

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

PRINTED: 02/15/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MALLARD LANE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>142 MALLARD LANE ROCKINGHAM, NC 28379</b>
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E 020	<p>Policies for Evac. and Primary/Alt. Comm. CFR(s): 483.475(b)(3)</p> <p>§403.748(b)(3), §416.54(b)(2), §418.113(b)(6)(ii), §441.184(b)(3), §460.84(b)(3), §482.15(b)(3), §483.73(b)(3), §483.475(b)(3), §485.68(b)(1), §485.625(b)(3), §485.727(b)(1), §485.920(b)(2), §491.12(b)(1), §494.62(b)(2)</p> <p>[(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 every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:]</p> <p>[(3) or (1), (2), (6)] Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p> <p>*[For RNHCIs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHCI or ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance.</p>	E 020	This Page Intentionally Left Blank	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Louise Uinstead, RN, Compliance Specialist* *02/25/2022*

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 020	Continued From page 1  * [For CORFs at §485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at §485.727(b)(1), and ESRD Facilities at §494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services; and ESRD Facilities], which includes staff responsibilities, and needs of the patients.  * [For RHCs/FQHCs at §491.12(b)(1):] Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop specific policies and procedures to address emergency preparedness (EP) including evacuating locations based on a community and facility based risk assessment. This had the potential to affect all clients (#1, #2, #3, #4 and #5). The findings is:  Review on 2/8/22 of the facility's EP dated 9/7/21 revealed the plan did not include any information in regards to the facility's evacuation locations in the event of flood, fire, tornado, hurricane, storms, bio-terrorism and other emergencies.  Interview on 2/8/22 with the residential manager (RM) revealed that she was unaware that it was a requirement.	E 020	<b>E 020</b> Mallard Lane will evacuate to Holiday Inn Express & Suites Rockingham, 800 East US Highway 74 Business, Rockingham, NC 28379. Residential Manager/Designee will update the Site-Specific Plan to include this location.  Residential Manager/Designee will in-service staff on updated Emergency Preparedness Plan Site-Specific for Mallard Lane.  Going forward, this information will be included annually in the Emergency Preparedness Plan Site-Specific for Mallard Lane.	4/8/2022  4/8/2022  Ongoing	
E 022	Policies/Procedures for Sheltering in Place CFR(s): 483.475(b)(4)  §403.748(b)(4), §416.54(b)(3), §418.113(b)(6)(i),	E 022			

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E 022	<p>Continued From page 2</p> <p>§441.184(b)(4), §460.84(b)(5), §482.15(b)(4), §483.73(b)(4), §483.475(b)(4), §485.68(b)(2), §485.625(b)(4), §485.727(b)(2), §485.920(b)(3), §491.12(b)(2), §494.62(b)(3).</p> <p>(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 every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:]</p> <p>[(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility].</p> <p>*[For Inpatient Hospices at §418.113(b):] 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>(i) A means to shelter in place for patients, hospice employees who remain in the hospice. This STANDARD is not met as evidenced by: Based on interview and record review of the facility's Emergency Preparedness (EP) manual, failed to develop policy and procedures on sheltering in place. This potentially affected all clients (#1, #2, #3, #4 and #5) in the home. The finding is:</p> <p>Review on 2/8/22 of the facility's EP dated 9/7/21 did not include language for situations that would</p>	E 022	<p><b>E 022</b></p> <p>Site staff advised Monarch's Safety Manager that information regarding <i>shelter in place</i> was in their safety manual binder. In case this was not reviewed, I am enclosing the following for your reference.</p> <ul style="list-style-type: none"> <li>▪ Shelter In Place Fact Sheet</li> <li>▪ Annex Plan Section from Emergency Operations</li> <li>▪ Safety Manual (page 25)</li> <li>▪ A pandemic</li> <li>▪ 3-day disaster menu</li> </ul> <p>This information along with all Emergency Preparedness information is also located on Monarch's intranet for staff to refer to.</p> <p>Staff will be re-trained by Residential Manager/Designee on where to find Emergency Preparedness information.</p>	4/8/2022

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E 022	Continued From page 3 call for clients and staff to shelter in place.	E 022		
E 025	<p>Arrangement with Other Facilities CFR(s): 483.475(b)(7)</p> <p>§403.748(b)(7), §418.113(b)(5), §441.184(b)(7), §460.84(b)(8), §482.15(b)(7), §483.73(b)(7), §483.475(b)(7), §485.625(b)(7), §485.920(b)(6), §494.62(b)(6).</p> <p>[(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 every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:]</p> <p>*[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.</p> <p>*[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</p>	E 025	This Page Intentionally Left Blank	



