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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL <sup>-</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED			
		34G059	B. WING			02	/20/2024
	ROVIDER OR SUPPLIER		•	100 B	ET ADDRESS, CITY, STATE, ZIP CODE ELMONT MOUNT HOLLY ROAD/205 WIMME MONT, NC 28012	R CIRCLE	
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	CFR(s): 483.475(d)( §416.54(d)(2), §418. §460.84(d)(2), §482. §483.475(d)(2), §482. §485.542(d)(2), §49. *[For ASCs at §416.: at §485.542, OPO, " §485.727, CMHCs at §491.12, and ESRD  (2) Testing. The [fact to test the emergency must do all of the following to the following	113(d)(2), §441.184(d)(2), 15(d)(2), §483.73(d)(2), 4.102(d)(2), §485.68(d)(2), 5.625(d)(2), §485.727(d)(2), 1.12(d)(2), §494.62(d)(2). 54, CORFs at §485.68, REHs Organizations" under t §485.920, RHCs/FQHCs at Facilities at §494.62]:  lity] must conduct exercises by plan annually. The [facility] lowing:  Il-scale exercise that is very 2 years; or nity-based exercise is not a facility-based functional ars; or v] experiences an actual exercise emergency that requires exercise required individual, facility-based collowing the onset of the ional exercise at least every 2 vear the full-scale or inder paragraph (d)(2)(i) of cted, that may include, but is owing: ale exercise that is individual, facility-based or		039			(Ve) DATE

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.

	N OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED				
		34G059	B. WING			02/20/2024		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  100 BELMONT MOUNT HOLLY ROAD/205  BELMONT, NC 28012				
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
E 039	a narrated, clinically scenario, and a set directed messages, designed to challeng (iii) Analyze the [facimaintain documenta exercises, and emer [facility's] emergenc *[For Hospices at 41 (2) Testing for hosp patient's home. The exercises to test the annually. The hospi (i) Participate in a frommunity based et (A) When a community based et (A) When a community community based et (B) If the hospice exeman-made emerger the emergency planengaging in its next community-based enfacility-based functionset of the emerge (ii) Conduct an additionset of the emerge (iii) Conduct an additi	ides a group discussion using relevant emergency of problem statements, or prepared questions ge an emergency plan. Ility's] response to and ation of all drills, tabletop gency events, and revise the gy plan, as needed.  [8.113(d):] ices that provide care in the enospice must conduct emergency plan at least ice must do the following: all-scale exercise that is very 2 years; or nity based exercise is not an individual facility based exercise a natural or exercise or individual or exercise or individual sexercise or individual sexercise or individual exercise or individual exercise or individual exercise or individual exercise following the ency event. It it is a facility based functional exercise that is rafacility based functional	E 03	39				

	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER		•	1	TREET ADDRESS, CITY, STATE, ZIP CODE 00 BELMONT MOUNT HOLLY ROAD/205 WIMMER BELMONT, NC 28012		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	care directly. The ho exercises to test the exercise in an axis 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 response or facility-based or facility-based following the onset of (ii) Conduct an additionary include, but is not (A) A second full-scat community-based or exercise; or  (B) A mock disaster of (C) A tabletop exercifacilitator that include narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the hospimaintain documentation.	relevant emergency f problem statements, r prepared questions e an emergency plan.  es 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 hal exercise; or eriences a natural or by that requires activation of the hospice is exempt from equired full-scale community d functional exercise the emergency event. onal annual 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, statements, directed ed questions designed to ncy plan. sice's response to and on of all drills, tabletop lency events and revise the	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCT A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G059	B. WING	·····	0	2/20/2024
	ROVIDER OR SUPPLIER  GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  100 BELMONT MOUNT HOLLY ROAD/205 W BELMONT, NC 28012	/IMMER CIRCL	E
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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
E 039	§482.15(d), CAHs at (2) Testing. The [PR conduct exercises to twice per year. The do the following: (i) Participate in an a is community-based; (A) When a communaccessible, conduct facility-based functio (B) If the [PRTF, Hosactual natural or marrequires activation of [facility] is exempt for required full-scale cofacility-based functionset of the emerger (ii) Conduct an and that may include following: (A) A second full-scale community-based or functional exercise; (B) A mock (C) A tabletop eled by a facilitator and discussion, using a remergency scenario statements, directed questions designed in [iii) Analyze the maintain documenta	.184(d), Hospitals at a §485.625(d):] TF, Hospital, CAH] must be test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that gornity-based exercise is not an annual individual, anal exercise; or spital, CAH] experiences an an-made emergency that a fithe emergency plan, the form engaging in its next formunity based or individual, anal exercise following the exercise following the ency event. [additional] annual exercise or expected by the exercise that is a individual, a facility-based for disaster drill; or exercise or workshop that is and includes a group exercise or workshop that is and includes a group exercise or problem messages, or prepared to challenge an emergency [facility's] response to and tion of all drills, tabletop gency events and revise the gold plan, as needed.	E 03	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 100 BELMONT MOUNT HOLLY ROAD BELMONT, NC 28012	DDE		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
E 039	exercises to test the annually. The PACE following:  (i) Participate in an a is community-based;  (A) When a commun accessible, conduct facility-based functio  (B) If the PACE experman-made emergenthe emergency plan, engaging in its next based or individual, flexercise following the event.  (ii) Conduct an a years opposite the years opposite the years opposite the years conducted that mathe following:  (A) A second full-sc 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 directed messages, designed to challeng  (iii) Analyze the PAC maintain documentar	E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ity-based exercise is not an annual individual, nal exercise; or effected an actual natural or cy that requires activation of the PACE is exempt from required full-scale community facility-based functional e onset 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 all exercise that is individual, a facility based for drill; or ise or workshop that is led by des a group discussion, incally-relevant emergency of problem statements, for prepared questions e an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed.	E 03	9			
	_	must conduct exercises to					

