PRINTED: 02/21/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G186	B. WING _		02/	20/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	§441.184(d)(1), §483 §483.73(d)(1), §483 §485.68(d)(1), §485 §485.727(d)(1), §485 §491.12(d)(1). *[For RNCHIs at §44 Hospitals at §482.1 at §484.102, REHs under §485.727, Of RHC/FQHCs at §48 (1) Training prograthe following: (i) Initial training in epolicies and proceds staff, individuals programment, and vexpected roles. (ii) Provide emergel least every 2 years. (iii) Maintain docum preparedness traini (iv) Demonstrate st procedures. (v) If the emergency procedures are sign must conduct training procedures. *[For Hospices at § hospice must do all (i) Initial training in epolicies and procedures employees services under arrae expected roles.	In the second se	E 03	TITLE		(X6) DATE

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

(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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G186	B. WING			02/2	20/2024
	PROVIDER OR SUPPLIER			47	TREET ADDRESS, CITY, STATE, ZIP CODE 795 STANLEY ROAD URHAM, NC 27704		
(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 037	procedures. (iii) Provide emerge least every 2 years (iv) Periodically revemergency prepare employees (includispecial emphasis procedures necessothers. (v) Maintain documpreparedness train (vi) If the emergency procedures are sigmust conduct train procedures. *[For PRTFs at §44 program. The PRT (i) Initial training in policies and procedures are sigmust conduct train procedures. (ii) After initial train preparedness train (iii) Demonstrate sigmocedures. (iv) Maintain documpreparedness train (v) If the emergency procedures are sigmust conduct train procedures.	aff knowledge of emergency ency preparedness training at riew and rehearse its edness plan with hospice ng nonemployee staff), with blaced on carrying out the eary to protect patients and mentation of all emergency ing. by preparedness policies and nificantly updated, the hospice ing on the updated policies and at 1.184(d):] (1) Training F must do all of the following: emergency preparedness dures to all new and existing oviding services under volunteers, consistent with their ing, provide emergency ing every 2 years. taff knowledge of emergency mentation of all emergency ing. by preparedness policies and nificantly updated, the PRTF ing on the updated policies and	EC	037			
	organization must	0.84(d):] (1) The PACE do all of the following: emergency preparedness					