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E 025	<p>Continued From page 4</p> <p>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.</p> <p>*[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.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of the facility's Emergency Preparedness (EP) Manual, the facility failed to document pre-arranged accommodations for clients in the event services could not be delivered in the home. This potentially affected all clients (#1, #2, #3, #4 and #5) in the home. The finding is:</p> <p>Review on 2/7/22 of the facility's EP dated 9/7/21, revealed instructions to call the county's emergency services (911) to find out where to evacuate.</p> <p>Interview on 2/8/22 with the residential manager (RM) and qualified intellectual disabilities professional (QIDP) revealed that previously they would evacuate to an area high school for shelter but it was no longer in effect.</p>	E 025	<p><b>E 025</b></p> <p>Mallard Lane will evacuate to Holiday Inn Express &amp; Suites Rockingham, 800 East US Highway 74 Business, Rockingham, NC 28379. Residential Manager/Designee will update the Site-Specific Plan to include this location.</p> <p>Residential Manager/Designee will in-service staff on updated Emergency Preparedness Plan Site-Specific for Mallard Lane.</p> <p>Going forward, this information will be included annually in the Emergency Preparedness Plan Site-Specific for Mallard Lane.</p>	<p>4/8/2022</p> <p>4/8/2022</p> <p>Ongoing</p>
W 340	<p><b>NURSING SERVICES</b></p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health</p>	W 340		

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W 340	Continued From page 5 measures that include but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that staff were sufficiently trained in proper personal protective (PPE) equipment mask use. This had the potential to affect all clients in the home (#1, #2, #3, #4 and #5). The findings are:  During observations throughout the survey 2/7/22-2/8/22, the residential manager (RM) and qualified intellectual disabilities professional (QIDP) were observed to frequently wear their face masks loose fitting with their noses exposed, when in their office and in client areas.  Interview with the RM and QIDP on 2/8/22 acknowledged that they did not maintain the face masks over their nose when inside the office. RM acknowledged that she tried to readjust her mask when in client areas but was not always consistent.  Interview with the nurse on 2/8/22 revealed that staff have been trained when the COVID policy went into effect at the start of the pandemic and that she offers a refresher every 6 months. The nurse revealed that staff have been trained to wear their face masks over the nose and mouth.	W 340	<b>W 340</b> LTSS Nursing Director/Nursing Designee will in-service staff on the proper use of PPE/mask use.  Residential Manager will randomly monitor at least once weekly for two months to ensure staff compliance.	4/8/2022  4/30/2022 unless mask restriction lifted prior to that date	
W 368	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by:	W 368			

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W 368	Continued From page 6 Based on observation, record review and interviews, the facility failed to assure the system of administrating medications as ordered was implemented. This affected 1 of 4 audit clients (#3). The finding is:  During morning observations in the home on 2/8/22, staff A had a medicine cup of 7 medications for client #3 that had been removed from the blister pack. Staff A opened a container of chocolate pudding and dumped all of the pills in the pudding, including a capsule of Omeprazole 20 mg. Staff A then fed the medicine in the pudding to client #3 who swallowed the contents without incident.  Review on 2/8/22 of the medication blister pack and physician orders signed on 10/21/21 instructed anyone administering the medication to "Open and mix 1 capsule (Omeprazole) in pudding or applesauce QD (daily)."  Interview on 2/8/22 with staff A revealed she did not notice the instructions on the blister pack or on the orders and thought she only had to mix the capsule into the applesauce.  Interview on 2/8/22 with the nurse revealed she speculated staff A might have been nervous being observed and made a mistake.	W 368	<b>W 368</b> Per Monarch's Policy for medication errors, staff A received an oral warning, and three medication passes were observed by Residential Manager with 100% accuracy.  LTSS Nursing Director/Nursing Designee will review Medication Administration Policy & Procedure and Level I Minor Incident Reporting with staff.	2/9/2022  4/8/2022	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.	W 460			