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	ROVIDER OR SUPPLIER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  100 BELMONT MOUNT HOLLY ROAD/205 V  BELMONT, NC 28012	
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E 039	including unannounce mergency procedur ICF/IID] must do the (i) Participate in an a is community-based; (A) When a commun accessible, conduct a facility-based function (B) If the [LTC facility actual natural or mar requires activation of LTC facility is exemp 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 of functional exercise; (C) A tabletop exercise a facilitator includes a facilitator includes an arrated, clinically-reand a set of problem messages, or prepar challenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerge [LTC facility] facility's *[For ICF/IIDs at §48 (2) Testing. The ICF/to test the emergence The ICF/IID must do	plan at least twice per year, ed staff drills using the es. The [LTC facility, following: annual full-scale exercise that or ity-based exercise is not an annual individual, nal exercise.  I] facility experiences an annual emergency that if the emergency plan, the trom engaging its next community-based or sed functional exercise if the emergency event. ional annual exercise that ot limited to the following: ale exercise that is an individual, facility based or drill; or ise or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed ed questions designed to ency plan.  C facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed.  3.475(d)]:  IID must conduct exercises y plan at least twice per year.	EO	39	

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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E 039	accessible, conduct a facility-based function (B) If the ICF/IID expersion man-made emergency the emergency plan, engaging in its next recommunity-based or functional exercise for emergency event.  (ii) Conduct an additionary include, but is not (A) A second full-scal community-based or functional exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, cliniscenario, and a set of directed messages, or designed to challenge (iii) Analyze the ICF/III maintain documentati exercises, and emerging ICF/IID's emergency  *[For HHAs at §484.1 (d)(2) Testing. The Hitto test the emergency least annually. The Hitto test the emergency least annually least	ty-based exercise is not an annual individual, all 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 or rill; or see or workshop that is led by des a group discussion, cally-relevant emergency for problem statements, or prepared questions e an emergency plan. (ID's response to and on of all drills, tabletop plan, as needed.  102]  HA must conduct exercises or plan at HA must do the following: e-scale exercise is not individual; actually-based exercise is not individual.	E	039			

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E 039	or man-made emerg of the emergency platengaging in its next is community-based or functional exercise for emergency event.  (ii) Conduct an addition opposite the year the exercise under paragis conducted, that limited to the followin (A) A second full community-based or functional exercise; (B) A mock disa (C) A tabletop eled by a facilitator and discussion, using a remergency scenario statements, directed questions designed to plan.  (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as  *[For OPOs at §486. (d)(2) Testing. The Otto test the emergency following: (i) Conduct a paper-laworkshop at least and led by a facilitator and discussion, using a remergency scenario	experiences an actual natural ency that requires activation in, the HHA is exempt from required full-scale individual, facility based following the onset of the ency 2 years, a full-scale or functional graph (d)(2)(i) of this section at may include, but is not ency exercise exercise that is an individual, facility-based for exercise or workshop that is dincludes a group enarrated, clinically-relevant exercise or workshop that is dincludes a group enarrated, clinically-relevant exercise or exercise or maintain drills, tabletop exercises, and end revise the HHA's eneeded.  360]  360]  360]  360]  370 must conduct exercises or nually. A tabletop exercise or nually. A tabletop exercise is	E 03	9		

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 BELMONT MOUNT HOLLY ROAD/20 BELMONT, NC 28012	•	
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E 039	plan. If the OPO expman-made emerger the emergency plan engaging in its next following the onset of (ii) Analyze the OPO documentation of all emergency events, OPO's] emergency events, OPO's] emergency *[RNCHIs at §403.7 (d)(2) Testing. The Fexercises to test the must do the followin (i) Conduct a paperleast annually. A tab discussion led by a clinically-relevant errof problem statemer prepared questions emergency plan.  (ii) Analyze the RNI-maintain documenta and emergency evenergency plan, as This STANDARD is Based on record refailed to conduct bie emergency prepared is:  Review on 2/19/24 on evidence of a full facility-based trainin scale-community or mock drill, or a table	to challenge an emergency periences an actual natural or act that requires activation of the OPO is exempt from required testing exercise of the emergency event. O's response to and maintain tabletop exercises, and and revise the [RNHCl's and colan, as needed.  748]: RNHCl must conduct emergency plan. The RNHCl g: based, tabletop exercise at eletop exercise is a group facilitator, using a narrated, energency scenario, and a set atts, directed messages, or designed to challenge an electron of all tabletop exercises, ents, and revise the RNHCl's needed.  not met as evidenced by: view and interview, the facility ential testing of the facility's dness plan (EPP). The finding of the facility's EPP revealed escale community or g, a second full facility-based training or	E 039			

