PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEPOCIENCIES AND PLAN OF CORRECTION 346354 NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME PREVIOUS REPRESENTED TO PERCIENCIES (RACH DEPICIENCY MAST BE PRECEDED BY FLL. RESULATORY OR LSC DEPITIFYING INFORMATION) E 004 Develop EP Plan, Review and Update Annually CFR(s): 483.475(s) [The flacility must comply with all applicable Federal, State and local emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness requirements. The [Inospital or CAH] must develop and maintain a comprehensive emergency preparedness requirements. The [Inospital or CAH] must develop and maintain a comprehensive emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [Sacility] must develop and maintain an emergency preparedness program must include, but not be limited to, the following elements:] (b) Emergency Plan. The [Sacility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The EsRD facility must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed] and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed] and updated at least annually. *[For ESRD Facilities at §4	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	. 0938-0391
STREET ADDRESS. CITY, STATE, 2P CODE 20 MORY ROAD HOME EMORY ROAD HOME SUMMARY STATEMENT OF DEPOLENCIES PREFIX TAG DEVELOP EPID (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX TAG) E 004 Develop EP Plan, Review and Update Annually CFR(s): 483.475(a) The (facility) must comply with all applicable Federal, State and local emergency, preparedness requirements. The (facility) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness requirements. The (hospital or CAH) must develop and maintain a comprehensive emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The (facility) must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §404.62(a)] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed to the facility is must develop and maintain an emergency preparedness plan that must be [reviewed to the facility is must develop and maintain an emergency preparedness plan that must be [reviewed to the facility is most recent EP was conducted on 4/30/19 and 51/119. This review								
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CFR(s): 483.475(a) [The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness requirements. The facility is section, utilizing an all-hazards approach. The emergency perparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness splan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The SERD facility must develop and maintain an emergency preparedness plan that must be [vevlauted], and updated at least annually. Review of the facility failed to maintain their emergency plan (EP) by reviewing and updating annually. The finding is: Review of the facility's most recent EP was conducted on 4/30/19 and 5/1/19. This review	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION
preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.] * [For hospitals at §482.15 and CAHs at §485.625(a)] The [hospital or CAH] must compty with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [reviewed] and updated at least annually. This STANDARD is not met as evidenced by: Based on review of facility records and staff interview, the facility failed to maintain their emergency plan (EP) by reviewing and updating annually. The finding is: Review of the facility's most recent EP was conducted on 4/30/19 and 5/1/19. This review	E 004	CFR(s): 483.475(a) [The [facility] must co	mply with all applicable	E	004	update the Emergency Plan, com table top drill, and in-service staff Emergency Plan. The Administra	plete a on the tor	6-30-19
Review of the facility's most recent EP was conducted on 4/30/19 and 5/1/19. This review		preparedness require develop establish and emergency prepared requirements of this s * [For hospitals at §4 §485.625(a):] The [howith all applicable Feemergency prepared [hospital or CAH] mucomprehensive emer program that meets to section, utilizing an another than the comprehensive emer program that meets to section, utilizing an another than the emergency prepinclude, but not be lirelements:] (a) Emergency Plantand maintain an emergency Plantand maintain an emerger must be [reviewed annually.] * [For ESRD Facilitie Plantand maintain an emerger must be [evaluated], annually. This STANDARD is Based on review of interview, the facility emergency plan (EP)	ements. The [facility] must display maintain a comprehensive ness program that meets the section.] 82.15 and CAHs at ospital or CAH] must comply deral, State, and local ness requirements. The st develop and maintain a regency preparedness he requirements of this aredness program must mited to, the following The [facility] must develop ergency preparedness plan ed], and updated at least s at §494.62(a):] Emergency lity must develop and ney preparedness plan that and updated at least not met as evidenced by: facility records and staff failed to maintain their by reviewing and updating			will-review-and-monitor-all-Emerge Plans for each home to ensure the updated and staff have been in-se In the future, the Administrator will ensure Emergency Plans are upd reviewed annually and staff are troon the home specific Emergency RECEIVED MAY 2 0 2019 DHSR NH L & C	ency ey are erviced. I ated, ained	
	LABORATORY	conducted on 4/30/1	9 and 5/1/19. This review			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 safegulards 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.