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E 037	staff, individuals proarrangement, controllers, consisted (ii) Provide emerge least every 2 years (iii) Demonstrate st procedures, including what to do, where the case of an emerge (iv) Maintain document (v) If the emergency procedures are sign must conduct training procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in a policies and procedures and procedures are sign must conduct training procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in a policies and procedures and procedures are sign must conduct training in a policies and procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in a policies and procedures are sign must do least annually. (iii) Provide emerge least annually. (iii) Maintain document preparedness train (iv) Demonstrate staff, individuals procedures. *[For CORFs at §44] CORF must do all of (i) Provide initial training staff, individuals procedures.	lures to all new and existing oviding on-site services under actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergency in informing participants of o go, and whom to contact in incy. Intentation 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 lures to all new and existing oviding services under volunteers, consistent with their incy preparedness training at inentation of all emergency ing. In aff knowledge of emergency ing. In aff knowledge of emergency in ining in emergency in ining in emergency it is and procedures to all new individuals providing services and volunteers, consistent in individuals providing services and volunteers, consistent individuals providing services and procedures to all new individuals providing services and volunteers, consistent in individuals providing services and procedures to all new individuals providing servi	E 03	37				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			479	REET ADDRESS, CITY, STATE, ZIP CODE 95 STANLEY ROAD JRHAM, NC 27704		
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E 037	least every 2 years (iii) Maintain docum (iv) Demonstrate s procedures. All new and assigned specture CORF's emerging their first workday, include instruction alarm systems and equipment. (v) If the emerger procedures are sign must conduct train procedures. *[For CAHs at §48. The CAH must do (i) Initial training in policies and procedure and where necessing personnel, and gue cooperation with finauthorities, to all mindividuals providing and volunteers, coroles. (ii) Provide emerger least every 2 years (iii) Maintain docum (iv) Demonstrate s procedures. (v) If the emerger procedures are signocedures are signocedures are signocedures are signocedures are signocedures.	ency preparedness training at inentation of the training. It taff knowledge of emergency we personnel must be oriented bific responsibilities regarding pency plan within 2 weeks of The training program must in the location and use of disignals and firefighting the preparedness policies and unificantly updated, the CORFing on the updated policies and all of the following: emergency preparedness dures, including prompt guishing of fires, protection, ary, evacuation of patients, ests, fire prevention, and refighting and disaster ew and existing staff, and services under arrangement, insistent with their expected ency preparedness training at	E	037			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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E 037	*[For CMHCs at §4 CMHC must provid preparedness polic and existing staff, it under arrangement with their expected documentation of the demonstrate staff k procedures. There emergency prepare years. This STANDARD is Based on documentation facility failed to ensure adequately trained preparedness (EP) Review on 2/19/24 (2/12/24) did not incregarding training of the comments of t	85.920(d):] (1) Training. The e initial training in emergency ies and procedures to all new adividuals providing services, and volunteers, consistent roles, and maintain the training. The CMHC must nowledge of emergency after, the CMHC must provide edness training at least every 2 as not met as evidenced by: In treview and interviews, the ure direct care staff were on the facility's emergency plan. The finding is: of the facility's EP manual clude any information	E 03	37		
W 210	Specialist (HS) con information include of the staff. INDIVIDUAL PROCCFR(s): 483.440(c) Within 30 days after interdisciplinary tea assessments or reasupplement the preprior to admission. This STANDARD is Based on record refailed to obtain Ada	firmed there were no d in the EP concerning training GRAM PLAN (3) r admission, the m must perform accurate assessments as needed to diminary evaluation conducted as not met as evidenced by: eview and interview, the facility ptive Behavior Inventory (ABI) ills for 1 of 3 audit clients (#1,	W 2 ⁻	10		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 210	, , , , , , , , , , , , , , , , , , ,		W 2	10		
	revealed he had no	24 of client #1's record t received an ABI regarding eview revealed client #1 was lity on 12/12/94.				
	revealed he had no	24 of client #5's record t received an ABI regarding eview revealed client #5 was lity on 11/26/19.				
	revealed he had no	24 of client #6's record t received an ABI regarding eview revealed client #6 was lity on 12/3/01.				
W 227	Intellectual Disabilit confirmed clients # include information drills. INDIVIDUAL PROG		W 2	27		
	objectives necessa as identified by the required by paragra This STANDARD is Based on observat reviews, the facility clients (#1) Individu included specific in	ram plan states the specific ry to meet the client's needs, comprehensive assessment uph (c)(3) of this section. It is not met as evidenced by: clions, interviews and record failed to ensure 1 of 3 audit al Program Plans (IPP's) formation addressing the ire drills. The finding is:				
	Review on 2/19/24	revealed the following:				
	On 2/11/23 the evad	cuation time was recorded as				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
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W 227	as to why it took for evacuate home dur. On 4/28/23 the eva four minutes. Ther as to why it took for evacuate home dur. On 7/13/23 the evaten minutes. There as to why it took for evacuate home dur. On 12/20/23 the evacuate home dur. On 12/20/23 the evacuate home dur. On 12/20/24 three minutes and thirty-fevacuate home dur. Review on 2/20/24 Inventory (ABI) date not proceed directly sounds. Also, there evacuate the home review revealed he manner and also the home in a time! During an interview Manager (HM) state #1 will sometimes represented the puring an interview intellectual Disability client #1 has not has home when the fire	e was no information reported or minutes for the clients to ing the fire drill. cuation time was recorded as e was no information reported or minutes for the clients to ing the fire drill. cuation time was recorded as e was no information reported or minutes for the clients to ing the fire drill. cuation time was recorded as e was no information reported or minutes for the clients to ing the fire drill. acuation time was recorded as thirty-five seconds. There was orted as to why it took three ive seconds for the clients to ing the fire drill. of client 1's Adaptive Behavior and 8/22/22 revealed he does or to a safe exit when fire alarm the is a need to client #1 to during a fire drill. Additional does not evacuate in a timely ere is a need with evacuating	W 22	27		

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 362 W 362	DRUG REGIMEN F CFR(s): 483.460(j)(A pharmacist with in team must review that least quarterly. This STANDARD is Based on record re	REVIEW	W 30			
	3 audit clients (#1, a least quarterly. The A. Review on 2/19/2 revealed no current completed over the pharmacy reviews on B. Review on 2/19/2 revealed no current completed over the pharmacy reviews on C. Review om 2/19/2	#5 an #6) were completed at a findings are: 24 of client #1's record a pharmacy reviews had been past year. No current could be located. 24 of client #5's record a pharmacy reviews had been past year. No current could be located. 24 of client #6's record a pharmacy reviews had been past year. No current could be located.				
W 447	completed over the pharmacy reviews of During an interview Intellectual Disabilit confirmed no curren located. EVACUATION DRII CFR(s): 483.470(i)(i)	on 2/20/24 the Qualified ies Professional (QIDP) nt pharmacy reviews could be LLS (2)(iii)	W 44	47		

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W 447	This STANDARD is Based on record refacility failed to impafter problems with audit clients (#1) with finding is: Review on 2/19/24	s not met as evidenced by: eview and interviews, the lement corrective measures fire drills evacuation for 1 of 3 as repeatedly identified. The revealed the following:	W 44	7			
	four minutes. Ther as to why it took for evacuate home during On 4/28/23 the evacuare four minutes. Ther	cuation time was recorded as e was no information reported ur minutes for the clients to					
	ten minutes. There	cuation time was recorded as was no information reported or minutes for the clients to ring the fire drill.					
	three minutes and no information repo	racuation time was recorded as thirty-five seconds. There was bread as to why it took three five seconds for the clients to ring the fire drill.					
	Manager (HM) stat	on 2/20/24, the Home ed there are times when client not comply during a fire drill.					
	Intellectual Disabilit confirmed there shareported as to why	on 2/20/24, the Qualified ties Professional (QIDP) ould have been information it took longer than three nts to evacuate on 2/11/23;					

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W 447	Continued From pa 4/28/23; 7/13/23 an		W	47			