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

PRINTED: 04/22/2022 FORM APPROVED

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	B) DATE SURVEY COMPLETED R-C	
	34G103	B. WING		04/22/2022
NAME OF PROVIDER OR SUPPLIER MY PLACE		10	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301	
PREFIX (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 BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLETION DATE
{W 000} INITIAL COMMENT	TS	{W 000}		
previous deficiencies deficiencies have noncompliance was		W 104		
The governing body budget, and operation of this STANDARD is Based on observations governing body failed sprinkler system was finding is: During observations the surveyor entered was a notice on the "NOTICE Building Under the Section of Cocupants Per ord defined in Section of Code, this building FIRE WATCH (unless because one or more features are not open to the surveyor entered was a not working the fire Marshall can sprinkler system and is was not working. Company came out sprinkler system so	must exercise general policy, ng direction over the facility. It is not met as evidenced by: ions and interviews, the led to ensure the homes' as in working order. The les in the home on 4/22/22 when determined the home at 9:17am, there is front door which stated, under Fire Watch Notice to all ler of the Fire Marshall, as 1001.7 of the 2018 NC Fire is under mandatory 24-HOUR less otherwise approved) re of the required life safety		W104 – By June 21, 2022, My Place Group Home will be in compliance with Fire Code by repairing the existing sprinkler system at the home. Sophia B. Pierce & Associates Inc. has contracted with Phoenix Fire Protection to make the repairs. The residential staff will continue the documentation for the 24-hour fire watch until it is repaired. An annual inspection of the sprinkler system will be conducted by Phoenix Fire Protection. The group home manager will observe the sprinkler system monthly to ensure it is functioning properly and has not been tampered with.	

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.

Facility ID: 944879

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

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` '	PLE CONSTRUCTION 3	COMPLETED		
		34G103	B. WING	<u> </u>	R-C 04/22/2022	
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	V 1,22,22	
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W 104 {W 508}	out on 4/25/22 to do Additional review re the home start doin 15 minutes a staff pcheck/look at the sp. The QIDP also state continue until the sy the Fire Marshall diese	other company will be coming of their own inspection. Vealed the Fire Marshall had g documentation where every terson will go around and orinklers throughout the home. The documentation must extern is fixed and they talk to rectly.	W 104			
	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 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 all required doses of a multi-dose vaccine. (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. (2) The policies and procedures of this section			W508 – As of April 29, 2022, My Place Group Home is in 100% compliance with the company's contingency plan for vaccinated staff. The agency will update the Covid 19 policy as the CDC recommendations change. All staff will be in-serviced of the Covid-19 policy by 5/22/2022. The QP and group home manager will observe staff weekly to ensure they following the Covid-19 policy which includes a contingency plan for vaccinated and unvaccinated staff.	I-	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION 3		SURVEY PLETED
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{W 508}	(i) Staff who exclust telemedicine service and who do not have clients and other stoof this section; and (ii) Staff who provifacility that are perfect the facility setting a contact with clients paragraph (f)(1) of (3) The policies are a minimum, the fol (i) A process for enparagraph (f)(1) of staff who have penden granted, exerequirements of this whom COVID-19 with delayed, as recommended as received, at a minimum vaccine, or the first vaccination series vaccine prior to state treatment, or other its clients; (iii) A process for enadditional precaution who are not fully vaccine, or the first vaccines and succine process for enadditional precaution transmission and succine process for the documenting the Course of the co	following facility staff: sively provide telehealth or ses outside of the facility setting we any direct contact with saff specified in paragraph (f)(1) de support services for the formed exclusively outside of and who do not have any direct and other staff specified in this section. Indeprocedures must include, at lowing components: suring all staff specified in this section (except for those ding requests for, or who have mptions to the vaccination as section, or those staff for accination must be temporarily mended by the CDC, due to and considerations) have mum, a single-dose COVID-19 and 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 covID-19 vaccination status of	** {W 508			
	section; (v) A process for tr documenting the C	a paragraph (f)(1) of this acking and securely OVID-19 vaccination status of obtained any booster doses				

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NAME OF PROVIDER OR SUPPLIER MY PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301 ID PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPELL REGULATORY OR LSC IDENTIFYING INFORMATION) [W 508] Continued From page 3 as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED							
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (W 508) Continued From page 3 as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely					10	050 HOGAN STREE	T	CODE	1 041	ZZIZUZZ				
as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	CH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP				BE	(X5) COMPLETION DATE					
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; (viii) A process for ensuring that all 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: (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 (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 COVID-19, and individuals who received	as recommended by the C (vi) A process by which strexemption from the staff C requirements based on ar (vii) A process for tracking documenting information who have requested, and has granted, an exemption COVID-19 vaccination receivity. A process for ensuring documentation, which conclinical contraindications to and which supports staff rexemptions from vaccinational dated by a licensed puthe individual requesting the individual swith acute illness exempted from the facility vaccination requirements of recognized clinical contrain (ix) A process for ensuring secure documentation of the staff for whom COVID-19 of temporarily delayed, as recogniderations, including, individuals with acute illness individuals	as (v ex re (vi do what co (vi do cli an ex an the is as apen (A au co an co (B) rec vare (ix set ter C co inc		ed by who the assed for transfer execution and included in the formation of the contract of th	y the CDC; nich staff may staff COVID-I on an applic acking and selection provided, and for who in requirements on requirements on the confirms retions to COVI staff requests coination, has seed practitions to confirms retions to coving the exemple of the confirms retions to coving the exemple of the confirms of the exemple of the staff members of the staff members for staff ontraindication suring the training training the training training the training tr	19 vaccination able Federal law; ecurely d by those staff on the facility the staff ents; all ecognized D-19 vaccines is for medical is been signed her, who is not inption, and who cope of practice with, all end for further in contains: ch of the re clinically ber to receive ins for the ting practitioner in ber be D-19 is based on the ens; cking and clination status of ended by the end limited to, indary to		008}						the state of the s

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{W 508}	monoclonal antiboo	dies or convalescent plasma ment; and ans for staff who are not fully	{VV 50			
	paragraph (f)(1) of vaccinated for CON who have been gravaccination require staff for whom CON temporarily delayed CDC, due to clinical considerations; This STANDARD is Based on record refailed to implement concerning their conversion of the conv	rsuring that all staff specified in this section are fully /ID-19, except for those staff inted exemptions to the ments of this section, or those /ID-19 vaccination must be d, as recommended by the				
	revealed there were received their seco which is not 100% Additonal review re	of the facility's staffing was one staff who had not nd COVID-19 vaccination; of staff being fully vaccinated. vealed the staff received their cination shot on 7/22/21.				
	procedure on infect stated, "Contingent comply with the CD	of the facility's policy and tion control revised 2/10/22 by Plan: Vaccinated staff must be guidelines2nds shots be they have set according to the received".				
	intellectual disabilité	on 4/22/22, the qualified es professional (QIDP) aff who have not received their				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
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{W 508}	second COVID-19 vand last worked on revealed the QIDP question will be rem	ige 5 vaccination works on third shift 4/21/22. Further interview stated that the staff in noved from the schedule until I COVID-19 vaccination.	{W 50	08}			
	**						