PRINTED: 05/26/2022 FORM APPROVED OMB NO. 0938-0391

AND BLAN OF CORRECTION (IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG	_	(X3) DATE SURVEY COMPLETED	
		34G151	B. WING			05/24/2022
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME				STREET ADDRESS, CITY, ST 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD E ED TO THE APPROPR FICIENCY)	BE COMPLÉTION
E 037	CFR(s): 483.475(d) §403.748(d)(1), §46 §441.184(d)(1), §46 §483.73(d)(1), §483 §485.68(d)(1), §48 *[For RNCHIs at §4 Hospitals at §482.1 at §484.102, "Orgal OPOs at §486.360, (1) Training progra the following: (i) Initial training in opolicies and proced staff, individuals pro arrangement, and vexpected roles. (ii) Provide emerge least every 2 years. (iii) Maintain docum preparedness traini (iv) Demonstrate st procedures. (v) If the emergency procedures are sign must conduct traini procedures. *[For Hospices at § hospice must do all (i) Initial training in opolicies and proced hospice employees services under arra expected roles. (ii) Demonstrate sta procedures.	16.54(d)(1), §418.113(d)(1), 60.84(d)(1), §482.15(d)(1), 3.475(d)(1), §484.102(d)(1), 5.625(d)(1), §485.727(d)(1), 60.360(d)(1), §491.12(d)(1). 10.3.748, ASCs at §416.54, 5, ICF/IIDs at §483.475, HHAs nizations" under §485.727, RHC/FQHCs at §491.12:] m. The [facility] must do all of emergency preparedness lures to all new and existing oviding services under volunteers, consistent with their ency preparedness training at entation of all emergency aff knowledge of emergency by preparedness policies and nificantly updated, the [facility] ng on the updated policies and 418.113(d):] (1) Training. The		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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED	
		34G151	B. WING		05	/24/2022	
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME				STREET ADDRESS, CITY, STATE, ZIP COL 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
E 037	least every 2 years (iv) Periodically rev emergency prepare employees (including special emphasis p procedures necess others. (v) Maintain docum preparedness train (vi) If the emergency procedures are sign must conduct traini procedures. *[For PRTFs at §44 program. The PRT (i) Initial training in policies and procedures are staff, individuals procedures are expected roles. (ii) After initial traini preparedness train (iii) Demonstrate st procedures. (iv) Maintain docum preparedness train (v) If the emergency procedures are sign must conduct traini procedures. *[For PACE at §460 organization must of (i) Initial training in policies and procedures and proced	ency preparedness training at item and rehearse its edness plan with hospice and nonemployee staff), with laced on carrying out the ary to protect patients and entation of all emergency ing. Expreparedness policies and inficantly updated, the hospice and on the updated policies and entation of all of the following: emergency preparedness lures to all new and existing eviding services under volunteers, consistent with their ing, provide emergency ing every 2 years. aff knowledge of emergency mentation of all emergency		37			

	DE AN OF CORRECTION INTERPRETATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G151	B. WING			05/:	24/2022	
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			4309 N	T ADDRESS, CITY, STATE, ZIP CODE IC HWY 87 SOUTH ITEVILLE, NC 28306	1 33/2 1/2022			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
E 037	volunteers, consisted (ii) Provide emerger least every 2 years. (iii) Demonstrate staprocedures, including what to do, where to case of an emerger (iv) Maintain docum (v) If the emergency procedures are sign must conduct training procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in expolicies and procedures and procedures arrangement, and vexpected role. (ii) Provide emerger least annually. (iii) Maintain docum preparedness training (iv) Demonstrate staprocedures. *[For CORFs at §48 CORF must do all control (iv) Provide initial trapreparedness policiand existing staff, in under arrangement with their expected	actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergencying informing participants of o go, and whom to contact in ney. Intentation of all training. It is preparedness policies and onlificantly updated, the PACE ing on the updated policies and at §483.73(d):] (1) Training facility must do all of the emergency preparedness ures to all new and existing oviding services under volunteers, consistent with their incy preparedness training at the entation of all emergency ing. If the following: In emergency i	EC	37				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		34G151	B. WING		05	/24/2022
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 037	(iv) Demonstrate st procedures. All new and assigned specithe CORF's emerge their first workday. include instruction i alarm systems and equipment. (v) If the emergen procedures are sign must conduct traini procedures. *[For CAHs at §485 The CAH must do a (i) Initial training in opolicies and procedures and where necessal personnel, and gue cooperation with firm authorities, to all neindividuals providing and volunteers, corroles. (ii) Provide emerge least every 2 years. (iii) Maintain docum (iv) Demonstrate st procedures. (v) If the emergen procedures are sign must conduct traini procedures. *[For CMHCs at §4]	aff knowledge of emergency of personnel must be oriented fic responsibilities regarding ency plan within 2 weeks of The training program must in the location and use of signals and firefighting cy preparedness policies and inficantly updated, the CORFing on the updated policies and sold of the following: emergency preparedness lures, including prompt guishing of fires, protection, and, erighting and disaster ew and existing staff, g services under arrangement, insistent with their expected incy preparedness training at	E 03	7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION		E SURVEY PLETED
