

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

PRINTED: 04/30/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2018
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530		
(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	
E 006	<p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>*[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>*[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>* [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop an emergency preparedness (EP) plan including the geographic location of the facility and the clients' needs of the facility in the risk assessment, utilizing an all-hazards approach. The finding is:</p>	E 006	<p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1) – (2)</p> <p>The facility will progressively conduct and document a community and facility-based (all-hazards approach) risk assessment.</p> <p>The facility will utilize information collected from the community and facility-based (all-hazards) risk assessment to update current emergency plan.</p> <p>Staff will be progressively trained on hazards, risks, and strategies for addressing emergency events identified by the risk assessment.</p> <p><i>To promote efficiency, Nova will create a timeline for implementation at other facilities to meet globalization requirements.</i></p> <p>Responsible Persons: Nova's Leadership Council, Health & Safety Chairperson and Committee, QP, RSS</p> <p>Frequency/Monitoring: Reviewed at least annually and updated as deemed necessary.</p> <p style="text-align: center;">RECEIVED MAY 06 2018 DHSR-MH Licensure Sect</p>	6-25-18	

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

TITLE

(X6) DATE

Camelia Hill

Program Director

5/3/18

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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

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E 006	<p>Continued From page 1</p> <p>The facility did not have an emergency plan based upon risk assessment.</p> <p>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 approach.</p> <p>Interview on 4/24/18 with the qualified intellectual disabilities professional (QIDP) revealed there was no risk assessment and are presently correcting this globally for all ICF/IID facilities they provide for.</p>	E 006			

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E 013	Development of EP Policies and Procedures CFR(s): 483.475(b) (b) Policies and procedures. [Facilities] 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.	E-013	Development of EP Policies and Procedures CFR(s): 483.475(b) The facility will progressively develop specific policies and update procedures to address emergency preparedness plans based upon the community and facility-based (all-hazards approach) risk assessment .	6-25-18
	*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		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.	

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E 013	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.	E 013	
E 032	<p>*[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.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop specific policies and procedures to address emergency preparedness, considering risk assessment. The finding is:</p> <p>The facility did not develop an emergency preparedness plan based on an actual risk assessment.</p> <p>During an interview on 4/24/18 with the Division Director and qualified intellectual disabilities professional (QIDP) revealed they did not base their emergency preparedness plan on an actual risk assessment specific to the facility.</p> <p>Primary/Alternate Means for Communication</p>	E 032	6-25-18

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