PRINTED: 05/02/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G116	B. WING _			05/02/2023	
	ROVIDER OR SUPPLIER	ARRBORO		STREET ADDRESS, CITY, STATE, ZIF 1003 W MAIN STREET CARRBORO, NC 27510	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIA		
E 039	CFR(s): 483.475(d)(2) §416.54(d)(2), §418.7 §460.84(d)(2), §482.1 §483.475(d)(2), §484 §485.542(d)(2), §485 §485.920(d)(2), §491 *[For ASCs at §416.5 at §485.542, OPO, "O §485.727, CMHCs at §491.12, and ESRD F (2) Testing. The [facilit to test the emergency must do all of the following of the following of the emergency acceptance of the emergency of the emerge	al (13(d)(2), §441.184(d)(2), 5(d)(2), §483.73(d)(2), 102(d)(2), §485.68(d)(2), 625(d)(2), §485.727(d)(2), 12(d)(2), §494.62(d)(2). 4, CORFs at §485.68, REHs organizations" under §485.920, RHCs/FQHCs at facilities at §494.62]: ty] must conduct exercises or plan annually. The [facility] owing: -scale exercise that is ery 2 years; or ity-based exercise is not a facility-based functional six or experiences an actual emergency that requires gency plan, the [facility] is go in its next required individual, facility-based llowing the onset of the onal exercise at least every 2 ear the full-scale or ader paragraph (d)(2)(i) of ted, that may include, but is wing: e exercise that is individual, facility-based	EC	039			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		34G116	B. WING _		,	5/02/2023
	ROVIDER OR SUPPLIER	ARRBORO		STREET ADDRESS, CITY, STATE, ZIP CO 1003 W MAIN STREET CARRBORO, NC 27510		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
E 039	a narrated, clinically- scenario, and a set of directed messages, of designed to challeng (iii) Analyze the [facil maintain documentate exercises, and emerg [facility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The exercises to test the annually. The hospic (i) Participate in a fur community based ev (A) When a commun accessible, conduct a functional exercise ev (B) If the hospice exp man-made emergency the emergency plan, engaging in its next r community-based ex facility-based function onset of the emerger (ii) Conduct an addit opposite the year the exercise under parag is conducted, that ma to the following: (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exercise	des a group discussion using relevant emergency for problem statements, or prepared questions e an emergency plan. ity's] response to and ion of all drills, tabletop gency events, and revise the plan, as needed. 3.113(d):] ces that provide care in the hospice must conduct emergency plan at least ce must do the following: Ill-scale exercise that is ery 2 years; or ity based exercise is not an individual facility based very 2 years; or eriences a natural or by that requires activation of the hospital is exempt from equired full scale ercise or individual nal exercise following the acy event. ional exercise every 2 years, if ull-scale or functional graph (d)(2)(i) of this section ay include, but is not limited alle exercise that is a facility based functional	EO	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G116	B. WING		05/02/2023		
	ROVIDER OR SUPPLIER	ARRBORO	STREET ADDRESS, CITY, STATE, ZIP (1003 W MAIN STREET CARRBORO, NC 27510		•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION		
E 039	directed messages, of designed to challeng (3) Testing for hospic care directly. The hospice of exercises to test the year. The hospice of (i) Participate in an ais community-based; (A) When a community-based function (B) If the hospice exponent of the emergency plan, engaging in its next of the emergency plan, engaging in its next of the emergency plan, engaging the onset of (ii) Conduct an addit may include, but is not (A) A second full-scate community-based or exercise; or (B) A mock disaster (C) A tabletop exercise facilitator that include narrated, clinically-reand a set of problem messages, or prepar challenge an emerger (iii) Analyze the hospinaintain documental	relevant emergency of problem statements, or prepared questions e an emergency plan. rese that provide inpatient respice must conduct remergency plan twice per roust do the following: reannual full-scale exercise that ror rity-based exercise is not rean annual individual roll exercise; or reperiences a natural or recy that requires activation of required full-scale community red functional exercise of the emergency event. ricional annual exercise that rot limited to the following: roll exercise that rot limited to the following: roll exercise that rot limited to the following: roll exercise that roll indicate the following roll indicat	E 039				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED		
		34G116	B. WING		05/02/2023	
	ROVIDER OR SUPPLIER	CARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
E 039	§482.15(d), CAHs a (2) Testing. The [PR conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a commun accessible, conduct facility-based function (B) If the [PRTF, Ho actual natural or ma requires activation of [facility] is exempt for required full-scale con facility-based function onset of the emerge (ii) Conduct an and that may include following: (A) A second full-scal community-based or functional exercise; (B) A mock (C) A tabletop eled by a facilitator an discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the maintain documenta	i.184(d), Hospitals at t §485.625(d):] TF, Hospital, CAH] must to test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that ; or nity-based exercise is not an annual individual, anal exercise; or spital, CAH] experiences an in-made emergency that if the emergency plan, the omengaging in its next annunity based or individual, anal exercise following the incy event. [additional] annual exercise or e, but is not limited to the exercise that is rindividual, a facility-based or exercise or workshop that is individual, a facility-based or exercise or workshop that is individues a group interacted, clinically-relevant e, and a set of problem I messages, or prepared to challenge an emergency [facility's] response to and attion of all drills, tabletop gency events and revise the ty plan, as needed.	E 03			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		34G116	B. WING			05/	02/2023