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W 460	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed ensure dietary orders for modified diets for 1 of 4 audit clients (#1) were followed as written. The finding is:</p> <p>During evening observations in the home on 2/7/22 at 5:30 PM, Staff C prepared dinner and placed a plate of chopped chicken alfredo, chopped cooked broccoli, a bowl of regular tossed salad plus a container of strawberry yogurt in front of client #1. Client #1 ingested the food with brief coughing. An additional observation of client #1 on 2/8/22 at 7:30 AM, staff C prepared dried cereal and toasted bread in a blender and scooped the contents into a divided plate. Staff C took the plate to client #1 and poured a cup of milk into the finely chopped cereal. The cereal particles were able to float in the milk and were fed to client #1. Client #1 was observed at 7:50 AM to cough briefly and spit up some food contents on his clothing protector.</p> <p>Review on 2/8/22 of client #1's dietary orders dated 1/20/21 placed inside the kitchen cabinet confirmed he should receive pureed food and staff should monitor for signs of difficulty.</p> <p>Interview on 2/8/22 with staff C revealed that she used the food processor to puree client #1's breakfast. Staff C stated that the food needed to be pureed because client #1 had no teeth.</p> <p>Interview on 2/8/22 with the nurse revealed that she was responsible for going over dietary orders and meal guidelines with the staff but had not trained Staff C yet. The nurse also acknowledged that chopped food was not pureed and that client #1 should have not received cereal in milk or any</p>	W 460	<p><b>W 460</b> Residential Manager will Inservice staff to ensure training on dietary orders for all individuals with modified diets.</p> <p>Residential Manager/Designee will randomly monitor meal observations a minimum of weekly for two months on Staff C regarding modified diets. If 100% accuracy is not obtained at the end of two months, monitoring will be re-evaluated.</p>	4/8/2022	4/30/2022 and re-evaluation if needed



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W 460	Continued From page 8 type of salad. The nurse affirmed that not pureeing client #1's food could put him at risk of aspiration.	W 460			
W 488	<b>DINING AREAS AND SERVICE</b> CFR(s): 483.480(d)(4)  The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure clients ate in a manner which was not stigmatizing. This affected 1 of 4 audit clients (#1). The finding is:  During breakfast observation in the home on 2/8/22 at 7:30 AM, staff C sat down next to client #1 to help feed him. Staff C placed a clothing protector around client #1's neck and took the bottom material and placed it on the table in front of him. Staff C then took the plate of food and placed it on top of the clothing protector and began feeding client #1. While feeding, client #1 was noted to have food debris on the top portion of his clothing protector but none on the table setting.  Review on 2/8/22 of the individual program plan (IPP) dated revealed that client #1 only needed a non slip mat underneath his plate during meals.  Interview on 2/8/22 with the nurse revealed that ordinarily she reviews meal guidelines with new employees and did not have the opportunity yet to offer training to staff C. The nurse stated that clothing protector should not be placed underneath the plate during meals.	W 488	<b>W 488</b> Residential Manager/Designee will Inservice staff to use clothing protector as designed and that Client #1 should only use non-slip mat underneath plate during meals.  Residential Manager/Designee will randomly monitor meal observations a minimum of weekly for two months to ensure compliance.	4/8/2022  4/30/2022	
W 508	COVID-19 Vaccination of Facility Staff	W 508			

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W 508	<p>Continued From page 9 CFR(s): 483.430(f)(1)-(3)(i)-(x)</p> <p>§ 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>(1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.</p> <p>(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in</p>	W 508	Page Intentionally Left Blank	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/15/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MALLARD LANE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>142 MALLARD LANE ROCKINGHAM, NC 28379</b>
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W 508	<p>Continued From page 10 paragraph (f)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all</p>	W 508	Page Intentionally Left Blank	
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W 508	<p>Continued From page 11</p> <p>documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the</p>	W 508	<p style="text-align: center;">Page Intentionally Left Blank</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2022</b>
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W 508	<p>Continued From page 12</p> <p>vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to develop policies and procedures which include contingency plans for staff who are not fully vaccinated for COVID-19. The findings are:</p> <p>Review on 2/8/22 of the facility's Employment during COVID-19 Policy dated 1/13/22 focused on the employees degrees of risk of exposure, testing positive and quarantine instructions. The policy did not comment on any contingency plan for unvaccinated staff. An internal email from the Vice President of Operations (VP) and the qualified intellectual disabilities professional (QIDP) on 1/14/22 discussed the federal government's final rule mandating healthcare workers to be vaccinated against COVID-19. The email acknowledged compliance deadlines and that staff must have the first dose of COVID-19 by 1/27/22.</p> <p>Further review on 2/8/22 of staff working in the group home's vaccination status revealed staff E had presented COVID-19 vaccination record card to the facility on unknown date. The vaccination record revealed the 1st dose was given on 11/24/21. On the card, the manufacturer of the vaccine, and the expiration date for the dose were not documented, as evidenced on other vaccination cards reviewed.</p> <p>Interview on 2/8/22 with the residential manager (RM) revealed that staff E had worked at the</p>	W 508	<p><b>W 508</b></p> <p>Covid-19 Vaccination Policy &amp; Procedure has been updated (see enclosed). This will be assigned for staff to read and sign through our electronic documentation platform.</p>	2/25/2022

