### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/26/2019 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARI	A MEDICAID SERVICES				IVID NO.	0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
	34G321	B. WING			09/	24/2019
NAME OF PROVIDER OR SUPPLIER RAYSIDE A & B			6	TREET ADDRESS, CITY, STATE, ZIP CODE 17 & 619 RAY AVENUE IENDERSONVILLE, NC 28739		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
This STANDARD Based on observation interview, the facility services in according sampled client (#5 residing in Rayside the use of adaptive A. Observations of PM until 5:20 PM residing the use of adaptive A. Observations of the dining table, and load the dishwobservations condinutil 9:05 AM reveal independently through staff to come to puzzles, to the dining dishes to the kitches to the medication a bedroom/bathroom program. Observations condinution of the home and use ambulating to the fact that the fact that the fact that the service of the service of the fact that the service of the ser	rovide clients with nursing ance with their needs.  is not met as evidenced by: tition, record review and by failed to provide nursing ance with the needs of 1 and 1 non-sampled client (#6) Be relative to staff training in equipment. The findings are: conducted on 9/23/19 from 3:30 evealed client #5 ambulated uphout the home as prompted be bathroom, wash hands, come carry her dishes to the kitchen asher. Subsequent cucted on 9/24/19 from 7:00 AM aled client #5 ambulated uphout the home as prompted her leisure table to work on a to prepare to leave for the day tion at 9:05 AM revealed client to prepare to leave for the day tion at 9:05 AM revealed client g walker from the living room sed the walker while accility van for departure to the fewere not observed to prompt walker at any time during the	W		The nurse will in-service staff on the adaptive equipment used for mobic client #5 and #6. The Clinical tear monitor through observations come two times per week for one month then on a routine basis to ensure sare implementing adaptive equipment used for mobility. In the future nurwill ensure staff are trained to implement adaptive equipment as prescribed in the Person Centered	lity for m will pleted and staff nent rsing	11/23/19
	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE		(Y6) 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 0SOV11

Facility ID: 955392

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

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		TE SURVEY MPLETED
RAYSIDE A & B  SUMMARY STATEMENT OF DEPOISORS (EACH DEPOISOR REGILATORY OR LSO IDENTIFYING INFORMATION)  W 331  NURSING SERVICES CFR(s): 483,460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by. Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs.  A. Observations conducted on 9/23/19 from 3:30 PM until 5:20 PM revealed client #5 ambulated independently throughout the home as prompted by staff to go to the bathroom, wash hands, come to the dining table, carry her dishes to the kitchen and load the dishwasher. Subsequent observation administration area and to her to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 90.5 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to he relieure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 90.5 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to prompte leave for the day program. Observation at 90.5 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to the relieure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Staff were not observed to prompt client #5 to use her walker at any time during the 9/23/19-9/24/19 survey.  Review of the record for client #5, conducted on 9/24/19, revealed a person centered plan (PCP) dried 11/22/19 which documented adaptive			34G321	B. WING	The state of the s	09/	/24/2019
W 331  NURSING SERVICES CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not mer as evidenced by Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 sampled client (#5) and 1 non-sampled client (#6) residing in Rayside B relative to staff training in the use of adaptive equipment as prescribed in the Person Centered Plan.  A. Observations conducted on 9/23/19 from 3:30 PM until 5:20 PM revealed client #5 ambulated independently throughout the home as prompted by staff to go to the bathroom, wash hands, come to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 9:05 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to her leisure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 9:05 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to her leisure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Staff were not observed to prompt client #5 to use her walker at any time during the 9/23/19-9/24/19 survey.  Review of the record for client #5, conducted on 9/24/19, revealed a person centered plan (PCP) dated 11/22/19 which documented adaptive			3		617 & 619 RAY AVENUE	CODE	1/2
CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by. Based on observation, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 sampled client (#5) and 1 non-sampled client (#6) residing in Rayside B relative to staff training in the use of adaptive equipment. The findings are:  A. Observations conducted on 9/23/19 from 3:30 PM until 5:20 PM revealed client #5 ambulated independently throughout the home as prompted by staff to go to the bathroom, wash hands, come to the dining table, carry her dishes to the kitchen and load the dishwasher. Subsequent observations conducted on 9/24/19 from 7:00 AM until 9:05 AM revealed client #5 ambulated independently throughout the home as prompted by staff to come to her leisure table to work on puzzles, to the dining table for breakfast, take dishes to the kitchen, load the dishwasher, come to the medication administration area and to her bedroom/bathroom to prepare to leave for the day program. Observation at 9:05 AM revealed client #5 retrieved a rolling walker from the living room of the home and used the walker while ambulating to the facility van for departure to the day program. Staff were not observed to prompt client #5 to use her walker at any time during the 9/23/19-9/24/19 survey.  Review of the record for client #5, conducted on 9/24/19, revealed a person centered plan (PCP) dated 11/22/19 which documented adaptive	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI)	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLETIC DATE
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9/24/19, revealed a person centered plan (PCP) dated 11/22/19 which documented adaptive		PM until 5:20 PM r independently thro by staff to go to the to the dining table, and load the dishw observations conduntil 9:05 AM reveal independently through the staff to come to puzzles, to the dining dishes to the kitches to the medication a bedroom/bathroom program. Observa #5 retrieved a rolling of the home and us ambulating to the faday program. Staff client #5 to use her	evealed client #5 ambulated ughout the home as prompted be bathroom, wash hands, come carry her dishes to the kitchen rasher. Subsequent ucted on 9/24/19 from 7:00 AM aled client #5 ambulated ughout the home as prompted her leisure table to work oning table for breakfast, take en, load the dishwasher, come idministration area and to her into prepare to leave for the day tion at 9:05 AM revealed client in gwalker from the living room sed the walker while accility van for departure to the fivere not observed to prompt walker at any time during the		RECEN  OCT - 7	/ED - 2019	
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		9/24/19, revealed a dated 11/22/19 which	person centered plan (PCP) ch documented adaptive	anish wanasana asa asa a sa a sa			

