospice's ability to provide that as evidenced by: and record review, the facility biffic facility-based strategies ency plan. The finding is:	E	006			
		who reside in the facility					

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

TITLE (X6) DATE

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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NAME OF PROVIDER OR SUPPLIER NORTH DRIVE GROUP HOME			•	STREET ADDRESS, CITY 1216 NORTH DRIVE GOLDSBORO, NC 2					
(X4) ID PREFIX TAG			ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE		
E 006	management plan re thorough assessmer given the geographic was general informa outages and bomb the not specific informati the facility about the occur given the local Interviews on 5/21/17 revealed they were rehazards or risks the	f the facility's emergency evealed there was no at of the hazards and risks area of the facility. There are tion in this plan about power areats, however there was on for the direct care staff at possible hazards that may be tion of the facility. 8 with direct care staff (2) and aware of the possible facility may encounter in the locy and management of the	E	006					
E 020	staff revealed there have saves sment composition of care staff revealed there have saves and composition of care staff revealed the policies and procedured plan set forth in parases sment at paragand the communication of care staff reviewed and update minimum, the policies address the following safe evacuation from consideration of care staff reviewed and update minimum, the policies address the following safe evacuation from consideration of care staff reviewed and update minimum, the policies address the following safe evacuation from consideration of care staff revenue and the policies and the policies and update staff revenue and the policies and update staff revenue and the policies and t	cedures. The [facilities] must ent emergency preparedness ares, based on the emergency graph (a) of this section, risk graph (a)(1) of this section, ion plan at paragraph (c) of cies and procedures must be end at least annually. At a s and procedures must	E	020					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 020	*[For RNHCs at §403 §416.54(b)(2):] Safe evacuation from includes the following (i) Consideration of ca (ii) Staff responsibilitie (iii) Transportation. (iv) Identification of evaluation with example of the communication of the communication with example of the communication of the communication with example of the communication with example of the communication of the	ration location(s); and means of communication of assistance. 748(b)(3) and ASCs at the [RNHCl or ASC] which is are needs of evacuees. es. 742(accuation location(s)). returned in the [CORF; Clinics, es, OPT/Speech at ESRD Facilities at the [CORF; Clinics, es, and Public Health is of Outpatient Physical Language Pathology Facilities], which includes and needs of the patients. 742(action location(s)). Responsible in the patients in the patients. 753(action location(s)). Responsible in the patients in the patients. 754(action location(s)). Responsible in the patients in the patients. 755(action location(s)). Responsible in the patients in the patients. 755(action location(s)). Responsible in the patients in the patients. 756(action location(s)). Responsible in the patients in the patients. 757(action location(s)). Responsible in the patients in the patients. 757(action location(s)). Responsible in the patients in the patients. 757(action location(s)). Responsible in the patients in the patients. 757(action location(s)). Responsible in the patients in the patients. 757(action location(s)). Responsible in the patients in the patients in the patients. 757(action location(s)). Responsible in the patients	E	020			

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E 020	Continued From page The facility did not incomplete and within their emergence Review on 5/21/18 of Plans revealed relocate the safety of the individuals and the safety of the individuals. If communication to indicate the relayed to other state authorities. The plan about relocation site (communication between the entity). During an interview of manager confirmed the information about relocation about relocation about relocated manager confirmed the event of an emergency revealed management any information on the	clude a specific detailed and communication plan by preparedness plan. The facility's Emergency attion may be necessary for iduals. Information in the communication systems were tharge would contact cluss relocating the inication systems failure and fishould prepare to be an However, there was no be how communication would aff, guardians and/or did not include specifics and include specifics and include specific beat staff, guardians or any an 5/21/18, the residential mere was no specific coating the clients in the coating the clients in the coating the facility did not have be emergency preparedness as with any of the direct care		020			
	confirmed management their emergency man have to look into mea relocation shelter(s) a	n 5/21/18, program director ent staff are still working on agement plans and would ns identifying alternate and alternate means of plans did not include all of ned in the emergency					

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E 032 E 032	CFR(s): 483.475(c)(c) [(c) The [facility] must emergency prepared that complies with Forman and must be reviewed annually.] The commall of the following: (3) Primary and alter communicating with (i) [Facility] staff. (ii) Federal, State, tries emergency manager and emergency manager. *[For ICF/IIDs at §48 alternate means for ICF/IID's staff, Federal emergency manager. This STANDARD is Based on record review facility failed to devect communication with clients should phone emergency. The find the facility failed to devect the failed the fa	eans for Communication 3) st develop and maintain an dness communication plan ederal, State and local laws ed and updated at least nunication plan must include mate means for the following: bal, regional, and local ment agencies. 33.475(c):] (3) Primary and communicating with the ral, State, tribal, regional, and nagement agencies. not met as evidenced by: view and staff interview, the lop a plan for alternate facility staff and guardians for its become inoperable in an ling is: develop an alternate plan for reen direct care staff and esources in the event of a ion failure. of the facility's emergency EMP) revealed this plan or staff to use primary phone to communicate with each		032			

