

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

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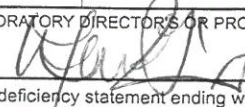
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2019
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NAME OF PROVIDER OR SUPPLIER SUMMERLYN	STREET ADDRESS, CITY, STATE, ZIP CODE 6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249
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E 007	<p>EP Program Patient Population CFR(s): 483.475(a)(3)</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>(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.]</p> <p>This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Preparedness Plan (EPP) contained specific current information relative to the needs of 5 of 5 clients (#1, #2, #3, #4 and #5) residing in the home. The finding is:</p> <p>Review on 6/24/19 and 6/25/19 of the facility's EPP manual titled "Family Affair Care Group Management, Inc. Emergency Operations Program and Plan Manual" and undated, revealed no clients' information relative to individual program plans (IPPs), behavior support plans (BSPs), adaptive equipment needs, communication abilities and needs, and personal possessions. While continued review of the facility's EPP manual revealed only limited dietary information for client #3, no dietary information for any of the other clients residing in the home was found.</p>	E007 E 007	<p>E007: FACGM will establish a Lead Staff role for each shift at the group home. This person will be accountable for the shift to shift operations for the facility. This person does not have to be the most senior person on that shift. The L/S will be in charge of the facility and consumers in the absense of any administrative staff. In an emergency the L/S decisions are binding and the L/S has the responsibility to speak to the on scene authorities. The L/S will be assigne person making the schedule for the upcoming month. The chain of command will use for the delegation of authority in addressing the emergency: L/S, Asst. H/M, H/M, QIDP, V/P, and President of FACGM. The asst. H/M will ensure the assignment of the L/S on a monthly basis. This will be reviewed monthly by the V/P.</p> <p>E007: The QIDP will update the client information Face Sheet to include pertinent information such as: 1. communication, 2. Behaviors, 3. Dietary and other important factors as specified in the IPP. A copy of the entire IPP and Behavior Support Plan will be placed in the Emergency Operations Manual. The QIDP will review/update the facesheet quarterly. The IPP and Behavior Support Plan will be reviewed & updated in conjunction with each client annual IPP review.</p>	8/24/19 8/24/19
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JUL 15 2019
DHSR NH L & C
Black Mountain / WRO

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE VP	(X6) DATE 7-10-19
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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.

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E 007	Continued From page 1 Interview on 6/25/19 with the qualified intellectual disabilities professional (QIDP) verified the facility did not include clients current information relative to IPPs, BSPs, adaptive equipment needs, communication abilities and needs, and personal possessions. Continued interview with the QIDP, pertaining to clients' current dietary information, verified the facility's current EPP only included limited, dietary information for client #3. Further interview with the QIDP verified the facility's current EPP should contain client specific information to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP and the facility administrator verified the facility's current, undated, EPP manual needed to be updated, as all information in the manual was not current.	E 007	See pg 1	8/24/19	
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(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.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following:		E015: FACGM has installed a 20kw Generac Generator at Summerlyn for emergency power. This whole house system will allow the group home to operate with minimal interruption in the event of power loss. All systems in the facility will operate as normal this is an automatic system and will require no additional training of direct care staff. This system is tested weekly, and serviced annually by the installation company. In the event of power loss at the sheltered workshop, consumers will be transported to the group home. The group home will maintain a four day supply of water at the facility at all times. The group home will maintain an emergency pantry of food supplies, separate from the facilities normal supplies, meeting the dietary plan of the consumers. The annual inspection and upkeep of the standby generator will be outsourced to Beco electric. The President will ensure the annual care and maintenance is completed in the month of May each year. The emergency food & water supply will be inspected each quarter, with rotation of necessary items. This will be the responsibility of the H/M and Assistant H/M.	8/24/19	