(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.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 09/26/2019 MAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(X3) DA	D. 0938-0391 ATE SURVEY PMPLETED
		34G321	B. WING	·	· · · · · · · · · · · · · · · · · · ·	00	2/2//2010
NAME OF			•	(	STREET ADDRESS, CITY, STATE, ZIP CODE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739	1 08	9/24/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRF	(X5) COMPLETION DATE
	equipment prescribed 4-point rolling walked times when client #5 of the record for clied. Therapy Evaluation client #5 should utilizand recommended a ensure client #5's sattransfers and ambulation review of the record current physician's operacribing a 4-point. Interviews conducted and the qualified interprofessional verified 4-point rolling walker ambulating.  B. Observations in F9/23/19 from 3:30 PM #6 ambulating throug staff assistance by he various activities such washing hands, and for dinner. Further obclient #6 wearing a sl staff assistance during observations on the rolling table for bromedication administration administration and the dining table for bromedication administration activity. Freveal client #6 wearing reveal walls and the record reveal client #6 wearing reveal walls and the record reveal walls and the record reveal revea	ed for client #5 to include a r which was to be used at all was walking. Further review at #5 revealed a Physical dated 6/28/19 which stated as a walker during ambulation an increase in supervision to afety while performing ation activities. Continued for client #5 revealed a reder dated 4/19/19 walker for client #5.  If on 9/24/19 with the nurse ellectual disabilities client #5 should utilize her at all times when  Rayside B on the evening of M to 5:15 PM revealed client ghout the group home with olding the client's left arm for h as going to the bathroom, returning to the dining table aservations did not reveal anoulder harness for use with a gambulation. Subsequent morning of 9/24/19 from 6:45 led client #6 ambulating with aff held client #6 under the go to the bathroom, return to the further observations did not a shoulder harness to mbulating throughout the	W	331			

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			0	FORM	MAPPROVED 0.0938-0391
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DA	TE SURVEY
		34G321	B. WING			ne	//24/2019
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03	7/24/2015
RAYSID	EA&B			6	17 & 619 RAY AVENUE IENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE
W 331	Record review for cl PCP dated 8/9/19, in harness should be used mobility during of of the PCP revealed client #6 is used for transferring rather the wrists, shoulders, or with mobility. Review dated 7/25/18 revealed ambulation guidelines of the PCP revealed evaluation dated 6/8 PT evaluation reveal and ambulation for coguard assist +1 with due to concerns with extremities, tightness	ge 2 lient #6 on 9/24/19 revealed a ndicating that a shoulder used with client #6 for balance waking hours. Further review I that a shoulder harness for standing, walking, and han holding her arms, hands, any other body part to assist wof a nursing evaluation led that staff must maintain as as written. Further review a physical therapy (PT) /18. Continued review of the led assistance for transfer elient #6 includes contact shoulder harness for safety a range of motion in lower is of bilateral hip flexors, ip rotators, and hamstrings.	W 3	31			
W 382	revealed that client # as a result of staff no as prescribed. Intervintellectual disabilities facility nurse confirms a shoulder harness a with staff assistance DRUG STORAGE AND CFR(s): 483.460(I)(2). The facility must keep locked except when be administration.	ND RECORDKEEPING  p all drugs and biologicals	W 38	2			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM	: 09/26/2019 APPROVED
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		34G321	B. WING	i		ne	24/2040
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	03/	24/2019
RAYSID				1	17 & 619 RAY AVENUE HENDERSONVILLE, NC 28739		=
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W 382	failed to assure all d kept locked except vadministration for 3 residing in Rayside I A. Observations in the morning of 9/24/19 administration reveal "had to get something pass and left client the unattended in the morning. Further observations were or administration room were visible from the observations revealed	Irugs and biologicals were when being prepared for of 4 clients (#5, #7 and #8). B. The findings are: the group home on the at 7:30 AM during medication aled staff F stating that he ag else" for the medication edication administration ervations revealed at the desk in the medication belonging to client #7, and a haliway. Continued at staff F returned to the ration room to complete the	W	382	The nurse will in-service staff on kall drugs and biologicals locked exwhen being prepared for administrand only the client receiving the medication should be in the medic closet and not left unattended. The clinical team will monitor through Medication Administration Assessment two times per week and then on robasis to ensure staff are following medication administration procedu. In the future nursing will ensure staff trained on medication administration procedures and making sure all drug and biologicals were kept locked exwhen being prepare for administration	ments utine res. on ugs	11/23/19
	professional (QIDP) verified that clients sin the medication address staff supervision. Co	alified intellectual disabilities and facility nurse on 9/24/19 hould not be left unattended ministration room without ontinued interview with the offirmed that all medications at all times prior to ation.					PERMANENTAL PROPERTY AND
	morning of 9/24/19 at prompting client #5 to administration room. revealed staff F leavil administration room "from his wife". Continuating the medication admits to the medication admits staff F leaving the medication admits to the medication admits subsequent observations.	to get something outside nued observations revealed edication room and exiting to door, leaving the door open					

