STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G113	A. BUILDING ______ B. WING ______	R 01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

(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}	Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2) [(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:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* *[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. *[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. (2) Include strategies for addressing emergency events identified by the risk assessment. * [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. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to develop and maintain an emergency preparedness (EP) plan to include a risk assessment based on an all-hazards approach and failed to develop specific facility-based strategies and specific client information. The finding is:	{E 006}		

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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{E 006}	Continued From page 1	{E 006}		

Review conducted on 10/30/18 of Section 2.01 of the facility's Adult Residential Services Manual, titled Emergency-Disaster Plan, revealed the plan was approved by the Executive Committee on 12/1/15 and included general information for EP; however, no information specific to clients residing in the group home or information relative to the geographic location of the group home was included.

Interviews conducted on 10/30/18 and 10/31/18 with the qualified intellectual disabilities professional and interviews conducted on 10/31/18 with the administrator revealed the facility's EP plan had not been updated since 12/1/18 and specific information was not included relative to the geographic location of the home or client-specific information that would enable persons unfamiliar with the clients to provide the needed assistance.

Review of the facility's Emergency Plan (EP) on 1/31/19 during the follow up survey revealed the EP had been updated to include a risk assessment based on an all-hazards approach as documented in the plan of correction dated 12/30/18. However, further review of the EP revealed client-specific information that would enable persons unfamiliar with the clients to provide needed assistance was not included in the EP.

Subsequent interview with the facility administrator and the qualified intellectual disabilities professional revealed client-specific information which would enable persons unfamiliar with the clients to provide needed care had not been included in the EP.

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