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

PRINTED: 11/21/2018 FORM APPROVED OMB NO. 0938-0391

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MYRTLEWOOD GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) E 018 Procedures for Tracking of Staff and Patients CFR(s): 483.475(b)(2)	N OF CORRECTION (X5) E ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE
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CFR(s): 483.475(b)(2)	
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.] At a minimum, the policies and procedures must address the following:] (2) A system to track the location of on-duty staff and sheltered patients in the [facility's] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location. *[For PRTFs at §441.184(b), LTC at §483.73(b), ICF/IIDs at §483.475(b), PACE at §460.84(b):] Policies and procedures. (2) A system to track the location of on-duty staff and sheltered residents in the [PRTF's, LTC, ICF/IID or PACE] care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the [PRTF's, LTC, ICF/IID or PACE] must document the specific name and location of the receiving facility or other location. *[For Inpatient Hospice at §418.113(b)(6):] Policies and procedures. (ii) Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of	

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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		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G207 B. WIN			11/20/2018		
NAME OF PROVIDER OR SUPPLIER MYRTLEWOOD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 175 MYRTLEWOOD DRIVE MOUNT GILEAD, NC 27306	120.20.10		
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E 018	employees' on-duty hospice's care durin on-duty employees or relocated during the must document the the receiving facility *[For CMHCs at §48 procedures. (2) Safe which includes constreatment needs of cresponsibilities; tran evacuation location(means of communic assistance. *[For OPOs at § 486 procedures. (2) A sy documentation that donor information, potential and actual secures and maintain accures and maintain accures and maintain accures and maintain accures of the patient. This STANDARD is Based on review of Information" and "Ripreparedness (EP) the facility failed to document the location of the facility's EP plantal facil	at the location of hospice and sheltered patients in the gran emergency. If the or sheltered patients are emergency, the hospice specific name and location of or other location. 5.920(b):] Policies and evacuation from the CMHC, ideration of care and evacuees; staff sportation; identification of s); and primary and alternate ation with external sources of estem of medical preserves potential and actual rotects confidentiality of donor information, and ns the availability of records. 6.62(b):] Policies and evacuation from the dialysis es staff responsibilities, and s. not met as evidenced by:	E 018				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G207	B. WING			11/:	20/2018
NAME OF PROVIDER OR SUPPLIER MYRTLEWOOD GROUP HOME				17	REET ADDRESS, CITY, STATE, ZIP CODE 5 MYRTLEWOOD DRIVE OUNT GILEAD, NC 27306		
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(specific client inform Management" (gene and substantiated by intellectual disabilitie revealed no tracking locations of clients a emergency. Continuverified they will dev to track clients and semergency and as pecompliant with regulations. E 025 Arrangement with OCFR(s): 483.475(b)(tled "Crisis Information" ration) and "Risk ralized facility information) interview with the qualified as professional (QIDP) system to document the not staff in the event of an ed interview with the QIDP elop a documentation system taff in the event of an eart of the EP plan to be stions. her Facilities T) reduced.		018			
	policies and procedu plan set forth in para assessment at parag and the communicati this section. The poli- reviewed and update minimum, the policie address the following *[For Hospices at §4 §441.184,(b) Hospita Facilities at §483.73((7) [or (5)] The development						
	patients in the event operations to maintai to facility patients. *[For PACE at §460.8 §483.475(b), CAHs at	of limitations or cessation of n the continuity of services					

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E 025	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Policies and procedures. (7) [or (6), (8)] The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. *[For RNHCIs at §403.748(b):] Policies and procedures. (7) The development of arrangements with other RNHCIs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of non-medical services to RNHCI patients. This STANDARD is not met as evidenced by: Based on review of the facility's "Crisis Information" and "Risk Management" emergency preparedness (EP) plan notebooks and interview, the facility failed to develop documentation of the arrangements and/or any agreements with other facilities to receive clients in the event the facility is unable to care for clients during an emergency. The finding is: Review on 11/19/18 and 11/20/18 of the facility's EP plan notebooks titled "Crisis Information" (specific client information) and "Risk Management" (generalized facility information) and substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed the facility did not have documentation of the arrangements and/or any agreements the facility has with other facilities in the event of an evacuation. Continued interview with the QIDP verified they will develop documentation of any arrangements and/or agreements they have with outside facilities in the event of an evacuation to		E 02	5				

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E 033 E 033	emergency prepared that complies with F and must be reviewed annually.] The compliance of the following: (4) A method for shadocumentation for program, as necessary, maintain the continuous (5) A means, in the release patient infor CFR 164.510(b)(1)(required for HHAs under §485.68(c), all §491.12(c).] (6) [(4) or (5)]A mean about the general compatients under the founder 45 CFR 164.51 all sharing information patients under the Fewith care providers to care, based on the winder by the patient representative.	Information 4)-(6) st develop and maintain an dness communication plan ederal, State and local laws ed and updated at least munication plan must include aring information and medical atients under the [facility's] with other health providers to ity of care. event of an evacuation, to mation as permitted under 45 ii). [This provision is not noder §484.102(c), CORFs and RHCs/FQHCs under on of providing information of acility's] care as permitted in (b)(4). 23.748(c):] (4) A method for and care documentation for tNHCl's care, as necessary, to maintain the continuity of written election statement		033				
	of providing informa	tion about the general on of patients under the						

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E 033	Based on review of t Information" and "Ris preparedness (EP) pl the facility failed to de annually update an E included a method for medical documentation information, and a meabout the general corclients. The finding is Review on 11/19/18 and EP plan notebooks tit (specific client information Management" (generand substantiated by intellectual disabilities revealed the facility documentation providers for the conticulation of the conticulation of the conticulation in the conticulation and a means of proving general condition and interesting in the conticulation and interesting in the conticulation in the conticulation and interesting in the conticulation and interesting in the conticulation and interesting in the conticulation in the conticulation and interesting in the conticulation and interesting in the conticulation in the conticula	not met as evidenced by: he facility's "Crisis k Management" emergency an notebooks and interview, evelop, maintain, review, and P communication plan that r sharing information and on, release of client eans of providing information ndition and the location of s: and 11/20/18 of the facility's led "Crisis Information" ation) and "Risk alized facility information) interview with the qualified s professional (QIDP), id not have a communication plan that r sharing information and on with other health inuity of care, release of the event of an evacuation, ding information about the I the location of clients. with the QIDP verified they unication plan to be	E 03	33				