PRINTED: 06/08/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G050	B. WING			06/	07/2022
	PROVIDER OR SUPPLIER NTIAL SERVICES, INC	C. RETIREMENT CENTER		STREET ADDRESS, CITY, STATE 6310 MOUNT HERMAN CHUR DURHAM, NC 27705			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 037	CFR(s): 483.475(d) §403.748(d)(1), §46 §441.184(d)(1), §46 §483.73(d)(1), §48 §485.68(d)(1), §48 *[For RNCHIs at §4 Hospitals at §482.1 at §484.102, "Orgat OPOs at §486.360, (1) Training prograt 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 emergence 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), 8.475(d)(1), §484.102(d)(1), 5.625(d)(1), §485.727(d)(1), 60.360(d)(1), §491.12(d)(1). 103.748, 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] and on the updated policies and 418.113(d):] (1) Training. The	E 0	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 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 a lew 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. By preparedness policies and nificantly updated, the hospice and nonemployee and entation of all of the following: emergency preparedness lures to all new and existing by ing services under volunteers, consistent with their and provide emergency ing every 2 years. The art of all emergency mentation of all emergency	E 03	7		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		E SURVEY MPLETED	
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E 037	volunteers, consiste (ii) Provide emerge least every 2 years (iii) Demonstrate st procedures, includi what to do, where t case of an emerger (iv) Maintain docum (v) If the emergency procedures are sign must conduct traini procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in expolicies and procedures and procedures arrangement, and vexpected role. (ii) Provide emerge least annually. (iii) Maintain docum preparedness traini (iv) Demonstrate st procedures. *[For CORFs at §46 CORF must do all of (i) Provide initial training 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. In the infection of all training. It is preparedness policies and inficantly updated, the PACE ing on the updated policies and at §483.73(d):] (1) Training facility must do all of the emergency preparedness fures to all new and existing oviding services under volunteers, consistent with their incy preparedness training at the intention of all emergency ing. In the infinity of the following: 185.68(d):](1) Training. The of the following:	E 03	7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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E 037	(iv) Demonstrate so procedures. All ne and assigned spect the CORF's emerging their first workday, include instruction alarm systems and equipment. (v) If the emerger procedures are sigmust conduct train procedures. *[For CAHs at §48 The CAH must do (i) Initial training in policies and proce reporting and extir and where necess personnel, and guccooperation with fiauthorities, to all nindividuals providing and volunteers, coroles. (ii) Provide emerger least every 2 years (iii) Maintain docur (iv) Demonstrate sprocedures. (v) If the emerger procedures are sigmust conduct train procedures. *[For CMHCs at §48]	taff knowledge of emergency w personnel must be oriented cific responsibilities regarding gency plan within 2 weeks of The training program must in the location and use of disignals and firefighting and program program must in the location and use of disignals and firefighting and program and program and program and program and the following: The training program must in the location and use of disignals and firefighting and program and program and program and program and of the following: The training program must in the location and program and program and program and guishing of fires, protection, and program and disaster ew and existing staff, and services under arrangement, insistent with their expected ency preparedness training at	EO	37		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	7/2022
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RESIDENTIAL SERVICES, INC. RETIREMENT CENTER 6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 4 preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure direct care staff were adequately trained on the facility's emergency prepardness (EP) plan. The finding is: Review on 6/6/22 of the facility's EP manual (2020) did not include any information regarding training of staff. During an interview on 6/7/22, the Clinical Coordinator Registered Nurse (CCRN) confirmed there was no information included in the EP concerning training of the staff. E 039 CFR(s): 483.475(d)(2) §416.54(d)(2), §448.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §485.820(d)(2), §485.820(d)(2), §485.727(d)(2), §485.920(d)(2), §485.920, RHOs/FoHCs at §485.68, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHOs/FoHCs at §494.62]: (2) Testing. The [facility] must conduct exercises	

