PRINTED: 11/09/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
		34G136	B. WING			10/	18/2022
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 209 PELLHAM DR AURINBURG, NC 28352	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
E 039	CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.625(d)(2), §49 *[For ASCs at §416 "Organizations" und §485.920, RHCs/FG Facilities at §494.62 (2) Testing. The [facto test the emergen must do all of the formulation of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the factor test the facto	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 4.62(d)(2). 3.54, CORFs at §485.68, OPO, der §485.727, CMHCs at QHCs at §491.12, and ESRD 2]: cility] must conduct exercises acy plan annually. The [facility] ollowing: ull-scale exercise that is every 2 years; or unity-based exercise is not at a facility-based functional ears; or y] experiences an actual de emergency that requires hergency plan, the [facility] is jing in its next required or individual, facility-based following the onset of the itional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: eale exercise that is or individual, facility-based or redrill; or cise or workshop that is led by	EO	039			(YG) DATE
LABORATOR'	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1209 PELLHAM DR LAURINBURG, NC 28352	•	
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E 039	a facilitator and incl a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [fac maintain document exercises, and eme [facility's] emergence *[For Hospices at 4 (2) Testing for hosp patient's home. Th exercises to test the annually. The hosp (i) Participate in a facommunity based of (A) When a community based of (A) When a community based of (B) If the hospice of man-made emerge the emergency plar engaging in its next community-based of facility-based functionset of the emerge (ii) Conduct an add opposite the year th exercise under para is conducted, that in to the following: (A) A second full-sic community-based of exercise; or (B) A mock disaste (C) A tabletop exer	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] Dices that provide care in the ency plan at least provide care in the ency plan at least provide emergency plan at least provide exercise that is every 2 years; or unity based exercise is not at an individual facility based every 2 years; or experiences a natural or exercise or individual or exercise or individual onal exercise following the exercise or individual onal exercise following the ency event. Ilitional exercise every 2 years, are full-scale or functional exercise or individual onal exercise or individual onal exercise or functional exercise or functional exercise or functional exercise that is or a facility based functional	E 03	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G136	B. WING			10/·	18/2022
	PROVIDER OR SUPPLIER			120	REET ADDRESS, CITY, STATE, ZIP CODE 09 PELLHAM DR AURINBURG, NC 28352		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	a narrated, clinicall scenario, and a se directed messages designed to challer (3) Testing for hosp care directly. The exercises to test the year. The hospice (i) Participate in an is community-based (A) When a community-based facility-based funct (B) If the hospice of man-made emergency platengaging in its next based or facility-based following the onset (ii) Conduct an admay include, but is (A) A second full-scommunity-based exercise; or (B) A mock disasted (C) A tabletop exercise facilitator that inclunarrated, clinically-and a set of problemessages, or preponallenge an emer (iii) Analyze the homaintain documen exercises, and emergency and a set of problemessages, and emergency is a set of problemessages, or preponallenge an emer (iii) Analyze the homaintain documen exercises, and emergency is a set of problemessages, and emergency is a set of problemessages, or preponallenge an emergency is a set of problemessages, or preponallenge an emergency is a set of problemessages, or preponallenge an emergency is a set of problemessages, or preponallenge an emergency is a set of problemessages, or preponallenge an emergency is a set of problemessages, or preponallenges, and emergency is a set of problemessages, or preponallenges, and emergency is a set of problemessages, or preponallenges, and emergency is a set of problemessages, or preponallenges, and emergency is a set of problemessages, or preponallenges, and emergency is a set of problemessages.	y-relevant emergency t of problem statements, s, or prepared questions age an emergency plan. Dices that provide inpatient thospice must conduct the emergency plan twice per must do the following: annual full-scale exercise that d; or unity-based exercise is not totan annual individual ional exercise; or experiences a natural or ency that requires activation of and, the hospice is exempt from at required full-scale community sed functional exercise of the emergency event. ditional annual exercise that anot limited to the following: totale exercise that is for a facility based functional ter drill; or tricise or workshop led by a des a group discussion using a trelevant emergency scenario, m statements, directed ared questions designed to	E	039			

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E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The dothe following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation 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 at discussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or unity-based exercise is not annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that 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 at [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E 03	9		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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E 039	(2) Testing. The PA exercises to test the annually. The PACI following: (i) Participate in an is community-base (A) When a community-based (A) When a community-based function (B) If the PACE expressible, conduction facility-based function (B) If the PACE expressible, conduction facility-based functions are man-made emergenthe emergency plarengaging in its next based or individual, exercise following the exercise under participate is conducted that may be a c	CE organization must conduct be emergency plan at least a corganization must do the annual full-scale exercise that districts an annual individual, and exercise; or periences an actual natural or ency that requires activation of an the PACE is exempt from a required full-scale community, 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 hay include, but is not limited to cale exercise that is or individual, a facility based for er drill; or recise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. ACE's response to and cation of all drills, tabletop ergency events and revise the or plan, as needed.	EC	39			