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E 015	<p>Continued From page 2</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure the provision of subsistence needs for clients and staff, regardless of whether they evacuate or shelter in place, included, but not limited to, food and water, as required by Emergency Preparedness Plan (EPP) regulations. The finding is:</p> <p>Observations on 6/24/19 of the group home's EPP supplies revealed, as identified by staff C, to</p>	E 015	See Also pg 2		

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E 015	<p>Continued From page 3</p> <p>be located in a hallway end closest and contained several round, orange, storage buckets. Further observations of EPP supplies revealed, as identified by staff C, to be in the group home's dining area and contained two full packs of 24-bottles of water, and one partial case containing three bottles of water. Subsequent observations of the group home's EPP supplies revealed, as identified by staff C, EPP supplies to be located in various locations throughout the group home. Observations on 6/25/19 of the group home's EPP supplies revealed, as identified by staff B, to be located in the group home's dining area and contained two full packs of 24-bottles of water, and one partial case containing one bottle of water.</p> <p>Interviews, at the group home, on 6/24/19 at 5:40 PM with staff C revealed, the round, orange, storage bucket containers, located in the group home's hallway end closet, were filled with water. Further interview with staff C revealed, the storage buckets of water are to ensure water is available for sanitation purposes. Continued interview with staff C revealed staff frequently use the EPP supplies of bottled water, located in the group home's dining area. Interview, at the group home, on 6/25/19 at 7:00 AM with staff B revealed, EPP food items to be located in the group home's food cabinets where staff will obtain EPP food items, when needed. Further interview, at the group home, on 6/25/19 at 7:15 AM with staff F revealed, a big red and blue, zip-locked, tote bag will be used to place procured EPP supplies obtained throughout the home, in cases of emergency evacuations. Subsequent interview, at the group home, on 6/25/19 at 7:40 AM with staff H revealed EPP supplies to be located everywhere, throughout the</p>	E 015	See Also Pg 2		

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E 015	<p>Continued From page 4</p> <p>home. In addition, interview, at the group home, on 6/25/19 with staff B revealed there is "spare" EPP food located at the facility's workshop/day program and the workshop is where clients will be evacuated to, if needed.</p> <p>Observations, at the facility's workshop/day program, on 6/25/19 of facility EPP supplies, conducted along with the qualified intellectual disabilities professional (QIDP), revealed four full cases of 40-bottles of water, one full case of 32-bottles of water, and one partial case consisting of 18-bottles of water. Further observations of facility EPP supplies, conducted along with the QIDP, revealed one clear storage container, labeled "Emergency Disaster Box" and secured by a plastic zip tie lock. Continued review of the clear storage container, conducted along with the QIDP, revealed inside consisted of several canned food items and several packages of individual flashlights.</p> <p>Review on 6/24/19 and 6/25/19 of the facility's EPP manual titled "Family Affair Care Group Management, Inc. Emergency Operations Program and Plan Manual" and undated, revealed hazard assessments, collaboration with county emergency preparedness officials, and facility communication plans. Further review revealed numerous printed informational documents pertaining to survival kits, bottled water, and water purification tablets, for example. Continued review revealed no specific provision or implementation of subsistence needs for clients and staff.</p> <p>Interview on 6/25/19 with the QIDP confirmed the group home and the workshop/day program did not currently have sufficient, designated,</p>	E 015	See Also Pg 2	
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E 015	Continued From page 5 subsistence EPP supplies, such as food and water, for clients and staff. Further interview with the QIDP confirmed the facility's EPP did not specify subsistence provisions, for clients and staff, to meet current EPP regulations.	E 015	See Also Pg 2		
E 025	Arrangement with Other Facilities CFR(s): 483.475(b)(7) [(b) Policies and procedures. The [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. At a minimum, the policies and procedures must address the following:] *[For Hospices at §418.113(b), PRFTs at §441.184,(b) Hospitals at §482.15(b), and LTC Facilities at §483.73(b):] Policies and procedures. (7) [or (5)] The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. *[For PACE at §460.84(b), ICF/IIDs at §483.475(b), CAHs at §486.625(b), CMHCs at §485.920(b) and ESRD Facilities at §494.62(b):] 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.	E025:	FACGM, has a separate fully functioning single family home, which can serve as an emergency re-location facility in the event the group home has to be evacuated. The workshop has a living space, kitchen facilities, adequate locked spaces to store medications. There is adequate supplies/water on hand to provide shelter for 4 days if necessary. Memorandums of Understanding with: Key West Center in Watson's Group Home Local hotel/motel for at least 3 rooms for consumers/staff To establish alternative locations to temporarily shelter the consumers. This will be established and maintained by the President of FACGM, Inc.	8/24/19	