	ROVIDER OR SUPPLIER	ARRBORO		10	TREET ADDRESS, CITY, STATE, ZIP CODE 003 W MAIN STREET ARRBORO, NC 27510		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 039	(2) Testing. The PAC exercises to test the annually. The PACE following: (i) Participate in an ais community-based; (A) When a community accessible, conduct a facility-based function (B) If the PACE expendant made emergency plan, engaging in its next rebased or individual, factorise following the event. (ii) Conduct an ayears opposite the years opposite the years conducted that may the following: (A) A second full-sca community-based or functional exercise; of (B) A mock disaster (C) A tabletop exercial facilitator and including a narrated, clin scenario, and a set of directed messages, of designed to challenge (iii) Analyze the PAC maintain documentation.	E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ty-based exercise is not an annual individual, hal exercise; or riences an actual natural or by that requires activation of the PACE is exempt from equired full-scale community acility-based functional exercise every 2 for the full-scale or functional raph (d)(2)(i) of this section by include, but is not limited to all exercise that is individual, a facility based or drill; or see or workshop that is led by dies a group discussion, incally-relevant emergency of problem statements, or prepared questions even emergency plan. E's response to and ion of all drills, tabletop gency events and revise the lan, as needed.	E	039			
	-	ng463.73(d):] must conduct exercises to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		34G116	B. WING _	····		05/02/2023	
	ROVIDER OR SUPPLIER IN STREET FACILITY-C	ARRBORO	•	STREET ADDRESS, CITY, STATE, ZIP C 1003 W MAIN STREET CARRBORO, NC 27510	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
E 039	including unannounce emergency procedur ICF/IID] must do the (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the [LTC facility actual natural or mained requires activation on LTC facility is exemply required a full-scale individual, facility-bate following the onset of (ii) Conduct an addinary include, but is not (A) A second full-sc community-based or	colan at least twice per year, seed staff drills using the res. The [LTC facility, following: annual full-scale exercise that is or nity-based exercise is not an annual individual, and exercise. If facility experiences an in-made emergency that if the emergency plan, the out from engaging its next community-based or sed functional exercise of the emergency event. It ional annual exercise that ioot limited to the following: ale exercise that is an individual, facility based	E	039			
	a facilitator includes narrated, clinically-re and a set of problem messages, or prepaichallenge an emerge (iii) Analyze the [LTC and maintain docum exercises, and emer [LTC facility] facility's *[For ICF/IIDs at §48 (2) Testing. The ICF/Ito test the emergence The ICF/IID must do	drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, a statements, directed red questions designed to ency plan. C facility] facility's response to entation of all drills, tabletop gency events, and revise the semergency plan, as needed. 33.475(d)]: VIID must conduct exercises by plan at least twice per year.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G116	B. WING			05/	02/2023
	ROVIDER OR SUPPLIER IN STREET FACILITY-CA	ARRBORO		1	TREET ADDRESS, CITY, STATE, ZIP CODE 003 W MAIN STREET CARRBORO, NC 27510		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	accessible, conduct a facility-based function (B) If the ICF/IID expense man-made emergency the emergency plan, the emergency event. (ii) Conduct an additionary include, but is not (A) A second full-scal community-based or a functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, cliniscenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/II maintain documentatic exercises, and emerg ICF/IID's emergency exercises, and emerging ICF/IID's emergency least annually. The Histo test the emergency least annually. The History least annually the History least annually. The History least annually	ty-based exercise is not an annual individual, nal exercise; or. eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based illowing the onset of the onal annual exercise that of limited to the following: e exercise that is an individual, facility-based resultifility or see or workshop that is led by des a group discussion, ically-relevant emergency for problem statements, or prepared questions eran emergency plan. ID's response to and ion of all drills, tabletop gency events, and revise the plan, as needed. O2] HA must conduct exercises or plan at HA must do the following: e-scale exercise that is munity-based exercise is not	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510	, 33,42,2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