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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E 004	and included docume with staff training date review of the 12/2017 administrative/manage numbers included state facility when the 12/2017 and were not facility. Contact infor administrative/manage included in the plan is conducted on 4/1/19 disabilities profession manager revealed the current plan available documentation was a updates to this plan.	ecent EP was dated 12/2017, entation of a tabletop drill ed 11/15/17. Continued 7 EP revealed the gement staff contact aff who were employed by EP was implemented in a longer employed by the emation for current gement staff was not in use currently. Interviews with the qualified intellectual hal and the group home e 12/2017 EP was the most e and no further available related to any	EO		ΞΟΟ4	
	(1) Training program. ASCs, PACE organiz and dialysis facilities] (i) Initial training in erpolicies and procedustaff, individuals provarrangement, and voexpected role. (ii) Provide emergence least annually. (iii) Maintain docume (iv) Demonstrate staff procedures. *[For Hospitals at §44 at §491.12:] (1) Train or RHC/FQHC] must	The [facility, except CAHs, eations, PRTFs, Hospices, must do all of the following: mergency preparedness res to all new and existing				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE COMF	SURVEY	
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E 037	staff, individuals pro	ures to all new and existing oviding on-site services under olunteers, consistent with their	E	037				
	least annually. (iii) Maintain docum	ncy preparedness training at nentation of the training. aff knowledge of emergency		- ALL ACCIONATION AND A SECOND ASSESSMENT AS				
·	hospice must do all (i) Initial training in policies and proced hospice employees services under arra expected roles. (ii) Demonstrate sta procedures. (iii) Provide emerge least annually. (iv) Periodically rev emergency prepare employees (includically special emphasis p	418.113(d):] (1) Training. The of the following: emergency preparedness dures to all new and existing and individuals providing angement, consistent with their aff knowledge of emergency ency preparedness training at iew and rehearse its edness plan with hospice ang nonemployee staff), with alaced on carrying out the ary to protect patients and						
	program. The PRT (i) Initial training in policies and proced staff, individuals pr arrangement, and v expected roles. (ii) After initial train preparedness train	in 1.184(d):] (1) Training F must do all of the following: emergency preparedness dures to all new and existing oviding services under volunteers, consistent with their ing, provide emergency ing at least annually. aff knowledge of emergency						

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E 037	*[For PACE at §460.8 organization must do (i) Initial training in en policies and procedur staff, individuals provarrangement, contract volunteers, consisten (ii) Provide emergence least annually. (iii) Demonstrate staff procedures, including what to do, where to	ntation of all emergency 4(d):] (1) The PACE all of the following: nergency preparedness es to all new and existing iding on-site services under tors, participants, and t with their expected roles. y preparedness training at knowledge of emergency informing participants of go, and whom to contact in	E	037				
	CORF must do all of (i) Provide initial train preparedness policies and existing staff, ind under arrangement, a with their expected ro (ii) Provide emergence least annually. (iii) Maintain documer (iv) Demonstrate staff procedures. All new pand assigned specific the CORF's emergentheir first workday. The	ntation of all training. .68(d):](1) Training. The the following: ing in emergency in and procedures to all new ividuals providing services and volunteers, consistent eles. By preparedness training at intation of the training. If knowledge of emergency personnel must be oriented in responsibilities regarding cy plan within 2 weeks of the training program must the location and use of						

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E 037	*[For CAHs at §485.6 The CAH must do all (i) Initial training in en	25(d):] (1) Training program. of the following: nergency preparedness	E 0	37				
	and where necessary personnel, and guest cooperation with firefi authorities, to all new individuals providing and volunteers, consi roles. (ii) Provide emergence least annually. (iii) Maintain documents	ishing of fires, protection, y, evacuation of patients, s, fire prevention, and ghting and disaster and existing staff, services under arrangement, stent with their expected by preparedness training at						