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E 039	(i) Participate in a community-based (A) When a commaccessible, conduce exercise every 2 years, (B) If the [facilinatural or man-mactivation of the erexempt from engacommunity-based functional exercise actual event. (ii) Conduct an addyears, opposite the functional exercise this section is conducted in the formal exercises (B) A mock disaste (C) A tabletop exercise a facilitator and incommunity-based functional exercises (B) A mock disaste (C) A tabletop exercise a facilitator and incommunity-based functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and incommunity-based functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and incommunity-based functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and incommunity-based functional exercise and a sedirected messages designed to challe (iii) Analyze the [farmaintain document exercises, and em [facility's] emergen *[For Hospices at 4 (2) Testing for hospices at 4 (3) Testing for hospices at 4 (4) Testing for hospices at 4 (full-scale exercise that is every 2 years; or nunity-based exercise is not et a facility-based functional ears; or ty] experiences an actual de emergency that requires mergency plan, the [facility] is ging in its next required or individual, facility-based or individual, facility-based or following the onset of the ditional exercise at least every 2 expert the full-scale or expert that may include, but is following: cale exercise that is or individual, facility-based exercise that is or individual, facility-based exercise or workshop that is led by bludes a group discussion using dy-relevant emergency to for problem statements, and previse to and tation of all drills, tabletop ergency events, and revise the cy plan, as needed.	E 03	39		

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E 039	annually. The hosp (i) Participate in a fix community based of (A) When a community based of (A) When a community based of (A) If the hospice of man-made emerger the emergency plarengaging in its next community-based of facility-based functionset of the emerger (ii) Conduct an add opposite the year the exercise under parais conducted, that in to the following: (A) A second full-second fu	e emergency plan at least sice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or experiences a natural or experiences a natural or exercise or individual exercise or individual exercise or individual exercise following the ency event. In a full-scale or functional exercise every 2 years, are full-scale or functional exercise that is exercise that is exercise that is exercise or workshop that is led by exercise o	EO	39		

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E 039	man-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-s community-based dexercise; or (B) A mock disaste (C) A tabletop exert facilitator that include narrated, clinically-rand a set of problem messages, or preparchallenge an emerge (iii) Analyze the homaintain document exercises, and emergency and exercises, and emergency are the following: (E) Testing. The [Product exercises the following: (i) Participate in an is community-based (A) When a community-based (A) When a community-based function (B) If the [PRTF, Hotelean Community-	onal exercise; or experiences a natural or ency that requires activation of a the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. Sitional annual exercise that exercise that is or a facility based functional exercise that is or a facility based functional er drill; or exercise or workshop led by a des a group discussion using a relevant emergency scenario, an statements, directed exercise that exercise that exercise or workshop led by a desa group discussion using a relevant emergency scenario, and statements, directed exercise to and exercise and revise to exercise the exercise that exercise exercise the exercise the exercise that exercise the exercise that exercise exercise is not the exercise is not	E 039			

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E 039	requires activation of [facility] is exempt of the required full-scale of facility-based functionset of the emergency (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator and discussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenari statements of the maintain document exercises, and emergency scenari statements. (iii) Analyze the maintain document exercises to test the annually. The PACE of conduction of the pace of the pa	of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency effacility's] response to and ation of all drills, tabletop ergency events and revise the exp plan, as needed. 2.84(d):] CE organization must conduct the emergency plan at least organization must do the annual full-scale exercise that d; or unity-based exercise is not that an annual individual,	EO	39		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	exercise following to event. (ii) Conduct anyears opposite the exercise under parais conducted that me the following: (A) A second full-scommunity-based of functional exercise; (B) A mock disasted (C) A tabletop exerta facilitator and inclusing a narrated, clusing a narrated, clusin	facility-based functional he onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited to cale exercise that is or individual, a facility based or er drill; or roise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. CE's response to and ation of all drills, tabletop ergency events and revise the plan, as needed. at §483.73(d):] If must conduct exercises to plan at least twice per year, need staff drills using the ures. The [LTC facility, erfollowing: annual full-scale exercise that drills, or unity-based exercise is not tan annual individual,	EO	39		

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E 039	required a full-scale individual, facility-ba following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exer a facilitator includes narrated, clinically-rand a set of probler messages, or prepachallenge an emerginal maintain docur exercises, and emerginal maintain docur exercises, and emerginal facility facility *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must d (i) Participate in an is community-based (A) When a community-based functional exercise emergency event. (ii) Conduct an additional conduct and condu	e community-based or ased functional exercise of the emergency event. Ilitional annual exercise that not limited to the following: cale exercise that is or an individual, facility based or er drill; or recise or workshop that is led by a group discussion, using a relevant emergency scenario, or statements, directed ared questions designed to gency plan. To facility facility's response to mentation of all drills, tabletop ergency events, and revise the response to energency plan, as needed. 83.475(d)]: F/IID must conduct exercises acy plan at least twice per year. To the following: annual full-scale exercise that di; or unity-based exercise is not an annual individual, onal exercise; or. Experiences an actual natural or not that requires activation of an, the ICF/IID is exempt from	ΕO	039		