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W 508	<p>Continued From page 13</p> <p>home on 2/6/22. The RM revealed she had not seen the vaccination record for staff E before today and that she could not determine what staff E's vaccination status was by looking at the vaccination record.</p> <p>Interview on 2/8/22 with the VP revealed that staff E uploaded the vaccination record on the facility's website on 1/26/22. They had not investigated prior to today the validity of staff E's vaccination record. The VP suggested that the lot number on the card indicated the first dose of the vaccine was from Moderna. The VP also revealed that she was not aware of any staff working in the home being exempted from taking the COVID-19 vaccine for medical or religious reasons. The VP revealed that if an unvaccinated staff did not meet the fully vaccinated requirement by the 2/28/22 deadline they could transfer to any facility outside of their intermediate care facility (ICF) residential services or be terminated.</p>	W 508	Page Intentionally Left Blank	
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American  
Red Cross

## FACT SHEET ON SHELTER-IN-PLACE

### **What Shelter-in-Place Means:**

One of the instructions you may be given in an emergency where hazardous materials may have been released into the atmosphere is to shelter-in-place. This is a precaution aimed to keep you safe while remaining indoors. (This is not the same thing as going to a shelter in case of a storm.) Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there. It does not mean sealing off your entire home or office building. If you are told to shelter-in-place, follow the instructions provided in this Fact Sheet.

### **Why You Might Need to Shelter-in-Place:**

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect you and your family. Because information will most likely be provided on television and radio, it is important to keep a TV or radio on, even during the workday. The important thing is for you to follow instructions of local authorities and know what to do if they advise you to shelter-in-place.

### **How to Shelter-in-Place**

#### **At Home:**

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems. • Close the fireplace damper.
- Get your family disaster supplies kit <http://www.redcross.org/services/disaster/beprepared/supplies.html>, and make sure the radio is working.
- Go to an interior room without windows that's above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed.
- Bring your pets with you, and be sure to bring additional food and water supplies for them.
- It is ideal to have a hard-wired telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room.
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

#### **At Work:**

- Close the business. • Bring everyone into the room(s). Shut and lock the door(s).
- If there are customers, clients, or visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise it is safe to leave.
- Close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.

- Write down the names of everyone in the room, and call your business' designated emergency contact to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer.)
- Keep listening to the radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

#### **At School:**

- Close the school. Activate the school's emergency plan. Follow reverse evacuation procedures to bring students, faculty, and staff indoors.
- If there are visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Provide for answering telephone inquiries from concerned parents by having at least one telephone with the school's listed telephone number available in the room selected to provide shelter for the school secretary, or person designated to answer these calls. This room should also be sealed. There should be a way to communicate among all rooms where people are sheltering-in-place in the school.
- Ideally, provide for a way to make announcements over the school-wide public address system from the room where the top school official takes shelter.
- If children have cell phones, allow them to use them to call a parent or guardian to let them know that they have been asked to remain in school until further notice, and that they are safe.
- If the school has voice mail or an automated attendant, change the recording to indicate that the school is closed, students and staff are remaining in the building until authorities advise that it is safe to leave.
- Provide directions to close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, direct that window shades, blinds, or curtains be closed.
- Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Classrooms may be used if there are no windows or the windows are sealed and can not be opened. Large storage closets, utility rooms, meeting rooms, and even a gymnasium without exterior windows will also work well.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Bring everyone into the room. Shut and lock the door.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Write down the names of everyone in the room, and call your schools' designated emergency contact to report who is in the room with you.
- Listen for an official announcement from school officials via the public address system, and stay where you are until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

#### **In Your Vehicle:**

If you are driving a vehicle and hear advice to "shelter-in-place" on the radio, take these steps:

- If you are very close to home, your office, or a public building, go there immediately and go inside. Follow the shelter-in-place recommendations for the place you pick described above.
- If you are unable to get to a home or building quickly and safely, then pull over to the side of the road. Stop your vehicle in the safest place possible. If it is sunny outside, it is preferable to stop under a bridge or in a shady spot, to avoid being overheated.
- Turn off the engine.
  - Close windows and vents.
- If possible, seal the heating/air conditioning vents with duct tape.
- Listen to the radio regularly for updated advice and instructions.
- Stay where you are until you are told it is safe to get back on the road. Be aware that some roads may be closed or traffic detoured. Follow the directions of law enforcement officials.

**Local officials on the scene are the best source of information for your particular situation. Following their instructions during and after emergencies regarding sheltering, food, water, and clean up methods is your safest choice.**

Remember that instructions to shelter-in-place are usually provided for durations of a few hours, not days or weeks. There is little danger that the room in which you are taking shelter will run out of oxygen and you will suffocate.