	CMHC must provide preparedness policie and existing staff, ind under arrangement, a with their expected rodocumentation of the demonstrate staff knows	training. The CMHC must owledge of emergency er, the CMHC must provide						
	Based on review of t relative to the emerge and staff interviews, emergency prepared annually. The finding Review of the facility	not met as evidenced by: he facility's training program ency preparedness plan (EP) the facility failed to provide ness training for staff at least g is: s most recent EP was and 5/1/19. This review						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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E 037	and included docume with staff training data review of the 12/2017 documentation of furt emergency prepared on 5/1/19 with the quiprofessional and the revealed no knowledge provided to staff relationing on 11 further verified no documentation of the preparedness plan sitraining was provided INDIVIDUAL PROGREFR(s): 483.440(c)(4). The individual progra objectives necessary as identified by the correquired by paragrap	cent EP was dated 12/2017, intation of a tabletop drill and 11/15/17. Continued if EP revealed no further ther staff training related to mess. Interviews conducted alified intellectual disabilities group home manager ge of training having been to the EP since the 1/15/17. These interviews cumentation was available to an trained on the emergency ince the original inservice on 11/15/17.	E 03	7	rice the Meeting. ults of am
	Based on observation staff interview, the perfailed to have sufficient identified needs related pre-vocational or educations ampled clients (#1, 100 non-sampled clients). Observations at the value of	n, review of records and rson centered plans (PCPs) nt objectives to address ed to vocational, cational skills for 3 of 3 #3 and #6) and 3		then on a routine basis through Interaction Assessments to ensure are implementing results of the transcription. In addition the clinical will monitor through routine char Reviews to ensure client needs a being addressed in the Person C Plans. In the future the QIDP with needs that are identified in the A Behavior Inventory will be included Person Centered Plan.	eam team t are Centered Il ensure daptive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 227	Continued From pag	e 6	W 2	27	+ , - 1 x	
	intellectual disabilitie the home manager a the clients had medic	terview with the qualified s professional (QIDP) and t that time revealed some of cal appointments during the		to the second of		
	clients would be atte	manager indicated the nding the vocational program k up recycling and take it to				
	4/30/19 at 3:00 PM represent at the reprosent at the reprosent at the reprosence of the prosent at the reprosence of the prosent at the vocal instead, clients #1, # store and clients #3, group home. Intervie administrator on 4/30 amount of time all cliprogram had been reprosent at the vocal interview with the howere no longer assist Wheels and indicate attend the vocationa to 2 hours only.	o/19 revealed that the ents attended the vocational educed over the past several to behaviors at the group ational center. Continued me manager revealed clients ting with delivering Meals on d that when the clients did a center, it was usually for 1				
	revealed a PCP date within the PCP indica worker and could be job. The PCP also is stay busy and works vocational center extime. The PCP also earn money and lool	for client #6 on 5/1/19 ad 6/16/18. Documentation ated the client is a hard very focused once given a adicated the client liked to the whole time while at the cept during lunch and snack indicated client #6 likes to as forward to payday. Further evealed client #6 did not have				

NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME SUMMARY STATEMENT OF DEPICIENCIES (EACH) DEPOCHAGES (EACH) DEPICIENCY MUST BE PRECIDED BY FULL PROPERLY AUST BY BE PRECIDED BY FULL PROPERLY AUST BE PRECIDED BY FULL PROPERLY AUST BY BE PROPERLY AUST BY		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	
FINEET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYINS INFORMATION) W 227 Continued From page 7 any educational, pre-vocational or vocational objectives. Continued review of the PCP revealed an educational education algaptive behavioral inventory (ABI) dated 3/20/19. The ABI inclicated the client had needs related to working in an interactive setting and completing tasks, reciting the alphabet and following a daily work schedule. Interview with the CIDP on 5/1/19 confirmed the client did not have any current educational, pre-vocational or vocational objectives. Review of the record for client #1 on 5/1/19 revealed a PCP dated 3/24/18. Further review of the PCP revealed the client had needs for