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

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
		34G321	B. WING _		0	9/24/2019
NAME OF	PROVIDER OR SUPPLIER  E A & B			STREET ADDRESS, CITY, STATE, ZIP COE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739		0/24/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 382	unattended by staff observations revea medication adminis on the desk belong observations at 7:4 returning to the medication at the medication administration administration administration at the living room client #8 to come to area. Client #8 was non-compliant with the observations at 8:43 he was taking a "sm home through the barrow medication administration administration room linterview conducted.	and sitting in a chair. Further led client #5 being alone in the tration room and medications ing to client #5. Continued 7 AM revealed staff Factorial administration room to ration pass for client #5.  IDP and facility nurse on all clients should not be left redication administration room ision. Continued interview e also confirmed that all remain locked at all times administration.  Inducted on Rayside B on revealed staff F exited the tration room, leaving the door servations revealed at the tration room, labeled as 8, which were clearly visible traff F was then observed to not the home and prompt the medication administration	W 38	2		

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		34G321	B. WING _	and Print Millerton, Section, Section of the sectio	09/	24/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739	THE RESERVE AND ADDRESS OF THE PARTY OF THE	man 4 dan 4 a a an
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 382	remain locked at all prepared for admini	times when not being stration.	W 382			
W 440	EVACUATION DRII CFR(s): 483.470(i)(		W 440	The Administrator will in-service Home Managers on Evacuation and completion per schedule. The	Drills	11/23/19
	The facility must he quarterly for each s	id evacuation drills at least hift of personnel.		Administrator and Safety Chairpe will monitor on a monthly basis to evacuation drills are being condu	erson o ensure ucted	
y -	Based on review of facility failed to show	s not met as evidenced by: i records and interview, the w evidence of quarterly fire second and third shift of ling is.		per the schedule. In the future, the Administrator will ensure each he conducts evacuation drills on a cobasis for the second and third shapes.	ome juarterly	
	for 12 months from revealed missing fin over the course of the revealed in Rayside the survey year (7/2 drills completed for the second quarter of (10/2018-12/2018) in completed for 2nd of Rayside B during the year, revealed no excompleted for 2nd of second quarter of the drills were completed.	no evacuation drills were in 3rd shift. Further review in the first quarter of the survey vacuation drills were in 3rd shift, and during the e survey year, no evacuation in d for 3rd shift.				
	professional (QIDP) evacuation drills wer 9/2018, 11/2018, and personnel in Rayside conducted only on 1	ralified intellectual disabilities on 9/24/19 verified no re conducted for 8/2018, d 12/2018 for any shift of e A and, 3rd shift drills were /10/2019 and 6/5/2019 in e review year. Continued	-			

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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 617 & 619 RAY AVENUE HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		I SHOULD BE	(X5) COMPLETION DATE
W 440	interview with the Q evacuation drills we 9/2018, and 11/201 Rayside B, and 3rd only on 1/10/2019 a during the review you Home Manager and that fire drills for all conducted quarterly	alDP further verified no been conducted for 8/2018, 8 for any shift of personnel in shift drills were conducted and 6/7/2019 for Rayside Beer. Further interview with the structure of QIDP on 9/24/2019 verified shifts should have been a over the course of the review see facility rotation schedule for	W 44	40		