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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(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 DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
E 037	Hospitals at §482.15, at §484.102, "Organiz OPOs at §486.360, R Training program. The following: (i) Initial training in policies and procedur staff, individuals providuals providuals arrangement, and volexpected roles. (ii) Provide emergate least every 2 years (iii) Maintain doctor preparedness training (iv) Demonstrate emergency procedures are selfacility] must conduct policies and procedure with the policies and procedure (i) Initial training in policies and procedure hospice employees, as services under arrange expected roles. (ii) Demonstrate emergency procedure (iii) Provide emergency procedure employees (including emergency preparedremployees (including emergency procedure employees (including emergency (including)	8.748, ASCs at §416.54, ICF/IIDs at §483.475, HHAs rations" under §485.727, HC/FQHCs at §491.12:] (1) It facility] must do all of the In emergency preparedness es to all new and existing ding services under unteers, consistent with their gency preparedness training I umentation of all emergency I staff knowledge of es. Incy preparedness policies ignificantly updated, the training on the updated es. 8.113(d):] (1) Training. The fithe following: In emergency preparedness es to all new and existing and individuals providing tement, consistent with their estaff knowledge of es. I gency preparedness training ement, consistent with their estaff knowledge of es. I gency preparedness training ement, with thospice eview and rehearse its ness plan with hospice	EC	037			

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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION IG	(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	·		
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E 037	PROVIDER OR SUPPLIER SPRINGS I AND II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		EO	37			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		34G157	B. WING		01/14/2020	
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E 037	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		E 03			

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		34G157	B. WING		01/14/2020		
NAME OF PROVIDER OR SUPPLIER MINERAL SPRINGS I AND II			4	STREET ADDRESS, CITY, STATE, ZIP CODE 10 & 414 MINERAL SPRINGS ROAD DURHAM, NC 27707			
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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 known procedures. Therefore emergency prepare years. This STANDARD is Based on interview failed to assure direct adequately trained plan (EP). This pot the facility. The find Management did not care staff at home from the facility of fac	ergency preparedness training ars. ocumentation of the training. the staff knowledge of ares. The significantly updated, the training on the updated ares. 185.920(d):] (1) Training. The elinitial training in emergency are and procedures to all new andividuals providing services, and volunteers, consistent aroles, and maintain the training. The CMHC must provide after, the CMHC must provide after, the compact of the services and record review the facility and record review the facility and record review the facility and the services after the facility's emergency entially affected all clients in	E 037				

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E 037	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 7 Continued From page 4 include any records that confirmed that the direct care staff had been trained. Interview on 1/13/2020 with staff A and staff B at the facility revealed neither staff remembered participating in training on the facility's EP. Interview on 1/14/2020 with the facility administrator confirmed that he did not have documentation of training of the facility's EP during the past year for direct care staff at home #1.		W	1440			

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W 440	Continued From paralso aware the fire of	ge 5 drills were not documented.	W 44				