learning about road signs, reading as a hobby, sorting and for starting self on assignments. Interview with the QIPP on 5/1/19 confirmed client #1 had only one objective related to educational, pre-vocational or vocational, vocational, pre-vocational or vocational, pre-vocational or vocational, pre-vocational or pre-vocational, pre-vocational or vocational objective relate the educational, pre-vocational or pre-vocational objective related to educational, pre-vocational or vocational does not like to be bored. Further review of the PCP revealed an ABI dated 3/20/19 which indicated client #8 has needs related to numerical skills, telling time, and printing and reading. Interview with the CIDP STATET ADDRESS, CITY, \$TATE, \$TAN OF CORRECTION PREFEX (2000) ROAD-PROMINES PLAN OF CORRECTION CAMHERTON PREFEX (2000) ROAD-PROMINES PLAN OF CORRECTION CAMHERTON PREFEX (2000) PREFEX (2000)			34G354	B. WING	***************************************	05/0	01/2019
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 227 Continued From page 7 any educational, pre-vocational or vocational objective for the alphabet and following a daily work schedule. Interview with the QIDP on 5/1/19 revealed an educational, vocational objective for staying on task for 30 minutes. Continued review of the PCP revealed an educational vocational adaptive behavioral inventory (ABI) dated 3/20/19. The ABI indicated the client had needs related to working in an interactive setting and completing tasks, recting the alphabet and following a daily work schedule. Interview with the QIDP on 5/1/19 confirmed the client did not have any current educational, pre-vocational or vocational objective for staying on task for 30 minutes. Continued review of the PCP revealed an ABI dated 3/31/19 which indicated client #1 had needs for learning about road signs, reading as a hobby, sorting and for starting self on assignments. Interview with the QIDP on 5/1/19 confirmed client #1 had only one objective related to educational, pre-vocational oily interview with the PCP revealed the client had only one objective related to educational, pre-vocational oil interview with the PCP indicated the client had only one educational, pre-vocational oil like to be bored. Further review of the PCP revealed the client had only one educational, pre-vocational, vocational skills. Review of the record for client #5 on S/1/19 revealed a PCP dated 10/23/18. Documentation within the PCP indicated the client had only one educational, pre-vocational, vocational skills. Review of the PCP revealed the client had only one educational, pre-vocational oil like to be bored. Further review of the PCP revealed an ABI dated 3/20/19 which indicated client #5 has needs related to numerical skills, telling time, and printing and reading. Interview with the QIDP				2	0 EMORY ROAD		
any educational, pre-vocational or vocational objectives. Continued review of the PCP revealed an educational/vocational adaptive behavioral inventory (ABI) dated 3/20/19. The ABI indicated the client had needs related to working in an interactive setting and completing tasks, reciting the alphabet and following a daily work schedule. Interview with the QIDP on 5/1/19 confirmed the client did not have any current educational, pre-vocational or vocational objectives. Review of the record for client #1 on 5/1/19 revealed a PCP dated 8/24/18. Further review of the PCP revealed the client had only one educational, pre-vocational, vocational objective for staying on task for 30 minutes. Continued review of the PCP revealed an ABI dated 3/31/19 which indicated client #1 had needs for learning about road signs, reading as a hobby, sorting and for starting self on assignments. Interview with the QIDP on 5/1/19 confirmed client #1 had only one objective related to educational, pre-vocational skills. Review of the record for client #5 on 5/1/19 revealed a PCP dated 10/23/18. Documentation within the PCP indicated the client likes to make money at work and does not like to be bored. Further review of the PCP revealed than client had only one educational, pre-vocational, pre-vocational, vocational objective for identifying the correct value of coins. Continued review of the PCP revealed than ABI dated 3/20/19 which indicated client #5 has needs related to numerical skills, telling time, and printing and reading. Interview with the QIDP	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE	COMPLETION
