PRINTED: 06/26/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G051	B. WING			06/	21/2023
	ROVIDER OR SUPPLIER PRINGS ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 309 LAURA SPRINGS DR SALISBURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 036	CFR(s): 483.475(d)  §403.748(d), §416.54 §441.184(d), §460.84 §483.475(d), §484.10 §485.542(d), §485.62 §485.920(d), §486.36 §494.62(d).  *[For RNCHIs at §403 Hospice at §418.113, at §460.84, Hospitals §484.102, CORFs at CAHs at §486.625, "C 485.727, CMHCs at §486.360, and RHC/F Training and testing and maintain an emetraining and testing premergency plan set for section, risk assessmenthis section, policies at (b) of this section, and paragraph (c) of this stesting program must least every 2 years.  *[For LTC facilities at and testing. The LTC maintain an emergen and testing program temergency plan set for section, risk assessmenthis section, policies at and testing program temergency plan set for section, risk assessmenthis section, policies at (b) of this section, policies at (b) of this section, and paragraph (c) of this section (c) of this section, and paragraph (c) of this	(d), §418.113(d), (d), §482.15(d), §483.73(d), 2(d), §485.68(d), 5(d), §485.727(d), 0(d), §491.12(d),  8.748, ASCs at §416.54, PRTFs at §441.184, PACE at §482.15, HHAs at §485.68, REHs at §485.542, Drganizations" under 6485.920, OPOs at 6HQs at §491.12:] (d) The [facility] must develop regency preparedness regram that is based on the borth in paragraph (a) of this ent at paragraph (a) of this ent at paragraph (a)(1) of and procedures at paragraph defined the communication plan at section. The training and be reviewed and updated at  §483.73(d):] (d) Training facility must develop and cy preparedness training	E	036	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 036	testing. The ICF/IID an emergency prepared program that is base forth in paragraph (a assessment at paragraphicies and procedus section, and the comparagraphic) of this testing program must least every 2 years. Trequirements for evangles and orientation orientation program emergency plan set section, risk assessment as section, and orientation program emergency plan set section, risk assessment is section, and orientation program emergency plan set section, risk assessment is section, and orientation program emergency plan set section, and orientation program this section, and orientation program is and orientation program that is section, and orientation program that is section, and orientation program is and orientation program that is section, and orientation program is section, and orientation p	3.475(d):] Training and must develop and maintain redness training and testing d on the emergency plan set ) of this section, risk graph (a)(1) of this section, res at paragraph (b) of this imunication plan at section. The training and to be reviewed and updated at The ICF/IID must meet the cuation drills and training at set §494.62(d):] Training, on. The dialysis facility must an emergency g, testing and patient that is based on the forth in paragraph (a) of this ment at paragraph (b) of and procedures at paragraph (c) of this ment at paragraph (d)	E	036			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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E 036	in-service training in the in-service was no Continued interview withat evidence of facili exercises could not be EP Testing Requirem CFR(s): 483.475(d)(2) §416.54(d)(2), §481. §460.84(d)(2), §482. §483.475(d)(2), §485.542(d)(2), §485.542(d)(2), §491 *[For ASCs at §416.5 at §485.542, OPO, "G§485.727, CMHCs at §491.12, and ESRD II to test the emergency must do all of the following the community-based even (A) When a community community exercise every 2 year (B) If the [facility natural or man-made	staff were provided an 3/2023 however evidence of t available during the survey. With the QIDP also revealed ty mock drills and tabletop e located during the survey. ents  2)  113(d)(2), §441.184(d)(2), 15(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 Drganizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]:  ity] must conduct exercises y plan annually. The [facility] owing:  -scale exercise that is ery 2 years; or ity-based exercise is not a facility-based functional rs; or experiences an actual emergency that requires		036	DEFICIENCY)		
	exempt from engagin community-based or functional exercise fo actual event.	individual, facility-based llowing the onset of the onal exercise at least every 2					

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E 039	this section is conduct not limited to the follo (A) A second full-scal community-based or functional exercise; o (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-scenario, and a set of directed messages, of designed to challenge (iii) Analyze the [facility maintain documentative exercises, and emerging [facility's] emergency  *[For Hospices at 418 (2) Testing for hospic patient's home. The exercises to test the exanually. The hospic (i) Participate in a full community based ever (A) When a community community based ever (B) If the hospice expirational exercise e	ander paragraph (d)(2)(i) of ted, that may include, but is wing: e exercise that is individual, facility-based or rill; or the er workshop that is led by the a group discussion using relevant emergency of problem statements, or prepared questions or an emergency plan. The term of all drills, tabletop tency events, and revise the plan, as needed.  3.113(d):] The state provide care in the plan, as needed.  3.113(d):] The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.  3.113(d): The state provide care in the plan, as needed.	E	0039			