		34G151	B. WING		05/	24/2022
	PROVIDER OR SUPPLIER E LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
E 037	and existing staff, ir under arrangement with their expected documentation of the demonstrate staff k procedures. There emergency prepare years. This STANDARD is Based on documentacility failed to ensuadequately trained expreparedness (EP) During review on 5/receiving EP trainin	les and procedures to all new ndividuals providing services, and volunteers, consistent roles, and maintain he training. The CMHC must nowledge of emergency after, the CMHC must provide dness training at least every 2 is not met as evidenced by: In treview and interviews, the lare direct care staff were on the facility's emergency plan. The finding is: 23/22 of evidence of all staff g, it was revealed that only the	E 037	7		
W 263	professional (QIDP exercises on 1/10/2 staff received orient direct care staff par Interview on 5/24/22 revealed that they of documentation that direct care staff par PROGRAM MONIT CFR(s): 483.440(f)() The committee sho are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record refailed to ensure a refailed to ensure a refailed staff par staff par professional part of the clien minor) and the clien minor or legal guar this STANDARD is Based on record refailed to ensure a refailed to ensure a refailed staff par staff par part of the clien minor) and the clien minor or legal guar this STANDARD is Based on record refailed to ensure a refaile	other drills were conducted or ticipated in EP training. ORING & CHANGE (3)(ii) uld insure that these programs with the written informed t, parents (if the client is a	W 263			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		34G151	B. WING		05/	/24/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	·		
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W 263	clients (#1). The fin Review on 5/24/22 he was admitted to his guardian in atter program plan meet review of a psycholorevealed client #1 w Prozac 10 mg daily behaviors. On 4/10 client #1 to increase behaviors. On 4/12 was refilled by the p continued. There w guardian signed a co- behavior medication	dian. This affected 1 of 4 audit ding is: of client #1's record revealed the home on 12/8/21 and had ndance at the individual ing on 2/16/22. An additional ogical note dated 3/25/22, was started on a trial dose of due to an increase in 1/22, a BSP was developed for the his appropriate social 1/22, the prescription for Prozac physician assistant (PA) and as no evidence that the consent to authorize a n or BSP.	W 2	263			
W 508	disabilities profession (QIDP/RN) revealed about the changes behaviors. The QID not secure a signed the guardian for the COVID-19 Vaccinate CFR(s): 483.430 (f) § 483.430 Condition staffing. (f) Standard: COVID staff. The facility material proceded fully vaccinated for this section, staff arif it has been 2 weed completed a primary staff.	tion of Facility Staff	W 5	508			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		E SURVEY IPLETED
		34G151	B. WING		05/	24/2022
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME				03/2-4/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
W 508	as the administration the administration of multi-dose vaccines (1) Regardless of a contact, the policies to the following faci care, treatment, or and/or its clients: (i) Facility employed (ii) Licensed practit (iii) Students, trained (iv) Individuals who other services for the under contract or be (2) The policies and do not apply to the (i) Staff who exclust telemedicine service and who do not have clients and other strong this section; and (ii) Staff who provide facility that are performed the facility setting a contact with clients paragraph (f)(1) of (3) The policies and a minimum, the foll (i) A process for en paragraph (f)(1) of staff who have penden granted, exemple en granted, exemple en granted, exemple en granted, exemple en granted, as recommedinical precautions	or COVID-19 is defined here on of a single-dose vaccine, or of all required doses of a clinical responsibility or client and procedures must apply lity staff, who provide any other services for the facility es; ioners; es, and volunteers; and provide care, treatment, or ne facility and/or its clients, y other arrangement. d procedures of this section following facility staff: ively provide telehealth or es outside of the facility setting of any direct contact with aff specified in paragraph (f)(1) de support services for the ormed exclusively outside of nd who do not have any direct and other staff specified in	W 508			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY IPLETED
	34G151	B. WING _		05/	24/2022
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	,	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