to educational, pre-vocational or vocational skills.	W 227	any educational, pre- objectives. Continue revealed an educatio behavioral inventory ABI indicated the clie working in an interact tasks, reciting the alp work schedule. Inter confirmed the client of educational, pre-voca objectives. Review of the record revealed a PCP date the PCP revealed the educational, pre-voca for staying on task for review of the PCP re which indicated clien about road signs, rea for starting self on as the QIDP on 5/1/19 of one objective related pre-vocational or voca Review of the record revealed a PCP date within the PCP indica money at work and of Further review of the only one educational objective for identifyi Continued review of dated 3/20/19 which related to numerical printing and reading, confirmed client #5 h	vocational or vocational d review of the PCP nal/vocational adaptive (ABI) dated 3/20/19. The int had needs related to tive setting and completing shabet and following a daily view with the QIDP on 5/1/19 did not have any current ational or vocational for client #1 on 5/1/19 d 8/24/18. Further review of ectient had only one ational, vocational objective r 30 minutes. Continued vealed an ABI dated 3/31/19 t #1 had needs for learning ading as a hobby, sorting and esignments. Interview with confirmed client #1 had only to educational, eational skills. for client #5 on 5/1/19 ad 10/23/18. Documentation ated the client likes to make loes not like to be bored. PCP revealed the client had in pre-vocational, vocational ing the correct value of coins. the PCP revealed an ABI indicated client #5 has needs skills, telling time, and Interview with the QIDP and only one objective related	W 227			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		(X3) DATE COMP	SURVEY LETED
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W 227	Continued From page	e 8	W 2	227				
	revealed a PCP dated the 6/28/18 PCP revealed the 6/28/18 PCP revealed actional/pre-vocation which was for client # minutes while at the variew of the PCP revealed action/pre-vocation identifying name and working in a parallel sinteractive setting, coappropriate materials a pattern, keeping word destroying work materials a supervisor. Intervision intervisor in the property is a supervisor. Intervisor in the property is a part of the property in the property is a part of the property is a part of the property in the property is a part of the property is a part of the property in the property is a part of t	gender, working alone, setting,working in an mpleting tasks, selecting , sequencing materials with						
	Review of the record revealed a PCP date the PCP revealed clie educational/pre-voca which was for client # independently. Contil PCP revealed an ABI client #3 has needs in education/pre-vocation including stating the current mayear. Interview with a confirmed client #2 h	tional/vocational objective 3 to begin working on a task nued review of the 9/11/18 dated 4/10/19 documenting n the area of on/vocational skill acquisition current day of the week, onth and stating the current						

CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G354	B. WING		05/0	01/2019
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 247	revealed a PCP date the PCP revealed clie educational/pre-vocat which was for client a staff at the vocational Continued review of a contained a Habilitati which documented client and a pre-vocational center for informal goals in the pre-vocational skills, management. Intervacion and client and the educational pre-vocacquisition. INDIVIDUAL PROGECFR(s): 483.440(c)(6) The individual progration opportunities for client self-management. This STANDARD is Based on observation interview, the facility in the home (#1, #2, provided opportunities management relative or vocation. The find Observations at the value of the vocational center. In intellectual disabilitie	for client #4 on 5/1/19 d 2/28/19. Further review of ent #4 had only one tional/vocational objective #4 to engage with clinical #1 center for 15 minutes. #1 che 2/28/19 PCP revealed it fon Evaluation dated 4/10/19 #1 ient #4 currently attends the pre-vocational training with p	W 24	Staff will be inserviced on allowin	tional ational	6-30-19

		ID HUMAN SERVICES				FORM	05/02/2019 APPROVED
STATEMENT C	F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE		OMB NO. (X3) DATE S	0938-0391 SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG_		COMPL	ETED
		34G354	B. WNG	· · · · · · · · · · · · · · · · · · ·		05/0	1/2019
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
EMORY RO	DAD HOME			20	EMORY ROAD		
LMONTIN	DAD HOME			A	SHEVILLE, NC 28806		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH-CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	: TE	COMPLETION DATE
W 227	Continued From page	e 9	\ \ _{\\\}	227			
	acquisition.	•	"	221			
						1	
	Review of the record	for client #4 on 5/1/19			•		
		d 2/28/19. Further review of					
	the PCP revealed clie						
		tional/vocational objective					
		#4 to engage with clinical I center for 15 minutes.					