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E 039	to the following:  (A) A second full-scal community-based or exercise; or  (B) A mock disaster of (C) A tabletop exercial facilitator and include a narrated, clinically-scenario, and a set of directed messages, of designed to challenge (3) Testing for hospical care directly. The homeocease of the exercises to test the expear. The hospice of (i) Participate in an assist community-based; (A) When a community-based; (A) When a community-based function (B) If the hospice exporting man-made emergency plan, engaging in its next rebased or facility-based following the onset of (ii) Conduct an additional may include, but is not (A) A second full-scal community-based or exercise; or (B) A mock disaster of (C) A tabletop exercificacilitator that include	le exercise that is a facility based functional drill; or se or workshop that is led by des a group discussion using relevant emergency for problem statements, or prepared questions an emergency plan.  The set that provide inpatient spice must conduct emergency plan twice per ust do the following: nnual full-scale exercise that or ty-based exercise is not an annual individual nal exercise; or eriences a natural or ty that requires activation of the hospice is exempt from equired full-scale community d functional exercise that ot limited to the following: le exercise that is a facility based functional drill; or se or workshop led by a s a group discussion using a evant emergency scenario,	E	039			

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E 039	challenge an emerge (iii) Analyze the hos maintain documenta	red questions designed to ency plan. pice's response to and tion of all drills, tabletop gency events and revise the	E 03	39	
	§482.15(d), CAHs at (2) Testing. The [PR conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the [PRTF, Hoactual natural or mained in the properties of the emergency of the emerge	TF, Hospital, CAH] must be test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that gor nity-based exercise is not an annual individual, anal exercise; or spital, CAH] experiences an an-made emergency that for the emergency plan, the form engaging in its next formunity based or individual, anal exercise following the ency event. [additional] annual exercise or e, but is not limited to the lale exercise that is individual, a facility-based for disaster drill; or exercise or workshop that is			

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E 039	plan.  (iii) Analyze the maintain documental exercises, and emer [facility's] emergency  *[For PACE at §460.  (2) Testing. The PACE exercises to test the annually. The PACE following:  (i) Participate in an alis community-based;  (A) When a community-based;  (A) When a community-based function  (B) If the PACE experman-made emergency plan, engaging in its next the based or individual, the exercise following the event.  (ii) Conduct an alie years opposite the years opposite the years opposite that mathe following:  (A) A second full-scalar community-based or functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, clir scenario, and a set of	[facility's] response to and tion of all drills, tabletop gency events and revise the plan, as needed.  84(d):] E organization must conduct emergency plan at least organization must do the ennual full-scale exercise that or ity-based exercise is not an annual individual, nal exercise; or energences an actual natural or cy that requires activation of the PACE is exempt from required full-scale community facility-based functional eronset of the emergency additional exercise every 2 fear the full-scale or functional graph (d)(2)(i) of this section by include, but is not limited to reliable or functional, a facility based for	EO	39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
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E 039	(iii) Analyze the PAC maintain documentate exercises, and emerge PACE's emergency particles at (2) The [LTC facility] test the emergency pincluding unannounce emergency procedure [CF/IID] must do the (i) Participate in an ais community-based; (A) When a community accessible, conduct a facility-based function (B) If the [LTC facility actual natural or man requires activation of LTC facility is exemply required a full-scale of individual, facility-based following the onset of (ii) Conduct an addit may include, but is not (A) A second full-scale community-based or functional exercise; (B) A mock disaster (C) A tabletop exercial facilitator includes a narrated, clinically-reand a set of problem messages, or prepare challenge an emerge (iii) Analyze the [LTC)	e an emergency plan. E's response to and ion of all drills, tabletop gency events and revise the plan, as needed.  It §483.73(d):] must conduct exercises to plan at least twice per year, ed staff drills using the less. The [LTC facility, following: lennual full-scale exercise that or lity-based exercise is not len annual individual, lend exercise.  I facility experiences an exercise an exercise that the emergency plan, the let from engaging its next exercise functional exercise for the emergency event. It is exercise that lend annual exercise that let limited to the following: let exercise that is an individual, facility based or drill; or less or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed led questions designed to	E 03	9		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		_	(X3) DATE SURVEY COMPLETED	
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E 039	*[For ICF/IIDs at §483 (2) Testing. The ICF/IID to test the emergency The ICF/IID must do (i) Participate in an aris community-based; (A) When a community-based function (B) If the ICF/IID experimental exercise for emergency plan, the emergency plan, the emergency plan, the emergency plan, the emergency event. (ii) Conduct an additional exercise for emergency event. (ii) Conduct an additional include, but is not (A) A second full-scal community-based or functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and include using a narrated, cliniscenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/II maintain documentatic exercises, and emerging ICF/IID's emergency	ency events, and revise the emergency plan, as needed.  3.475(d)]:  ID must conduct exercises plan at least twice per year. The following: Innual full-scale exercise that or ty-based exercise is not in annual individual, and exercise; or.  Friences an actual natural or ty that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based llowing the onset of the individual, facility-based llowing the onset of the onal annual exercise that is an individual, facility-based rill; or is exercise that is an individual, facility-based rill; or is en workshop that is led by the agroup discussion, cally-relevant emergency for problem statements, in prepared questions even emergency plan.  D's response to and on of all drills, tabletop ency events, and revise the plan, as needed.	E	39			