vaccination series of vaccine prior to star treatment, or other its clients; (iii) A process for exadditional precaution transmission and so who are not fully vaccined in section; (v) A process for tradocumenting the Call staff specified in section; (v) A process for tradocumenting the Cany staff who have as recommended by the company of the requirements based (vii) A process by whe exemption from the requirements based (vii) A process for the documenting inform who have requested has granted, an exemption of the requirements of the country of the individual requests acting within their as defined by, and applicable State an ensuring that such (A) All informations	is dose of the primary for a multi-dose COVID-19 ff providing any care, services for the facility and/or ensuring the implementation of ons, intended to mitigate the pread of COVID-19, for all staff accinated for COVID-19; racking and securely OVID-19 vaccination status of a paragraph (f)(1) of this acking and securely OVID-19 vaccination status of obtained any booster doses by the CDC; hich staff may request an e staff COVID-19 vaccination d on an applicable Federal law; racking and securely mation provided by those staff ad, and for whom the facility emption from the staff tion requirements;		08		

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 508 Continued From page 8 contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (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; (ix) A process for ensuring the tracking and secure documentation of the 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		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
NOPLACE LIKE HOME (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) (X5) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 508 Continued From page 8 contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (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; (ix) A process for ensuring the tracking and secure documentation of the 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			34G151	B. WING		05	/24/2022
W 508 Continued From page 8 contraindicated for the staff member to receive and the recognized clinical reasons for the exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the 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	NO PLACE LIKE HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH		03/24/2022	
contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (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; (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	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	(X5) COMPLETION DATE
COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: (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 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; This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to implement their COVID-19 Vaccination Policy. The finding is: During review on 5/23/22 of the facility's COVID-19 Vaccination Policy, dated January 2022, it revealed that all employees were required	W 508	contraindicated for and the recognized contraindications; (B) A statement by recommending the exempted from the vaccination require recognized clinical (ix) A process for esecure documenta staff for whom CO'temporarily delaye CDC, due to clinica considerations, incindividuals with act COVID-19, and incomposed antibor of COVID-19 treat (x) Contingency play vaccinated for CO'Effective 60 Days (ii) A process for exparagraph (f)(1) of vaccinated for CO'who have been gravaccination require staff for whom CO'temporarily delaye CDC, due to clinical considerations; This STANDARD Based on docume facility failed to imply vaccination Policy. During review on 5 COVID-19 Vaccination Policy.	the staff member to receive declinical reasons for the and the authenticating practitioner at the staff member be a facility's COVID-19 aments for staff based on the contraindications; ansuring the tracking and attended to the vaccination must be all precautions and alluding, but not limited to, atteillness secondary to dividuals who received dies or convalescent plasma atment; and ans for staff who are not fully VID-19. After Publication: Insuring that all staff specified in this section are fully VID-19, except for those staff anted exemptions to the aments of this section, or those VID-19 vaccination must be do, as recommended by the all precautions and are sevidenced by: Insuring that all staff specified in this section are fully VID-19 vaccination must be do, as recommended by the all precautions and the precautions are precautions are precautions are precautions and the precautions are precautions are precautions and the precautions are precautions and the precautions are precautions are precautions and the precautions are precautions are precautions are precautions are precautions and the precautions are precautions are precautions and the precautions are precautions and the precautions are precauti		08		

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W 508	to be fully vaccinate vaccine or request accommodations for facility's staff COVII and there was no e status of the physic examinations. Interview on 5/24/2 disabilities profession (QIDP/RN) revealed record of the physic QIDP/RN stated sh	ed. Staff must provide proof of exception or reasonable or religious reasons. The D-19 vaccine list was reviewed vidence, the facility knew the sian, responsible for clients' 2 with the qualified intellectual onal/registered nurse d that they did not have a cian's vaccine status. The e had been unsuccessful inter the physician was	W 5	08		