		the 2/28/19 PCP revealed it					
		on Evaluation dated 4/10/19					
		lient #4 currently attends the					
		pre-vocational training with					
	informal goals in the	areas of increasing				1	
		work behaviors and money					
		iew with the QIDP on 5/1/19					
		ad only one objective related					
	to educational/pre-vo	ocational/vocational skill					
W 247	•	DAM DI AN	\	247			
VV 2-41	CFR(s): 483.440(c)(6		\ \v	241	The team will meet to determine a		6-30-19
		-7(**)			calendar and schedule for all of the clients which will allow opportunitie		
	The individual progra	ım plan must include			choice and self-management relati		
	opportunities for clier	nt choice and			education, prevocational or vocation		
	self-management.				skills including attending the vocate		
		not met as evidenced by:			center. The QIDP will in-service sta		
		on, record review and staff			the schedule and the importance of		
		failed to assure 6 of 6 clients			following the schedule. The QIDP		
		#3, #4, #5 and #6) were es for choice and self			Administrator will monitor the sche		
9		e to education, pre-vocation			weekly to ensure it being followed.		
	or vocation. The find				In the future, the QIDP will ensure		
		g			client is provided opportunities for		
	Observations at the	vocational program on			and self-management relative to		
	4/30/19 at 11:00 AM	revealed none of the client's			education, pre-vocational and voca	ational	
		home were present at the			skills.		
		nterview with the qualified					
		s professional (QIDP) and					
	the home manager a	at that time revealed some of					

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CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1.1		34G354	B. WING		05/01/2019
	OAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806	1 00/01/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 247	Continued From pa	ge 10	W 24	7	
1	morning. The hom clients would be att	lical appointments during the e manager indicated the sending the vocational program lick up recycling and take it to r.			
	4/30/19 at 3:00 PM to be present at the group home manage due to a behavior in did not visit the voc Instead, clients #1, store and clients #3 group home. Interval amount of time all a program had been months due primar home and at the voc interview with the reverse with the reverse or "Baskets".	tions at the group home on revealed clients #3, #4 and #6 a home. Interview with the ger at that time revealed that involving client #3, all six clients rational center on 4/30/19. #2 and #5 went to the grocery 8, #4 and #6 stayed at the view with the facility 30/19 revealed that the clients attended the vocational reduced over the past several reduced over the past several reduced over the group ocational center. Continued from manager revealed clients restricted in the clients attended that when the revocational center, it was ours only.			