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E 039	test the emergency including unannousemergency proced ICF/IID] must do to the procediction of the procedic	by plan at least twice per year, inced staff drills using the dures. The [LTC facility, he following: In annual full-scale exercise that ed; or nunity-based exercise is not et an annual individual, stional exercise. Ility] facility experiences an man-made emergency that in of the emergency plan, the mpt from engaging its next le community-based or based functional exercise et of the emergency event. Iditional annual exercise that is not limited to the following: scale exercise that is or an individual, facility based et; or ter drill; or ercise or workshop that is led by es a group discussion, using a relevant emergency scenario, em statements, directed pared questions designed to regency plan. LTC facility] facility's response to umentation of all drills, tabletop nergency events, and revise the cy's emergency plan, as needed. [483.475(d)]:	EO	39		

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E 039	is community-based (A) When a community-based functional emergency plar engaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-socommunity-based of functional exercise; (B) A mock disasted (C) A tabletop exerca facilitator and inclusing a narrated, clusing a narrate	d; or unity-based exercise is not that an annual individual, onal exercise; or. Experiences an actual natural or noty that requires activation of an, the ICF/IID is exempt from a required full-scale or individual, facility-based following the onset of the sitional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or ar 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. E/IID's response to and action of all drills, tabletop ergency events, and revise the explan, as needed. E-102] HHA must conduct exercises acy plan at HHA must do the following: cull-scale exercise that is	E 03	9		

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E 039	(B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under parais conducted, that limited to the follow (A) A second functional exercise; (B) A mock disa (C) A tabletop of the functional exercise; (B) A mock d	experiences an actual natural regency 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, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: all-scale exercise that is or an individual, facility-based 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. A's response to and maintain II drills, tabletop exercises, and and revise the HHA's is needed.	E 03	39		

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E 039	questions designed plan. If the OPO expanded and emergency platengaging in its new following the onset (ii) Analyze the OP documentation of a emergency events OPO's] emergency events OPO's] emergency expended and the follow (i) Conduct a paper least annually. A tax discussion led by a clinically-relevant of problem statem prepared questions emergency plan. (ii) Analyze the RN maintain documentand emergency expended and the facility failed to emergency exercise all clients in the facility failed to exercise all clients in th	d to challenge an emergency experiences an actual natural or ency that requires activation of in, 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 [RNHCl's and plan, as needed. 748]: RNHCl must conduct the emergency plan. The RNHCling: r-based, tabletop exercise at abletop exercise is a group a facilitator, using a narrated, emergency scenario, and a set ents, directed messages, or is designed to challenge an HCl's response to and tation of all tabletop exercises, ents, and revise the RNHCl's		039			

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E 039	revealed the facility facility's EP but the tabletop or full-scale year. Further intervedocumentation if eigexercise had been	ge 9 had inserviced all staff on the facility had not completed a e exercise during the past iew revealed there was no ther a full scale or tabletop completed within the past 24	E 0	39		
W 210	months. INDIVIDUAL PROC CFR(s): 483.440(c)		W 2	10		
	assessments or reasupplement the preprior to admission. This STANDARD is Based on record rethe facility failed to occupational therap	r admission, the m must perform accurate assessments as needed to diminary evaluation conducted in some not met as evidenced by: eview and interviews with staff, complete initial speech and by assessments on 2 newly and #4). The findings are:				
	program plan (IPP) #1 was admitted to					
	intellectual disabiliti revealed the facility	22 with the qualified es professional (QIDP) had just hired a speech nt #1's assessment could not				
	12/14/21 revealed h on 10/29/21. Furthe	7/22 of client #4's IPP dated ne was admitted to the facility er review of the CFA revealed apy and Speech Therapy				

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PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 210	ост ра	•	W 210				
W 249	could locate Occup assessments for cli PROGRAM IMPLE	ational Therapy or Speech ent #4. MENTATION	W 249				
	formulated a client's each client must retreatment program interventions and so and frequency to su objectives identified	s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the					
	Based on observatinterviews with staff continuous active trof needed supports consistent impleme objectives in the incomplete.	s not met as evidenced by: ions, record review and f, the facility failed to provide a reatment program consisting and services to support the intation of identified goals and dividual program plan (IPP). audit clients (#1). The finding					
	at 7:10am client #1 retrieved her toothbinto the bathroom to #1 came out of the her if she had brush Client #1 stated, "I floss them because	ons in the facility on 10/18/22 went into her bedroom, brush and toothpaste and went to brush her teeth. After client bathroom, the surveyor asked ned and flossed her teeth. Brushed my teeth, I could not a I didn't have any dental #1 asked if staff had gone into					

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W 249	do that myself." Review on 10/17/22 5/24/22 revealed shobjectives to brush verbal prompts for 2 periods and to floss prompts for 2 or less Interview on 10/18/intellectual disabilitic confirmed staff shoduring toothbrushin she completes the Additional interview	ge 11 sist her, she stated, "No, I can 2 of client #1's IPP dated he has identified formal her teeth twice daily with 90% 2 or less consecutive review s her teeth with 90% verbal ss consecutive review periods. 22 with the qualified es professional (QIDP) uld ensure client is supervised g and flossing to make certain steps in the objectives. Trevealed staff should also s dental floss in her grooming	W 24			