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E 039	(A) A second full-so community-based of functional exercise; (B) A mock disaster (C) A tabletop exerce a facilitator and inclusing a narrated, clescenario, and a set directed messages designed to challent (iii) Analyze the ICF maintain document exercises, and emerical exercise in a from the emergency exercise emergency exercise emergency event. (B) If the HHA or man-made emerical exercise emergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, that limited to the follow	ale exercise that is or an individual, facility-based or drill; or cise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions ge an emergency plan. //IID's response to and ation of all drills, tabletop ergency events, and revise the y plan, as needed. 102] HHA must conduct exercises cy plan at HHA must do the following: ull-scale exercise that is or mmunity-based exercise is not an annual individual, onal exercise every 2 years; experiences an actual natural gency that requires activation lan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the ditional exercise every 2 years, are full-scale or functional egraph (d)(2)(i) of this section t may include, but is not	EO	39		

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E 039	functional exercise (B) A mock dis (C) A tabletop led by a facilitator a discussion, using a emergency scenar statements, directe questions designed plan. (iii) Analyze the HH documentation of a emergency events emergency plan, a *[For OPOs at §48 (d)(2) Testing. The to test the emerger following: (i) Conduct a pape workshop at least a led by a facilitator a discussion, using a emergency scenar statements, directe questions designed plan. If the OPO ex man-made emerge the emergency pla engaging in its nex following the onset (ii) Analyze the OP documentation of a emergency events OPO's] emergency *[RNCHIs at §403	or an individual, facility-based ; or aster drill; or exercise or workshop that is and includes a group a narrated, clinically-relevant io, and a set of problem ed messages, or prepared d to challenge an emergency (A's response to and maintain all drills, tabletop exercises, and and revise the HHA's seneded. 6.360] OPO must conduct exercises new plan. The OPO must do the rebased, tabletop exercise or annually. A tabletop exercise is and includes a group a narrated, clinically relevant io, and a set of problem ed messages, or prepared d to challenge an emergency experiences an actual natural or ency that requires activation of an, the OPO is exempt from at required testing exercise of the emergency event. O's response to and maintain all tabletop exercises, and and revise the [RNHCI's and a plan, as needed.	EO	39			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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E 039	Continued From page 13 exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure facility/community-based or tabletop exercises to test their Emergency Preparedness (EP) plan were conducted. This potentially affected clients #1, #2, #3, #4, #5, #5, #6, #7, #8, #9, #10, #11 and #12. The finding is:		ΕO	39			
W 189	include a full-scale exercise for 2021, vin the home. During an interview Coordinator Registe the table top exerci working in the home STAFF TRAINING CFR(s): 483.430(e) The facility must prinitial and continuin employee to perforefficiently, and com	PROGRAM (1) ovide each employee with g training that enables the m his or her duties effectively,	W 1	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G050	B. WING			06/	07/2022
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL SERVICES, INC. RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
W 189	and interview, the fawere sufficiently traefficiently. This affethe home; #1, #2, # #10, #11 and #12. During evening obs 6/6/22 at 6:51pm, Sachair in the lobby one minute. Further were three clients in texting on her phonagain observed texclients in her vicinity. Review on 6/7/22 of Engagement dated Professional Focus focus on their jobs. devices for personate a job focus. Please call only in emerger conversations brief. Review on 6/7/22 of Orientation and Traindicated, "Persnal personal electronic phones should not directly supporting phones disrupts the the location distract focus from the residence of the sufficience of the sufficience of the sufficient of the suf	dicions, documentation review acility failed to ensure all staff ined to perform their duties ected all the clients residing in 13, #4, #5, #5, #6, #7, #8, #9, The finding is: Derivations in the home on Staff A was observed sitting in testing on her cell phone for er observations revealed there in the vicinity while Staff A was e. At 7:40pm, Staff A was ting her phone while they were y. If the facility's Professional 2/7/22 stated, "7. While at work, staff must Use of personal electronic all communication is a barrier ase maintain a professional for yourself and your eask your friends and family to not, and make these ." If the facility's On-Site ining-Unit 1 revised 10/18 cell phone usage and other devices: Personal cell be used for personal use while individualsThe use of cell etherapeutic atmosphere in ting others and removing your	W 1	89			

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W 189	Employee On-Site of Schedule Checklist cellphones usage. During an interview supervisor (HS) state to staff should be puring an interview Coordinator Register.	Orientation and Training which included personal on 6/7/22, the home ted all cell phones belonging ut away while they are on duty. on 6/7/22, the Clnical ered Nurse (CCRN) confirmed on their personal cell phones	W 1	89			