PRINTED: 03/04/2020 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) DATE SURVEY COMPLETED	
		34G336	B. WING			03/	03/2020
	PROVIDER OR SUPPLIER HILLS GROUP HOM	E		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 FOREST HILLS DRIVE GREENVILLE, NC 27858		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 004	CFR(s): 483.475(a) The [facility] must of Federal, State and preparedness requirements of this emergency prepared requirements of this The emergency preinclude, but not be elements: (a) Emergency Planand maintain an enthat must be [reviewevery 2 years. The following: * [For hospitals at § §485.625(a):] Emergency prepared requirements. The develop and maintain emergency prepared requirements of this all-hazards approach. * [For LTC Facilities Plan. The LTC facilities Plan. The LTC facilities Plan. The ESRD famaintain an emergency prepared reviewed and upda.	comply with all applicable local emergency irements. The [facility] must and maintain a comprehensive edness program that meets the section. Exparedness program must limited to, the following The [facility] must develop nergency preparedness plan wed], and updated at least a plan must do all of the Exparedness and CAHs at regency Plan. The [hospital or with all applicable Federal, nergency preparedness [hospital or CAH] must ain a comprehensive edness program that meets the section, utilizing an	EC	004	,		
LABORATOR)	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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 004	Based on record refailed to ensure the (EP) plan was revie annually. The finding The facility's EP plant updated at least an Review on 3/2/20 or October 2018) reveinformation regarding reside at the facility facility and client's I 2018. Additional rewill be reviewed and annual basis." Furtinclude evidence of Interview on 3/3/20 Disabilities Profession to aware if the EP updated. EP Testing Require CFR(s): 483.475(d) *[For RNCHI at §40 HHAs at §484.102, "Organizations" und §485.920, RHC/FQ Facilities at §494.62 (2) Testing. The [fact to test the emergen must do all of the formunity-based expenses and the surface of the surface	enot met as evidenced by: eview and interview, the facility Emergency Preparedmess ewed and updated at least and is: In was not reviewed and/or nually. If the facility's EP plan (dated aled the plan included and three clients who no longer and staff no longer working at the ndividual Program Plans from view of the EP plan noted, "It d updated if necessary on an her review of the plan did not an annual review or update. With the Qualified Intellectual ional (QIDP) revealed she was plan had been reviewed or ments (2) 13.748, ASCs at §416.54, CORFs at §485.68, OPO, der §485.727, CMHC at HC at §491.12, ESRD 2]: cility] must conduct exercises cy plan annually. The [facility] ollowing: a full-scale exercise that is	ΕO				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
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E 039	exercise every 2 (B) If the [fanatural or man-mada activation of the emis exempt from engommunity-based of functional exercise the actual event. (ii) Conduct an every 2 years, opportunctional exercise this section is conduct imited to the form (A) A second community-based of functional exercises. (B) A mock (C) A tablet is led by a facilitate discussion using a clinically-relevate set of problem state prepared questions emergency plan. (iii) Analyze maintain document exercises, and emergency plan. (iii) Analyze maintain document exercises, and emergency plan. (iii) Testing for hospatient's home. The exercises to test the annually. The hospatient's home is community based exercises and emergency plan.	duct a facility-based functional years; or acility] experiences an actual de emergency that requires all aging in its next required or individual, facility-based exercise following the onset of additional exercise at least obsite the year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: Individual, facility-based or individual, facility-based or disaster drill; or top exercise or workshop that is and includes a group marrated, and emergency scenario, and a ements, directed messages, or designed to challenge and extendity in the facility's response to and attendity at the provide care in the energency plan, as needed. 18.113(d):] Dices that provide care in the energency plan at least of the following: in a full-scale exercise that is	EO	39			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JER/CLIA

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E 039	(B) If the hor man-made emer of the emergency pexempt from engages cale community-based the onset of the emergency pexempt from engages cale community-based the onset of the emergency pears, opposite the functional exercise this section is conduct imited to the form (A) A secons community-based of exercise; or (B) A moch (C) A table is led by a facilitate discussion using a clinically-relevance of problem states prepared questions emergency plan. (3) Testing for hospicare directly. The hexercises to test they war. The hospice (i) Participate in that is community-be (A) When a not accessible, confacility-based function (B) If the horizonte in the community-based function (B) If the communit	duct an individual facility sercise every 2 years; or ospice experiences a natural gency that requires activation alan, the hospital is ging in its next required full ased exercise or individual functional exercise following ergency event. In additional exercise every 2 year the full-scale or under paragraph (d) (2)(i) of ucted, that may include, but is allowing: In a full-scale exercise that is or a facility based functional exercise or workshop that is a facility based functional exercise or workshop that is and includes a group enarrated, and includes a group enarrated, and ements, directed messages, or designed to challenge an enemate of the following: In an annual full-scale exercise exercise exercise must do the following: In an annual full-scale exercise exercise exercise is duct an annual individual onal exercise; or experiences a natural regency that requires activation	EO	39		