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Disabilities Profession was not an alternate between staff and mathe event primary photinoperable. Further in also no alternate plan with emergency management.	nal (QIDP) revealed there plan for communication inagement of the facility in ones or cellphones were iterview revealed there was a for staff to communicate	E	032			
EP Training and Testic CFR(s): 483.475(d) (d) Training and testir develop and maintain preparedness training based on the emerge paragraph (a) of this sparagraph (a)(1) of the procedures at paragraph the communication placetion. The training be reviewed and updates the testing. The ICF/IIDs at \$483 testing. The ICF/IID in an emergency preparagraph (a) assessment at paragraph (a) assessment at paragraphicies and procedures and procedures and procedures and program must least annually. The IC requirements for evaluation of the second second paragraph (b). *[For ESRD Facilities]	ng. The [facility] must an emergency g and testing program that is ncy plan set forth in section, risk assessment at a section, policies and aph (b) of this section, and an at paragraph (c) of this and testing program must ated at least annually. 3.475(d):] Training and must develop and maintain redness training and testing d on the emergency plan set of this section, risk raph (a)(1) of this section, res at paragraph (b) of this munication plan at section. The training and be reviewed and updated at CF/IID must meet the cuation drills and training at at §494.62(d):] Training,	E	036			
	CORRECTION ROVIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page Disabilities Profession was not an alternate petween staff and mathe event primary photinoperable. Further in also no alternate plan with emergency manacounty. EP Training and Testic CFR(s): 483.475(d) (d) Training and testindevelop and maintain preparedness training based on the emerge paragraph (a) of this sparagraph (a) (1) of the procedures at paragraph the communication placetion. The training be reviewed and updates the communication placetion. The training be reviewed and updates and updates and updates and procedures are program that is based forth in paragraph (a) assessment at paragraph (b) assessment at paragraph (c) of this stating program must least annually. The IC requirements for evacus (483.470(h). *[For ESRD Facilities]	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Disabilities Professional (QIDP) revealed there was not an alternate plan for communication between staff and management of the facility in the event primary phones or cellphones were inoperable. Further interview revealed there was also no alternate plan for staff to communicate with emergency management officials in Wayne county. EP Training and Testing CFR(s): 483.475(d) (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) (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. *[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, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, policies and procedures at paragraph (a) of this section. The training and testing program must be reviewed and updated	ROVIDER OR SUPPLIER RIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Disabilities Professional (QIDP) revealed there was not an alternate plan for communication between staff and management of the facility in the event primary phones or cellphones were inoperable. Further interview revealed there was also no alternate plan for staff to communicate with emergency management officials in Wayne county. EP Training and Testing CFR(s): 483.475(d) (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, and the communication plan at paragraph (c) of this section. 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The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h). *[For ESRD Facilities at §494.62(d):] Training,	RIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Disabilities Professional (QIDP) revealed there was not an alternate plan for communication between staff and management of the facility in the event primary phones or cellphones were inoperable. Further interview revealed there was also no alternate plan for staff to communicate with emergency management officials in Wayne county. EP Training and Testing CFR(s): 483.475(d) (d) Training and testing. 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"[For ICF/IID sat \$483.475(d):] Training and testing program that is based on the emergency plan set forth in paragraph (a) (1) of this section, is section, risk assessment at paragraph (a) of this section, is section, risk assessment at paragraph (a) of this section, policies and procedures at paragraph (b) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (b) of this section, risk assessment at paragraph (b) of this section, and the communication plan at paragraph (b) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (b) of this section, and the communication plan at paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessm	

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E 036	orientation program to emergency plan set in section, risk assessmenthis section, policies (b) of this section, and paragraph (c) of this and orientation progrupdated at least annothis STANDARD is Based on record reversality failed to develop management preparatesting program. The The facility failed to detesting program. Review on 5/21/18 odid not include any intesting of the facility's plans. Interview on 5/21/18, they had not been transality and not been transality and the facility. Interview on 5/21/18, they had not been transality and not been transality and the facility. Interview on 5/21/18, they had not been transality and not been transality and the facility. Interview on 5/21/18, they had not been transality and the facility and	n an emergency g, testing and patient that is based on the forth in paragraph (a) of this nent at paragraph (a)(1) of and procedures at paragraph ad the communication plan at section. The training, testing ram must be reviewed and ually. not met as evidenced by: riew and interviews, the rop an emergency redness (EMP) training and red finding is: redevelop an EMP training and red finding is: redevelop an emergency preparedness redevelop and training or red finding is: redevelop and training or red finding is: redevelop and the facility's EMP manual, it reformation on training or red finding is emergency preparedness red finding is em	E 03	36			