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E 025	Continued From page 6 *[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 emergency preparedness plan (EPP) manual 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 6/24/19 and 6/25/19 revealed the facility's EPP manual (undated) titled "Family Affair Care Group Management, Inc. Emergency Operations Program and Plan Manual." Continued review revealed no specific documentation, development or provision the facility had arrangements and/or any agreements with other facilities, in the event of an emergency evacuation. Interview on 6/25/19 with the qualified intellectual disabilities professional (QIDP) and the facility administrator, confirmed the facility did not have arrangements and/or any agreements with other facilities, in the event of an emergency evacuation. Continued interview with the QIDP and the facility administrator, confirmed they will develop documentation of any arrangements and/or agreements they obtain with outside facilities, as required by EPP regulations, in the event of an emergency evacuation.	E 025	See Also page 6	8/24/19	
E 039	EP Testing Requirements	E039	Conduct a mock evacuation from Summerlyn Group Home, to the workshop. Conduct a mock evacuation from Summerlyn Group Home to Key West Center, in Durham, N.C. Conduct a mock hazardous material leak at Summerlyn Group Home. There will be 2 table top discussions to evacuate consumers to Summerlyn workshop. There will be 2 full scale evacuations per year, one to each site, in Durham and Greensboro. Conduct table top discussions on bomb threat, hurricane preparedness, and alternative routes from facility to the major interstate. One plan to be discussed at each staff meeting, until all senacrios have been covered, and starting over the topics again. This to be covered by assiststant H/M. In the event of any necessary evacuations (ie... damage to facility of any type, flood, unlivable conditions in the facility), the standard evacuation procedures are to be followed. All table top discussions to be conducted by the assistance house manager. All full scale evacuations to be lead by assistance H/M with the entire administrative staff in attendance.	8/24/19	

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E 039	Continued From page 7 CFR(s): 483.475(d)(2) (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: *[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:] (i) Participate in a full-scale exercise that is 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. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (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. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the	E 039	See Also page 7	8/24/19	

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E 039	Continued From page 8 [facility's] emergency plan, as needed. *[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: (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. (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on review of the facility's emergency preparedness plan (EPP) and staff interviews, the facility failed to ensure EPP training for staff were sufficiently conducted. The finding is: Review on 6/25/19 of the facility's current EPP manual titled "Family Affair Care Group Management, Inc. Emergency Operations Program and Plan Manual" and undated, revealed a recent EPP staff training documentation, dated 6/29/18. Continued review of the 6/28/19 EPP staff training documentation revealed six staff signatures. Interview conducted on 6/24/19 at 7:00 AM with staff B, revealed they have received, mostly, tabletop training on fire drills and natural disasters, such as tornados and hurricanes. Further interview with staff B revealed the facility	E 039	See Also pg 7	8/24/19	

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E 039	<p>Continued From page 9</p> <p>has not conducted a mock, full-scale EPP exercise. Interview on 6/25/19 at 7:15 AM with staff A, revealed they have received training on fire drills and natural disasters. Further interview with staff A, revealed the facility has not conducted a mock, full-scale EPP exercise.</p> <p>Interview on 6/25/19 with the qualified intellectual disabilities professional (QIDP) confirmed the facility needs to provide staff more EPP training and also include mock, full-scale exercises.</p>	E 039	See Also Pg 7	8/24/19