PRINTED: 01/15/2020 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G157	B. WING _			01/14/2020	
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II				STREET ADDRESS, CITY, STATE, ZIP CODE 410 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 037	CFR(s): 483.475(d)(*[For RNCHIs at §46] Hospitals at §482.15 at §484.102, "Organ OPOs at §486.360, Training program. T following: (i) Initial training policies and procede staff, individuals pro arrangement, and ve expected roles. (ii) Provide eme at least every 2 year (iii) Maintain do preparedness trainin (iv) Demonstrate emergency procedu (v) If the emerg and procedures are [facility] must condu policies and procede *[For Hospices at §2 hospice must do all (i) Initial training policies and procede hospice employees, services under arrar expected roles. (ii) Demonstrate emergency procedu (iii) Provide eme at least every 2 year (iv) Periodically emergency prepare employees (includin special emphasis pla	and individuals providing and rehearse its dness plan with hospice	EC			(V6) DATE	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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.

Facility ID: 922230

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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E 037	others. (v) Maintain doccompreparedness training (vi) If the emerger and procedures are shospice must conduct policies and procedures are shospice must conduct policies and procedures are shospice must conduct policies and proceduration (i) Initial training policies and proceduration (ii) After initial training policies and proceduration (vi) Maintain documpreparedness training (vi) If the emerger and procedures are short must conduct the policies and procedur	umentation of all emergency g. ency preparedness policies significantly updated, the et training on the updated res. 184(d):] (1) Training must do all of the following: in emergency preparedness res to all new and existing riding services under lunteers, consistent with their aining, provide emergency g every 2 years. e staff knowledge of es. eumentation of all emergency g. ency preparedness policies significantly updated, the training on the updated res. It §483.73(d):] (1) Training ecility must do all of the in emergency preparedness res to all new and existing	E	037			
	policies and procedu staff, individuals prov arrangement, and vo expected role. (ii) Provide emer at least annually.	res to all new and existing iding services under lunteers, consistent with their					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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E 037	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 037 Continued From page 2 preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and		E 03	37		
	The CAH must do a (i) Initial training policies and proced reporting and exting and where necessa personnel, and gue cooperation with authorities, to all ne individuals providing	all of the following: g in emergency preparedness ures, including prompt guishing of fires, protection, ury, evacuation of patients,				

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E 037	at least every 2 year (iii) Maintain do (iv) Demonstrate emergency procedure). If the emergency procedures are CAH must conduct policies and procedures and procedures and procedures and procedures and existing staff, ir under arrangement, with their expected documentation of the demonstrate staff kiprocedures. Therefore emergency prepare years. This STANDARD is Based on interview failed to assure direct adequately trained or plan (EP). This pot the facility. The find Management did no care staff at home from the facility of	ergency preparedness training rs. rocumentation of the training. te staff knowledge of tres. regency preparedness policies significantly updated, the training on the updated tres. 35.920(d):] (1) Training. The enitial training in emergency es and procedures to all new adviduals providing services, and volunteers, consistent roles, and maintain the training. The CMHC must provide dness training at least every 2 after, the CMHC must provide dness training at least every 2 and record review the facility and record review the facility and the facility's emergency entially affected all clients in	E 037			

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E 037	care staff had been to Interview on 1/13/202 the facility revealed n	hat confirmed that the direct rained. O with staff A and staff B at either staff remembered ng on the facility's EP.	EC	037			
W 440	documentation of trai during the past year f #1 . EVACUATION DRILL CFR(s): 483.470(i)(1)	evacuation drills at least	W 4	140			
	Based on fire drill rep facility failed to ensur one per shift per qual all the clients residing is:	not met as evidenced by: corts and interviews, the e fire drills were conducted ter. This potentially affected g in the home. The finding nsistently conduct a fire drill					
	Review on 1/13/2020 reports revealed no fi from January 2019 the During an interview of intellectual disabilities revealed she was aw 2019 thru June 2019	of the facility's fire drill re drills were documented ru June 2019. n 1/13/2020, the qualified					

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W 440	Continued From pa	drills were not documented.	W	140			