E 039	or man-made emergory plengaging in its next community-based or functional exercise femergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, the limited to the following (A) A second functional exercise; (B) A mock disain (C) A tabletop of functional exercise; (C) A tabletop of functional exercise; (B) A mock disain (C	experiences an actual natural gency that requires activation an, the HHA is exempt from required full-scale individual, facility based ollowing the onset of the dional exercise every 2 years, and graph (d)(2)(i) of this section at may include, but is not and include, but is not an individual, facility-based for exercise or workshop that is an individual, facility-based for exercise or workshop that is and includes a group for exercise or workshop that is and includes a group for exercise or workshop that is and includes a group for exercise or workshop that is and includes a group for exercise or workshop that is and includes a group for exercise or workshop that is and includes a group for exercise or exercises, and and revise the HHA's needed. A's response to and maintain drills, tabletop exercises, and and revise the HHA's needed. 360] DPO must conduct exercises by plan. The OPO must do the based, tabletop exercise is	E 03	39		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ARRBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
E 039	plan. If the OPO experimental plan is next refollowing the onset of (ii) Analyze the OPO' documentation of all emergency events, a OPO's] emergency p *[RNCHIs at §403.74 (d)(2) Testing. The Revercises to test the emust do the following (i) Conduct a paper-bleast annually. A table discussion led by a factinically-relevant emof problem statement prepared questions demergency plan. (ii) Analyze the RNHO maintain documentat and emergency plan, as roughly as a set of the conduct of the problem is the remaintain documentation of the problem is the problem in the problem in the problem in the problem is the problem in the problem in the problem in the problem is the problem in the problem in the problem in the problem is the problem in the problem in the problem in the problem in the problem is the problem in the pro	challenge an emergency eriences an actual natural or by that requires activation of the OPO is exempt from equired testing exercise the emergency event. It is response to and maintain eabletop exercises, and and revise the [RNHCl's and an, as needed. 18]: NHCl must conduct emergency plan. The RNHCl is ased, tabletop exercise at etop exercise is a group acilitator, using a narrated, ergency scenario, and a set is, directed messages, or esigned to challenge an including the control of all tabletop exercises, its, and revise the RNHCl's needed. In the tast every 2 by affected all clients (#1, #2, wing in the home. The facility's emergency expected for community based full reise completed during the	E 03	9		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE S COMPL	
		34G116	B. WING			05/0	2/2023
	ROVIDER OR SUPPLIER	ARRBORO		STREET ADDRESS, CITY, STATE, ZIP 1003 W MAIN STREET CARRBORO, NC 27510	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIA	I	(X5) COMPLETION DATE
E 039	(RM) and the qualifie professional (QIDP) r tabletop exercise or c emergency exercise	rith the residence manager d intellectual disabilities revealed there was not a community based full scale	E	039			
W 260	PROGRAM MONITO CFR(s): 483.440(f)(2 At least annually, the must be revised, as a process set forth in p This STANDARD is a Based on record rev facility failed to ensur plan (IPP) was revise		W	260			
W 262	his IPP meeting was no additional docume been updated since to linterview on 5/2/23 w. Services confirmed coupdated since 4/26/2 PROGRAM MONITO CFR(s): 483.440(f)(3). The committee should monitor individual profinappropriate behavior in the opinion of the colient protection and This STANDARD is a since the since the should be supposed to the since the si	vith the Director of ICF/IID lient #1's IPP has not been 2. IRING & CHANGE (i) d review, approve, and ograms designed to manage or and other programs that, committee, involve risks to rights. not met as evidenced by: iew and interview, the facility	W	262			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
		34G116	B. WING _			05/	02/2023
	ROVIDER OR SUPPLIER IN STREET FACILITY-CA	ARRBORO	•	STREET ADDRESS, CITY 1003 W MAIN STREET CARRBORO, NC 27	•	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 262	techniques for 1 of 3 reviewed and monitor committee (HRC). The	audit clients (#3) was ed by the human rights	W 2	62			
	program (BSP), which has target behaviors inappropriate verbaliz BSP revealed it incorp Prozac and Depakote program revealed a b	n was undated, revealed she of physical aggression and ations. Further review of this porates the use Clozapine, and Additional review of this ack page that was blank in a representative of the					
W 263	disabilities profession	not be located. RING & CHANGE	W 2	63			
	are conducted only w consent of the client, minor) or legal guardi This STANDARD is r Based on record revi failed to ensure restrictonducted with the w	d insure that these programs ith the written informed parents (if the client is a an. not met as evidenced by: ew and interview, the facility cive programs were only ritten informed consent of a affected 1 of 3 audit clients					
	program (BSP), which has target behaviors inappropriate verbaliz	lient #3's behavior support n was undated, revealed she of physical aggression and ations. Further review of this ogram incorporates the use					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER IN STREET FACILITY-CA	ARRBORO	·	STREET ADDRESS, CITY, STATE, ZIP C 1003 W MAIN STREET CARRBORO, NC 27510			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 263	Clozapine, Prozac an review of this program page that was blank vilegal Co-guardians. Review on 5/1/23 of coshe has been adjudice assigned co-guardian been designated as his litterview on 5/2/23 with disabilities profession of ICF/IID Services co	d Depakote. Additional n revealed a back signature with no signature from her slient #3's record revealed ated incompetent and is of the Person which have	W	263			