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E 039	full-scale community functional of the emergency exercise; or (B) A mool (C) A table by a facilitator that it using a narrated, emergency scenari statements, directed questions desemergency plan. (iii) Analyze the maintain document exercises, and emergency scenari statements directed questions desemergency plan. (iii) Analyze the maintain document exercises, and emergency plan. (iii) Analyze the maintain document exercises, and emergency plan. (iii) Analyze the maintain document exercises, and emergency is emergency that is community-to (A) Testing. The [Product exercises the following: (i) Participate in that is community-to (A) When a not accessible, confacility-based function (B) If the [From experiences an actemergency that required that is community-to (A) when a not accessible, confacility-based function (B) If the [From experiences an actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) If the [From experiences and actemergency that required that is community-to (B) I	ging in its next required by based or facility-based exercise following the onset vent. additional annual exercise ut is not limited to the und full-scale exercise that is or a facility based functional of disaster drill; or top exercise or workshop led not	EO	39			

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E 039	Continued From pa	ge 5 required full-scale community	E0	39		
	based or functional exercise emergency event. (ii) Conduct an and that may include following: (A) A second community-based of functional exercises; (B) A mock (C) A tablet is led by a facilitate discussion, using a clinically-releval set of problem state prepared questions emergency plan. (iii) Analyze the maintain document exercises, and emergency plan. (iii) Analyze the maintain document exercises, and emergency plan. (iii) Analyze the maintain document exercises, and emergency procedures (2) The [LTC facility test the emergency including unannounce emergency procedures that is community-bused function (A) When a not accessible, confacility-based function (B) If the [Lan actual natural or requires activation or sequires activation or sequir	individual, facility-based following the onset of the [additional] annual exercise or le, but is not limited to the add full-scale exercise that is or individual, a facility-based or disaster drill; or op exercise or workshop that and includes a group narrated, and ements, directed messages, or designed to challenge an [facility's] response to and ation of all drills, tabletop ergency events—and revise gency plan, as needed. at §483.73(d):] must conduct exercises to plan at least twice per year, ced staff drills using the ares. The [LTC facility, le following: In an annual full-scale exercise is duct an annual individual, onal—exercise. TC facility] facility experiences man-made emergency that				

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E 039	individual, facili following the onset (ii) Conduct and that may include, but following: (A) A secon community-based of functional exercises; (B) A mool (C) A table is led by a facilitation using a narrated, emergency scenari statements, directed questions desemble emergency plan. (iii) Analyze the response to and madrills, tabletop exercite events, and revises emergency plan, as *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must du (i) Participate in that is community-but (A) When a	e community-based or ty-based functional exercise of the emergency event. additional annual exercise ut is not limited to the und full-scale exercise that is or an individual, facility based or a disaster drill; or stop exercise or workshop that is includes a group discussion, clinically-relevant o, and a set of problem discussion, dinically-relevant or includes a group discussion, clinically-relevant or and a set of problem discussion, discussion, discussion, and a set of problem discussion,	ΕO	39		
	natural or man-mad activation of the em is exempt from eng full-scale communit	CF/IID experiences an actual de emergency that requires				

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E 039	may include, but is (A) A secon community-based of functional exercise; (B) A mock (C) A tablet is led by a facilitate discussion, using a clinically-releva set of problem state prepared questions emergency plan. (iii) Analyze the maintain document exercises, and emergency plan. *[For OPOs at §486 (d)(2) Testing. The to test the emergency following: (i) Conduct a part of the community of the emergency scenari statements, directly of the emergency pengaging in its next following the onset (ii) Analyze the maintain document	event. additional annual exercise that not limited to the following: and full-scale exercise that is or an individual, facility-based or disaster drill; or top exercise or workshop that and includes a group narrated, and ements, directed messages, or designed to challenge an electric formation of all drills, tabletop ergency events, and revise gency plan, as needed. 6.360] OPO must conduct exercises and paper-based, tabletop exercise annually. A tabletop exercise st annually. A tabletop exercise	EO	39			

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or tabletop exercise was emergency plan. The find the facility's Emergency did not include completed facility/community-based exercise. Review on 3/2/20 of the October 2018) did not incommunity-based or indexercise or a tabletop exemergency plan. Interview on 3/3/20 with indicated the facility has training with staff regard however, they had not of facility/community-based exercise to test the effect emergency plan. W 120 SERVICES PROVIDED SOURCES CFR(s): 483.410(d)(3) The facility must assure meet the needs of each This STANDARD is not Based on record review.	plan, as needed. It met as evidenced by: View and interview, the a facility/community-based is conducted to test their inding is: It Preparedness (EP) plan ion of id exercise or tabletop It facility's EP plan (dated include a full-scale dividual facility-based in xercise to test their It he Home Manager is completed monthly ing their EP plan; conducted a full-scale id exercise or a tabletop ctiveness of their current It WITH OUTSIDE It that outside services in client. It met as evidenced by: It wand interview, the facility is services met the needs of	E 0				

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W 120	Plan (IPP) and Behnot available at the Review on 3/2/20 or individual program pehavior support planevised 12/8/19. Interview on 3/2/20 teacher revealed his provided to the schot the teacher reveale invited to his IPP manufacture.	current Individual Program avior Support Plan (BSP) was school. f client #1 record revealed an olan (IPP) dated 8/13/19 and a an (BSP) dated 7/13/19, with client #1's public school is IPP and BSP had not been bol by the facility. In addition, d that she has never been	W 1	20			