| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G316 | A. BUILDING _____ B. WING _____ | 08/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEAVES | 7106 LEAVES LANE CHARLOTTE, NC 28213 |

| (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 |
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| E 009 | Local, State, Tribal Collaboration Process<br>CFR(s): 483.475(a)(4)<br><br>[(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:]<br><br>(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.<br><br>* [For ESRD facilities only at §494.62(a)(4)]: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the dialysis facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency.<br>This STANDARD is not met as evidenced by:<br>Based on record verification and interview, the facility failed to develop an Emergency Preparedness Plan (EP) which included a process for cooperation and collaboration with local, state and federal emergency preparedness officials' efforts of an integrated emergency response or documentation of the facility's efforts. | E 009 | | |

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 009 | Continued From page 1<br><br>Review on 8/26/19 of the facility's EP dated 12/2018 revealed no documentation that contact had been made with emergency management resources relative to rescue and safety plans for the group home over the survey review year. Further review of the facility's EP revealed no documentation the facility had collaborated with outside officials relative to emergency response since plan implementation.<br><br>Interview on 8/27/19 with the facility program manager revealed the facility's EP did not include documentation on their process for ensuring collaboration with local, tribal, regional, State, and Federal emergency preparedness officials for an integrated response during a disaster or emergency situation. Further interview with the facility program manager verified the facility had not collaborated with outside officials relative to emergency response since plan implementation. | E 009 | | |
| E 039 | EP Testing Requirements<br>CFR(s): 483.475(d)(2)<br><br>(2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:<br><br>*[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:]<br><br>(i) Participate in a full-scale exercise that is | E 039 | | |

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| E 039 | Continued From page 2<br>community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.<br>(ii) Conduct an additional exercise that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or individual, facility-based.<br>(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.<br><br>*[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following:<br>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop | E 039 | | |

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| E 039 | Continued From page 3<br>exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure exercises were conducted annually to test the facility's emergency preparedness plan (EP), as required. The finding is:<br><br>Review of the facility's EP conducted on 8/26/19 revealed staff were provided with instruction related to the facility's EP during a staff meeting on 1/16/18. Further review of the EP revealed no documentation to indicate any testing or table-top exercises were conducted over the survey review year. Additional review of the EP revealed no documentation that any testing or table-top exercises had been conducted since plan implementation.<br><br>Interview with the facility program manager confirmed staff had not been provided training on the facility's EP since<br>1/2018. Interview with the facility program manager confirmed no system was in place to assure testing of the facility's EP. The facility program manager further verified no EP drill had been conducted during the past year to test the facility's emergency plan, as required. | E 039 | | |