	2019 revealed all of scheduled to go to days out of the mo volunteer for "Bask month. Review of for February 2019 attended the vocat month, and client #center three times the group home carevealed all clients	p home calendar for February lients in the home were the vocational center for 8 inth and were scheduled to tets" for 8 days out of the the vocational center census revealed client #5 only ional center 4 times during the 6 only attended the vocational during the month. Review of liendar for March 2019 in the home were scheduled onal center for 9 days out of the			

CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME SUMMARY STATEMENT OF DEPICENCIES PRETIX TAG CONTINUED FROM INCOME TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
EMORY ROAD HOME (X4) ID RESPET SUMMARY STATEMENT OF DEFICIENCIES REACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX TAG			34G354	B. WING_	······································	······································			05/	01/2019
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 247 Continued From page 11 month and scheduled to volunteer 3 days out of the month. Review of the vocational center census for March 2019 revealed client #2 attended the vocational center where the properties of the month of the month of the properties of the vocational center only 3 times during the month, client #4 only attended 4 times, client #5 only attended 4 times, client #5 only attended 5 times. Review of the vocational center for only 8 days out of the month with no other educational or vocational periodic properties. Review of the vocational center or only 8 days out of the month with no other educational or vocational center census for April 2019 revealed all client #6 on 5/1/19 revealed a PCP dated 6/16/18. Documentation within the PCP indicated the client liked to stay busy and works the whole time while at the vocational center except during lunch and snack time. The PCP also indicated the client likes to sam money and looks forward to payday. Further review of the PCP revealed client #6 into thave any educational, pre-vocational or vocational					20 1	EMORY ROAD	,	CODE		
month and scheduled to volunteer 3 days out of the month. Review of the vocational center census for March 2019 revealed client #2 attended the vocational center only 3 times during the month, client #4 only attended 4 times, client #5 only attended 5 times. Review of the group home calendar for April 2019 revealed all clients in the home were scheduled to go to the vocational center for only 8 days out of the month with no other educational or vocational specific options. Review of the vocational center for only 8 days out of the month with no other educational or vocational specific options. Review of the vocational center census for April 2019 revealed client #8 only attended the vocational center 3 times during the month. Review of the record for client #6 on 5/1/19 revealed a PCP dated 6/16/18. Documentation within the PCP indicated the client is a hard worker and could be very focused once given a job. The PCP also indicated the client liked to stay busy and works the whole time while at the vocational center except during lunch and snack time. The PCP also indicated client #8 likes to earn money and looks forward to payday. Further review of the PCP revealed client #6 did not have any educational, pre-vocational or vocational objectives. Interview with the QIDP on 5/1/19 revealed client #6 had started having more behaviors and had been refusing to attend the day program recently. Review of the record for client #5 on 5/1/19 revealed a PCP dated 10/23/18. Documentation within the PCP indicated the client likes to make money at work and does not like to be bored. Further review of the PCP revealed the client ked only one educational, pre-vocational, vocational only one educational, pre-vocational, vocational	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		TION SHOULD BI THE APPROPRIA		COMPLETION
	W 247	month and scheduled the month. Review of census for March 201 attended the vocation the month, client #4 of #5 only attended 4 tin attended 5 times. Recalendar for April 201 home were scheduled center for only 8 days other educational or vocational center 3 tin Review of the vocation 2019 revealed client a vocational center 3 tin Review of the record revealed a PCP dated within the PCP indica worker and could be a job. The PCP also in stay busy and works a vocational center excitime. The PCP also in earn money and look review of the PCP revany educational, presobjectives. Interview revealed client #6 has behaviors and had be day program recently Review of the record revealed a PCP dated within the PCP indical money at work and defurther review of the only one educational,	to volunteer 3 days out of f the vocational center 9 revealed client #2 al center only 3 times during only attended 4 times, client these and client #5 only view of the group home 9 revealed all clients in the d to go to the vocational sout of the month with no vocational specific options. In all center census for April #6 only attended the mes during the month. For client #6 on 5/1/19 d 6/16/18. Documentation ted the client is a hard very focused once given a dicated the client liked to the whole time while at the ept during lunch and snack indicated client #6 likes to so forward to payday. Further vealed client #6 did not have vocational or vocational with the QIDP on 5/1/19 d started having more seen refusing to attend the client #5 on 5/1/19 d 10/23/18. Documentation ted the client likes to make ones not like to be bored. PCP revealed the client had pre-vocational, vocational	W2	247					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	, *	34G354	B. WING		05/0	01/2019