# **Annex Plans Section**

# Evacuation/Alternate Care Site Quick Reference

## Conditions:

- **First priority is supporting people served and personnel safety.**
- Hazards exist that threaten safety or prevent appropriate care.
- Area/Unit evacuation is movement to an alternate safe location (horizontally or vertically)
- Total facility evacuation is the discharge and/or transfer to other facilities.
- **Monarch employees** can activate area/unit evacuation from one part of their location to another.
- **Monarch Administration** directs total facility evacuation.
- Shelter locations within the local area and others outside the affected region will be utilized as initial evacuation facilities for Total Evacuation incidents.

## Actions:

\_\_\_\_\_ Initial movement to an adjacent safe location (Priority)

1. Those closest to danger
2. People served that are walking or walk with assistance-guide to safe location
3. Non-ambulatory people served-(move in bed, stretcher or wheelchair, when possible)
4. Move charts, medications and support equipment as conditions allow.

Note: Close door and place pillow in doorway of evacuated rooms.

### I. **Discharge Activities**

To ensure immediate discharge activities are implemented during a disaster or community crisis to provide for the social well-being of the people served.

### II. **Procedure:**

- A. Monarch local leadership will be responsible for calling in any and all personnel needed to sufficiently handle the evacuation of a location.
- B. One assigned staff member will remain and be prepared to stay with relatives for social services and issues.
- C. Ensure that all persons served are tracked and their disposition documented.
- D. Report frequently and routinely to Monarch Leadership.
- E. Contact other Monarch facilities locally to make arrangements for relocation of people served.
- F. Inform family members of relocations when appropriate.
- G. Contact additional transportation agencies to assist with relocation of people served if inadequate transportation is available within Monarch.

# ELECTRICAL POWER DISRUPTION (POWER CO. LOSS)

## Conditions:

- Few, if any, of the Monarch facilities have generator support
- Normal services may be affected

## Actions:

- \_\_\_\_\_ Check status of all persons in area.
- \_\_\_\_\_ Take actions to protect life and safety.
- \_\_\_\_\_ Close locations that are not overnight programs.
- \_\_\_\_\_ Evaluate the situation and prepare to relocate people served within overnight locations.

## I. PURPOSE

To ensure the safety of the people served in the event of a prolonged electrical outage

## II. PROCEDURE

- A. All scheduled day programs are to be postponed until the power is restored.
- B. Activities in progress during the outage may be evaluated by Monarch staff for continuation if the disruption does not prevent the completion of activities.
- C. The Director of Facilities Services is notified immediately as well as the Risk Manager. Facilities services may arrange for a backup generator until repairs can be made depending upon the situation.
- D. Monarch employees on site during the disruption will make sure lines of communication are maintained with Monarch leadership while the situation persists.
- E. Repairs and rental generator can be obtained from outside vendors and will be initiated by Facilities Services if warranted.
- F. Initial action of all staff is to confirm conditions in their area; initiate emergency procedures to safeguard all persons in their area; and support operational needs.
- G. Monarch personnel are responsible to keep battery backup equipment in a fully charged condition.

# SEVERE WEATHER CONDITIONS

It is essential that adequate personnel be available to maintain the operation of any residential facility and provide appropriate safety even under adverse conditions. Procedures and checklists for response to specific weather events are located at each of the specific sites that will remain operational during a severe weather event. In addition, it is important that staff develop a personal plan to these events to ensure that they and their family members are adequately protected during the period of severe conditions. This will ensure that staff is available to fulfill their job related duties without neglecting their personal obligations. When the capabilities of the assigned staff are exceeded, personnel support procedures will be implemented by Monarch Administration.

## I. POLICY

A safe environment is maintained for persons served, visitors, and employees in the event of a severe weather event. Remember that tornados and shearing, straight line winds often accompany hurricanes.

## II. DEFINITIONS

**Hurricane Watch:** the local weather conditions that exist are conducive to the development of a hurricane.

**Hurricane Warning:** a hurricane has been predicted to strike in the general area.

## III. PROCEDURE

### A. In the Event of Hurricane Watch

1. In most cases there are a number of days of warnings and preparation prior to the land fall of a hurricane.
2. Monarch administration will determine if there is acceptable risk in remaining at any individual site.
3. All employees are to check that all windows, drapes and blinds are closed.
4. Assess the need for extra help/equipment, which may be needed to relocate to a safe area. Close the doors to empty rooms.
5. Secure all documentation in an area that will be presumed to keep dry.
6. Gather supplies of flashlights, blankets and emergency supplies in a central location.