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E 039	(i) Participate in a full community-based; or (A) When a com accessible, conduct a facility-based function or.  (B) If the HHA e or man-made emerge of the emergency pla engaging in its next r community-based or functional exercise for emergency event.  (ii) Conduct an addition opposite the year the exercise under parage is conducted, that limited to the followin (A) A second full community-based or functional exercise; or (B) A mock disast (C) A tabletop exercise in the exercise in the exercise in the followin (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A mock dis	y plan at IHA must do the following: -scale exercise that is -scale exercise that is -munity-based exercise is not an annual individual, nal exercise every 2 years;  xperiences an actual natural ency that requires activation in, the HHA is exempt from equired full-scale individual, facility based following the onset of the conal exercise every 2 years, full-scale or functional eraph (d)(2)(i) of this section in the may include, but is not g: -scale exercise that is an individual, facility-based or ster drill; or tercise or workshop that is do includes a group arrated, clinically-relevant and a set of problem messages, or prepared to challenge an emergency its response to and maintain drills, tabletop exercises, and and revise the HHA's needed.	EO	39			
	*[For OPOs at §486.3 (d)(2) Testing. The O	360] PO must conduct exercises					

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E 039	following: (i) Conduct a paper-toworkshop at least an led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. If the OPO exportant experience the emergency plan, engaging in its next of following the onset of (ii) Analyze the OPO documentation of all emergency events, a OPO's] emergency point (iii) Analyze the GPO'documentation of all emergency events, a OPO's] emergency point (ii) Conduct a paper-toword discussion led by a factinically-relevant emof problem statement prepared questions of emergency plan. (ii) Analyze the RNHomaintain documentation and emergency events emergency plan, as in This STANDARD is Based on document facility failed to ensuring or tabletop exercises	y plan. The OPO must do the pased, tabletop exercise or nually. A tabletop exercise is d includes a group parrated, clinically relevant and a set of problem parrated, clinically relevant and a set of problem passages, or prepared on challenge an emergency periences an actual natural or copy that requires activation of the OPO is exempt from particle testing exercise of the emergency event. The emergency event of the emergency event of the emergency event. The emergency event of the emergency event of the emergency event of the emergency exercises, and of the emergency plan. The RNHCI problem of the emergency plan. The RNHCI problem of the emergency scenario, and a set the engency scenario and a set the engency s	E 03			

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E 039	Continued From pag finding is:		E	039		
W 369	reveal evidence of condocumentation pertanduring regular or monocontinued review revindicate any testing of community-based or conducted within the Interview with the profeze of continued interview with the in-service training in the in-service was not continued interview that evidence of facil exercises could not be DRUG ADMINISTRACER(s): 483.460(k)(2). The system for drug that all drugs, including self-administered, and This STANDARD is Based on observation interview, the facility were administered with the profession of the p	vealed no documentation to or a full-scale, tabletop exercise was last two years.  ogram manager (PM) on t staff were provided an 3/2023 however evidence of ot available during the survey. with the QIDP also revealed ity mock drills and tabletop be located during the survey.  ATION 2)  administration must assure ng those that are e administered without error. not met as evidenced by: on, record review and failed to assure all drugs ithout error for 1 of 6 clients on administration. The	Wá	369		
	punch medications in Continued observation medications whole we observation revealed	on revealed client to take all rith water. Further				

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		34G051	B. WING _			06/21/2023	
NAME OF PROVIDER OR SUPPLIER  LAURA SPRINGS ROAD HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 309 LAURA SPRINGS DR SALISBURY, NC 28144			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 369	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W 3	69			