DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2018 FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3)-DATE-SURVEY COMPLETED			
			A. BUILDING	<u> </u>	COMPLETED		
·			B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	34G176	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	04/25/2018		
AIRPORT ROAD GROUP HOME			195 AIRPORT ROAD GOLDSBORO, NC 27530				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y-MUST-BE-PRECEDED-BY-FULL	1D	PROVIDER'S PLAN OF CORRECTION	(X5)		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE		
	CFR(s): 483.475(a)(1 [(a) Emergency Plan. and maintain an emer that must be reviewed annually. The plan must be a based on facility-based and condutilizing an all-hazards and include a docucommunity-based risk hazards approach, incommunity-based risk hazards approach, incommunity-b	The [facility] must develop regency preparedness plan d, and updated at least ust do the following:] and include a documented, namunity-based risk assessment, approach.* §483.73(a)(1):] (1) Be based umented, facility-based and assessment, utilizing an all-cluding missing residents. 8.475(a)(1):] (1) Be based on ented, facility-based and assessment, utilizing an all-cluding missing clients. 8.475(a)(1):] (1) Be based on ented, facility-based and assessment, utilizing an all-cluding missing clients. 8.483.73(a)(2):] (2) Include assessment, including the cluding missing clients. 8.475(a)(1):] (2) Include and the prosequences of power erisk assessment, including the consequences of power area, and other emergencies acceptable to provide the provide and interview, the facility mergency preparedness are geographic location of the	E 00	Plan Based on All Hazards Risk Assecting CFR(s): 483.475(a)(1) – (2) The facility will progressively conduct document a community and facility-based (all-hazards approach) risk assessment. The facility will utilize information colle from the community and facility-based hazards) risk assessment to update curremergency plan. Staff will be progressively trained hazards, risks, and strategies addressing emergency events identified the risk assessment. To promote efficiency, Nova will create a for implementation at other facilities globalization requirements. Responsible Persons: Nova's Lecouncil, Health & Safety Chairpers Committee, QP, RSS Frequency/Monitoring: Reviewed annually and updated as deemed necessing RECEIVED MAY 0 & 2018	and used ust. cted (all- crent on for d by a timeline to meet eadership son and		
	facility and the clients' needs of the facility in the risk assessment, utilizing an all-hazards approach. The finding is:			DHSR-MH Licensure Sect			
ABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE (X6) DATE							

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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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:M70S11

Facility ID: 922850

If continuation sheet Page 1 of 8

COTATEMENT.	OF DEFICIENCIES						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			COMPLETED		
			A. BUILDI	NG_	THE PARTY OF THE P	·	
			B. WING _				
		34G176				04/25/2018	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	L	10,1010
i	•				•		
AIDBODT	ROAD GROUP HOME				95 AIRPORT ROAD		
AINFONT	HOAD GROUP HOME			G	OLDSBORO, NC 27530		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD B	E I	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA		DATE
			1	DEFICIENCY)			
F 000							~~~
E 006			E(006			
	Continued From page	e 1					
	· -						
		ave an emergency plan					
	based upon risk assessment.						
Ì	Review on 4/24/18 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						
İ							
ļ		nt, utilizing an all-nazards					
	approach.						
	Interview on 4/24/18	with the qualified intellectual					
		nal (QIDP) revealed there					
		ent and are presently					
		ly for all ICF/IID facilities they					
1	provide for.						

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

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E 013	Development of E	P Policies and Procedures	1 -	:010 B	OMB NO. 0938-039
	(b) Policies and prodevelop and imple policies and proce plan set forth in parassessment at parand the communic	cocedures. [Facilities] must rement emergency preparedness dures, based on the emergency aragraph (a) of this section, risk regraph (a)(1) of this section, eation plan at paragraph (c) of		Procedures CFR(s): 483.475(b) The facility will progressively develop policies and update procedures to emergency preparedness plans based community and facility-based (all approach) risk assessment.	address upon the
	and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. *Additional Requirements for PACE and ESRD Facilities: *[For PACE at §460.84(b):] Policies and procedures. The PACE organization 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			approach) risk assessment. The facility will progressively develop specific policies and update procedures to address the development and maintenance of a primary and alternate communication plan. The facility will develop policies and procedures relative to the management of medical and nonmedical emergencies. Staff will be trained on policies and procedures relative to emergency preparedness plans. Responsible Persons: Nova's Leadership Council, Health & Safety Chairperson and Committee, QP, RSS Frequency/Monitoring: Reviewed at least annually and updated as deemed necessary.	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176		A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04/25/2018
AIRRORT BOAR OROUR HOLE			195 AIRPORT ROAD		

ĪD

PREFIX

TAG

AIRPORT ROAD GROUP HOME

(X4) ID

PRÉFIX

TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

GOLDSBORO, NC 27530

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

(X5) COMPLETION

DATE

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OMB NO. 0938-0391

E 01:	3		E-01	2	OMB MC	ر. 0938-0391 ابر
	Continued From pa	ge 2 address management of edical emergencies, including,				
	but not limited to: Fi	ire; equipment, power, or				
	water failure; care-r	elated emergencies; and				
	natural disasters like	ely to threaten the health or				
	safety of the particip	pants, staff, or the public. The				
	updated_at_least_anr	ures must be reviewed and				
	The state of the s	ndany.				
	*[For ESRD Facilitie	es at §494.62(b):] Policies and				
	procedures. The dia	alysis facility must develop and				
	procedures based	ncy preparedness policies and on the emergency plan set				
	forth in paragraph (a	a) of this section, risk				
	assessment at para	graph (a)(1) of this section.				
	and the communicat	tion plan at paragraph (c) of				
	this section. The pol	licies and procedures must be				
	emergencies include	ed at least annually. These e, but are not limited to, fire,			İ	
	equipment or power	failures, care-related				
	emergencies, water	supply interruption, and				
	geographic area.	ely to occur in the facility's			ļ	
		not met as evidenced by:				
	Based on interview	and record review, the facility				
	failed to develop spe	ecific policies and procedures				
	to address emergen	cy preparedness, considering				
	risk assessment. The	e finding is:				
	The facility did not de	evelop an emergency				
	preparedness plan based on an actual risk					
	assessment.					
1	During an interview (on 4/24/18 with the Division				
	Director and qualified	d intellectual disabilities				
	professional (QIDP)	revealed they did not base				
į	risk assessment spe	paredness plan on an actual				
E 032	Primary/Alternate Me	eans for Communication	E 032			
						6-25-18
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
AND PLAN O	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S	
			1			
		34G176	B. WING) T (0.0 ± 5
NAME OF PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>J 04/2</u>	25/2018	
AIRPORT ROAD GROUP HOME			1:	95 AIRPORT ROAD		l
			G	OLDSBORO, NC 27530		
(X4) ID PREFIX	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION	T	(X5) COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E ATE	COMPLETION DATE
				DEFICIENCY)	-	1