### B. In the event of a Hurricane Warning

1. In the event that the situation worsens and the Watch is upgraded to a Warning, Administration will notify the occupied locations that a Hurricane Warning is in effect.
2. Administration will re-evaluate each occupied location and make a decision to either remain operational or to shutter the location and relocate the persons served until the situation is resolved.



3. Administration will continue to monitor the situation until the event is over.
4. During landfall, everyone at the location will move to the most protected part of the structure and stay together for mutual support and accountability.
5. At locations where everyone cannot be moved to a protected location, people served will be advised to stay away from windows and will be told that they should stay on site so that they can be accounted for after the event...
6. Monarch staff will report any problems or damage to their locations as soon as is practical after the event has been resolved...

## FLOOD Procedure

- A. **In the event of a flood WATCH**, (conditions are favorable for flooding in the affected areas) Monarch administration should be notified and decisions will be made concerning the continued operation of each affected location.
- B. **In the event of a flood WARNING**, (Flooding is eminent in the affected areas) Monarch administration should be notified and decisions will be made concerning the continued operation of each affected location.
- C. **Monarch staff** should monitor local broadcasts and make sure their weather radio is on and operational so that they can receive updated instructions.
- D. **Monarch staff** will follow the direct instructions of emergency responders working in their area and inform **Monarch Administration** of all activities surrounding these instructions.
- E. **Monarch staff** will document the disposition of any person served that is relocated due to flooding at their location.

# WATER LOSS

## (Quick Reference)

### Conditions:

- Water for drinking and sanitation will be very limited.
- Extensive water conservation measures must be observed by all personnel.
- Water dependent processes may be inoperable
- Commodes may need to be manually flushed (bucket flush).
- Temperature and humidity control may fluctuate.
- Dietary selections may be limited.
- Fire sprinkler system may be inoperable.
- Bottled water will be distributed by Monarch Management.
- Facilities Services department will coordinate the restoration of water services on a priority basis.
- Only bottled water will be used for drinking.
- Ice from ice machines should not be used unless cleared by facilities services.
- Ice will be distributed by Monarch Management.

### Actions:

- \_\_\_\_\_ Institute extensive water conservation measures.
- \_\_\_\_\_ Only use bottled water for drinking.
- \_\_\_\_\_ Use waterless cleaners for handwashing and personal sanitation purposes.

## WATER LOSS

A loss of water supply may be immediate (ruptured water line) or delayed (possible public water contamination or drought).

Water loss will affect operational processes as well as personal (drinking) and sanitation needs.

All affected locations will operate in an essential services only mode to reduce their consumption of water to provide water when there is an interruption of service.

### PURPOSE:

To ensure adequate patient care in the event of a loss of water supply.

1. Upon discovery of the interruption, notify the Director of Facilities.
2. Facilities Services notifies Monarch Administration, who then notifies affected locations to initiate their loss of utilities plan.
3. Facility Services determines if the water loss is due to internal problems or due to the public utility.
4. Call the local utilities department and report water outage unless the location is on a private well.
5. During any period of water interruption, immediate efforts to conserve water will be implemented.
6. Routine showers and baths will be suspended.
7. Commodes will be manually flushed several times a day as needed.
8. Routine floor mopping will be suspended.
9. Use of dishwashers will be discontinued. Paper plates, utensils, and convenience foods will be used.

# MASS CASUALTY INCIDENT

## I. PROCEDURE

- A. In the event of a local mass casualty incident at a Monarch location Monarch Administration should be notified immediately.
  - In the event of a national disaster, Monarch Administration will determine what courses of action are open to ensure the safety of persons served and staff.
- B. All locations will be expected to use the 9-1-1 system and wait for emergency responders.
- C. Monarch Staff will not attempt to transport casualties on their own, if emergency responders are not available due to a high volume of calls, Monarch Administration may make the decision to allow Monarch staff to transport casualties on a case-by-case basis.
- D. Monarch staff will keep records of the disposition and relocation of any person served that is relocated by emergency responders or any other means.
- E. Monarch staff will document all activities associated with any mass casualty event at their location.

## PANDEMIC

Pandemic: an epidemic of disease that has spread across a large region, for example multiple continents or worldwide.

### **Should a Pandemic Occur:**

Should a pandemic occur, Monarch, after consultation with local, state and/or federal health officials, implement the following steps, as deemed necessary:

- Employees with job duties that can be accomplished by telecommuting will be encouraged to work from home unless they have been cross trained to work in place of an employee who is ill.
- Supervisors will be instructed to send and keep employees' home if they exhibit symptoms of the illness, working from home if practical.
- Team members will contact their key vendors to determine the impact of the outbreak on their operations and its effects on our ability to perform our daily functions, and they will communicate the results to the Incident Commander. The Incident Command Team will work to obtain extra quantities of any necessary supplies that may be threatened due to the outbreak.
- The Incident Command Team will monitor staffing levels at all locations and assist supervisors in finding ways to maintain critical operations in light of any staffing shortage. Should the closing of any locations be a consideration due to inadequate staffing availability, the location will follow the Emergency Closure Procedures.
- The Incident Command team, along with Operations will ensure all employees are kept informed of developments as they occur, including employees who remain at home.