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME			•	STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 247	revealed a PCP dated the PCP revealed it of Evaluation documents and using the shreddy center, where he earn Evaluation further state ducational programs 9/11/18 PCP revealed educational, pre-vocato begin working on a linterview with the hor on 5/1/19 confirmed a attending the day proonly 1-2 hours per dateducational/vocational decreased recently, of from clients #3, #4, #confirmed all clients he ducation/vocation. To assure opportunities management related or vocation were proved EVACUATION DRILL CFR(s): 483.470(i)(1). The facility must hold quarterly for each ships assed on review of firms.	for client #3 on 5/1/19 d 9/11/18. Further review of ontained a Habilitation ing client #3 enjoys recycling er while at the vocational ns income. This Habilitation ted client #3 also enjoys his s. Continued review of the d client #3 has only one ational, vocational objective in activity independently. The manager and the QIDP all six clients had been gram less frequently and for y, and that other all opportunities had lue primarily to behaviors on and #6. The QIDP also had one or no objectives for Therefore, the facility failed the ses for choice and self to education, pre-vocation wided. S evacuation drills at least	W 24	The Regional Administrator will in service all Home Managers on the Drill Schedules and holding Fire a Disaster Drills on each shift quart. The Administrator and Safety Chairperson will monitor on a more basis to ensure Fire /Disaster Drill completed per the Fire Drill Sched In the future the Administrator will	e Fire and serly. othly ls are dule.	6-30-19
	shift of employees. T	y for the second and third he findings are: s evacuation drill reports for		ensure Fire and Disaster Drills are completed at least quarterly for eashift.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION B		(X3) DATE SURVEY COMPLETED		
		34G354	B. WING		05/	01/2019	
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
W 440	the past survey year This review revealed survey year (May, Ju evacuation drills were employees; during th survey year (August, 2018) no evacuation shift of employees; of survey year (Novemb December 2019) no for the 3rd shift of em fourth quarter of the March and April 2018 held for the 3rd shift Further review of the reports for the past s recent evacuation dri employees, during th AM, was conducted period of over six mo	was conducted on 4/30/19. during the first quarter of the ne and July 2018) no e held for the 2nd shift of e second quarter of the September and October drills were held for the 2nd during the third quarter of the per, December 2018 and evacuation drills were held inployees; and during the survey year (February, b) no evacuation drills were	W 44	40			
W 475	shift of staff are sche until 11:00 PM. This evacuation drills had shift of employees dr quarters of the surve with the group home shift of staff are sche until 7:00 AM. This i evacuation drills had shift of employees dr quarters of the surve	and 5/1/19 verified the 2nd duled to work from 3:00 PM interview further verified not been held for the 2nd uring the first and second y year. Continued interview manager revealed the 3rd duled to work from 11:00 PM interview further verified not been held for the 3rd uring the third and fourth	W 4	75			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SU COMPLE		
		34G354	B. WING_			OE II	14/2040	
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 475	CFR(s): 483.480(b)(2 Food must be served This STANDARD is a Based on observation review, the facility fail during the breakfast reating utensils for 5 of #2, #3, #4, and #5). Observations in the game of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation of the french toast, sausage at the table were observation to the french toast, sausage at the table were observation of the french toast, sausage at the table were observation to the french toast of the french t	with appropriate utensils. not met as evidenced by: n, interview and record led to ensure place settings meal included appropriate of 6 clients in the home (#1, The finding is: group home on 5/1/19 at 8:00 dients in the home except for n at the dining table oreakfast meal consisting of e and a beverage. All clients erved to have only a fork as servations revealed the r to assist client #3 with est with a pizza cutter. ons at 8:05 AM revealed that the home manager g his french toast with the ng "it's hard to cut with a vations at 8:12 AM revealed french toast into bite size a fafter waiting 10 minutes. techen at 8:15 AM revealed vailable. s for client's #1 through #5 son centered plans which ptive behavior inventories. client #3 were described as	W	175	The QIDP will in-service staff on place settings including providing appropriate eating utensils. The ofteam will monitor 2 times a week month then on a routine basis the Meal Time Assessments to ensurare providing appropriate eating uduring meals. In the future the Q will ensure staff are trained to proappropriate utensils during meals.	linical for 1 ough e staff utensils IDP vide	6-30-19	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		34G354	B. WING		05/	01/2019	
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 475	independence with th Therefore, the facility	apable of at least partial e use of a knife for cutting.	W 475				
					, 12 		
		•					

(X2) MULTIPLE CONSTRUCTION