## Terrorism

1. As with any emergency, remain calm
2. Follow advice of local emergency officials, listen to radio or television for news and instructions
3. If the disaster occurs near your location, check for damage using a flashlight. Do not light matches or candles or turn on electrical switches. Check for fires, fire hazards, and other household hazards. If there is natural gas at your location, sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows and get everyone outside quickly.
4. Shut off any other damaged utilities.
5. Contact the on-call Director and inform them of your situation
6. If you need to evacuate, refer to the "after an emergency" section for instructions

## Shelter in Place

1. If you are advised to "shelter in place" by local officials, you must remain inside the home or job site and protect yourself there
2. Close and lock all windows and exterior doors
3. Turn off all fans, heating and air conditioning systems
4. If applicable, close the fireplace damper.
5. Get the disaster supplies kit, and make sure the radio is working
6. Go to an interior room or area, preferably one without windows. Area needs to be above ground as some chemicals are heavier than air
7. Using duct tape, seal cracks around the doors, windows and vents
8. Monitor radio or television until you are told all is safe or you are told to evacuate

## Immediate Danger

Could consist of numerous situations including but not limited to: a verbal threat to someone in the building via phone, a bomb threat, a hostile individual with or without a weapon on the premises.

1. There will be two potential notifications in these situations. If you hear "Dr. Strong to the (e.g. lobby, community support, Executive area, cubical area, or IT)" it indicates a hostile situation in which the staff member or designee who paged, needs assistance in that area. We are a "hands off" agency so this would not be used in a situation that calls for physical force. An irate family member or person we serve who may be able to be deescalated would be an example of when this call would be used.
2. If you hear Code Orange in the (e.g. lobby, community support, Executive area or the cubical area, IT)" it indicates a hostile situation in which everyone should stay away from that area and 911 needs to be called. More information may be given as an overhead page if the person paging is in a secure area. (For example, "Code Orange – male intruder wearing a red shirt and jeans was in the lobby with a weapon.) An example of a situation where this page would be used would be when someone has entered the building with a weapon, etc. In the case someone hears what sounds like a weapon you should close and lock your door, dial 911 and inform them of your location, the number of individuals with you and any information you can give about the nature/location of the hostile situation. If you are in a room without individual lockable doors, proceed to the nearest room that fits that description and follow the instructions above (e.g. cubical area would go to the board room, community support to one of the conference rooms in their area, etc.)

## General Guidelines about an attack

1. Give everyone a break from the news reports and television showing the same tragic event happen over and over
2. Some people may not be able to recognize that it is repeated footage, and think the event is happening again and again
3. Listening to local radio will provide the most accurate information
4. Take turns listening for what actions you may need to take
5. To the extent possible keep everyone occupied with the morale materials packed in the disaster supply kit

Source: American Red Cross, Disaster Services "Terrorism: Preparing for the Unexpected"



A pandemic is the worldwide spread of a new disease.

An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses.

A **pandemic** (from Greek *πᾶν pan* "all" and *δῆμος demos* "people") is an epidemic of disease that has spread across a large region; for instance multiple continents, or worldwide. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic.

A pandemic is an epidemic occurring on a scale which crosses international boundaries, usually affecting a large number of people.<sup>[1]</sup> Pandemics can also occur in important agricultural organisms (livestock, crop plants, fish, tree species) or in other organisms

# Pandemic

## Before a Pandemic

- Store a two week supply of water and food.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Get copies and maintain electronic versions of health records from doctors, hospitals, pharmacies and other sources and store them, for personal reference. Get help accessing electronic health records.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

## During a Pandemic

Limit the Spread of Germs and Prevent Infection

- **Avoid close contact** with people who are sick.
- When you are sick, **keep your distance** from others to protect them from getting sick too.
- **Cover your mouth and nose** with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- **Washing your hands** often will help protect you from germs.
- **Avoid touching your eyes, nose or mouth.**
- **Practice other good health habits.** Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

- **Clean and disinfect** frequently touched objects and surfaces using a regular household cleaning spray or wipe.

# MONARCH THREE DAY DISASTER MENU

Ruthi Cohen Joyner, RD, LDN #14390

B R E A K F A S T	<p>½ c orange juice 1 c Cheerios ½ c mixed fruit (use up fresh fruit if possible) 1 cup milk (reconstituted if necessary)</p>	<p>½ c apple juice 1-2 pop tarts ½ c fruit cocktail 1 c milk</p>	<p>½ c pineapple juice 1 c Bran Flakes ½ c peaches 1c milk</p>
L U N C H	<p>1 c beef stew 1c green beans ½ fruit cocktail 6 crackers 1c fruit punch</p>	<p>1 c spaghetti 1 c carrots ½ c pineapple 2 graham crackers 1 c pineapple juice</p>	<p>3 oz canned or potted meat (can be spam, tuna, etc) 6 crackers 1 c mixed vegetables ½ c applesauce 1 c fruit punch</p>
D I N N E R	<p>3 oz canned tuna 6 crackers 1 c carrots ½ c pears 1 c soda Water</p>	<p>3 oz canned chicken 6 crackers 1 c mixed vegetables ½ c fruit cocktail 5 vanilla wafers 1 c water</p>	<p>1 c ravioli 1 c green beans ½ c stewed apples 2 ginger snaps 1 c soda</p>
S N A C K S	<p>2 chocolate chip cookies 1 c milk (pudding and applesauce for mechanical soft and puree diets each day) 2 peanut butter crackers 1 c fruit punch</p>	<p>2 graham crackers with peanut butter 1 c milk  2 ginger snaps 1 c apple juice</p>	<p>5 vanilla wafers 1 c fruit punch  2 peanut butter crackers 1 c milk</p>

**MONARCH**  
**Policy and Procedure Manual**

<b>PROGRAM: ICF, FBC, Outpatient</b>	<b>DATE ISSUED/UPDATED: 2/17/22; 02/25/2022</b>
<b>SECTION: Human Resources</b>	<b>REGULATORY REFERENCE: § 483.430</b>
<b>TOPIC: COVID-19 Vaccination Policy</b>	<input checked="" type="checkbox"/> <b>OPERATIONAL POLICY</b> <input type="checkbox"/> <b>BOARD POLICY</b>
<b>POLICY OWNER: CAO</b>	<b>BOARD APPROVED DATE: n/a</b> (If applicable)
<b>SOP: <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</b>	<b>FORM: <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</b>
<b><u>Uploading Proof of COVID-19 Vaccination SOP</u></b>	<b><u>Medical Exemption Form</u></b>
<b><u>Uploading Proof of COVID-19 Vaccination SOP</u></b>	

**POLICY:**

It is the policy of Monarch to follow all Center for Medicaid Services (CMS) mandates and requirements as it pertains to COVID-19 vaccination. Per the CMS rule, facilities identified that are included in this policy and for whom staff are applicable include Intermediate Care Facilities (group homes and day) programs, Facility Based Crisis Programs, and Outpatient offices.

**DEFINITIONS:**

*Fully Vaccinated:*

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

**Required Staff Applicability:**

Regardless of clinical responsibility or client contact, the policies and procedures apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients:

- a) Facility employees;
- b) Licensed practitioners;
- c) Students, trainees, and volunteers; and
- d) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.

The policies and procedures do not apply to the following facility staff:

- a) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff listed above; and
- b) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff listed above.

**PROCEDURE:**

Monarch will ensure all required staff are fully vaccinated as defined above.

Precautions intended to mitigate the transmission and spread of COVID-19 as outlined in the Employment During COVID-19 Policy will remain in place.

Human Resources will track and securely document COVID-19 vaccination status (to include booster vaccinations) of all required staff. This information will be uploaded per the Uploading Proof of COVID-19 Vaccination SOP. Human Resources will maintain cards and card verification, as well as the sole determination of whether a card is valid or if further investigation is warranted. i.e. if a card does not have a manufacturers list, but has a valid lot number, and there are no other indicators that the card has been falsified, it will likely be approved.

Staff desiring an exemption (faith-based, medical or remote-worker exemption) should use the following link to request the exemption. Exemption information will be maintained and tracked in the employee's personnel file found in the agencies human resource information system (HRIS).

Requesting COVID-19 Vaccination Exemption SOP.

Staff who have been granted an exemption to receiving the COVID-19 vaccination may be required to test weekly. Weekly test information will be uploaded to their medical portion of the personnel file in the agency's human resource information system.

Human Resource will review all exemption requests (including temporary exemption requests) and determine approvals based on the provided information in accordance with all applicable State and local laws. Managers will be notified in the event someone is unable to work in a site due to a denied exemption.

Unvaccinated/ or not fully vaccinated employees will not be allowed to work in the CMS designated sites. They will be offered an open position, should one exist, or have their employment terminated.