		A. BUILDI	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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OUP HOME			10	00 BELMONT MOUNT HOLLY ROAD/205 WIMMER	CIRCLE		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	I		,		(X5) COMPLETION DATE	
abilities profession cility has not condulated facility-based training ale-community or facility or a tableto crylew with the QIE ock drill or table top and during the surveus SUG STORAGE AN	al (QIDP) confirmed the cted a full-scale community ng, a second full acility-based training or op exercise. Continued DP revealed the previous exercises could not be ey.  ID RECORDKEEPING						
CFR(s): 483.460(I)(2)  The facility must keep all drugs and biologicals locked except when being prepared for administration.  This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for medication administration for 3 of 6 clients (#2, #3, and #5). The finding is:							
m 2/19/24-2/20/24 c clients' rooms and servations revealed am to sit on the nighter rther observations	revealed various topicals in displayments. Continued displayments a prescribed Balmax ght stand in client #5's room. The revealed the Balmax cream						
prescribed Balmax tht stand throughout bsequent observat ntainer of Balmax of the client #2's ro	cream to sit on client #3's ut the survey.  ions revealed a prescribed cream to sit on the night om. Continued						
The single of the state of the	SUMMARY STA (EACH DEFICIENCY REGULATORY OR INTERESULATORY OR INTER	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 9 abilities professional (QIDP) confirmed the ility has not conducted a full-scale community facility-based training, a second full ale-community or facility-based training or ck drill, or a tabletop exercise. Continued erview with the QIDP revealed the previous ck drill or table top exercises could not be and during the survey.  PUG STORAGE AND RECORDKEEPING R(s): 483.460(I)(2)  The facility must keep all drugs and biologicals ked except when being prepared for ministration.  The STANDARD is not met as evidenced by: ased on observation and interviews, the facility ed to assure all medications and biologicals mained locked except when being prepared for dication administration for 3 of 6 clients (#2, and #5). The finding is:  The finding is:  SERVATIONS AND	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 9  abilities professional (QIDP) confirmed the ility has not conducted a full-scale community facility-based training, a second full ale-community or facility-based training or ck drill, or a tabletop exercise. Continued erview with the QIDP revealed the previous ck drill or table top exercises could not be nd during the survey.  FUG STORAGE AND RECORDKEEPING R(s): 483.460(I)(2)  In a facility must keep all drugs and biologicals ked except when being prepared for ministration.  In a strain of the survey of the facility ed to assure all medications and biologicals nained locked except when being prepared for dication administration for 3 of 6 clients (#2, and #5). The finding is:  ID PREFI TAGE  ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 9  abilities professional (QIDP) confirmed the lility has not conducted a full-scale community facility-based training, a second full sele-community or facility-based training or ck drill, or a tabletop exercise. Continued erview with the QIDP revealed the previous ck drill or table top exercises could not be not during the survey.  L'IG STORAGE AND RECORDKEEPING R(s): 483.460(I)(2)  e facility must keep all drugs and biologicals ked except when being prepared for ministration.  s STANDARD is not met as evidenced by: used on observation and interviews, the facility ed to assure all medications and biologicals nained locked except when being prepared for dication administration for 3 of 6 clients (#2, and #5). The finding is:  servations throughout the recertification survey ms 2/19/24-2/20/24 revealed various topicals in clients' rooms and bathrooms. Continued servations revealed a prescribed Balmax am to sit on the night stand in client #5's room. The observations revealed the Balmax cream nave client #3's name on the prescription label client #5's room.  ditional observations revealed two containers orescribed Balmax cream to sit on client #3's ht stand throughout the survey.  besequent observations revealed a prescribed trainer of Balmax cream to sit on the night not in client #2's room. Continued	STREET ADDRESS, CITY, STATE, ZIP CODE  100 BELMONT MOUNT HOLLY ROAD/205 WIMMER BELMONT NOC 28012  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 9  abilities professional (QIDP) confirmed the lifty has not conducted a full-scale community facility-based training or ck drill, or a tabletop exercise. Continued serview with the QIDP revealed the previous ck drill or table top exercises could not be not during the survey.  100 STORAGE AND RECORDKEEPING R(s): 483.460(I)(2)  are facility must keep all drugs and biologicals keed except when being prepared for ministration.  as STANDARD is not met as evidenced by: used on observation and interviews, the facility ed to assure all medications and biologicals nained locked except when being prepared for dication administration for 3 of 6 clients (#2, and #5). The finding is:  servations throughout the recertification survey m 2/19/24-2/20/24 revealed various topicals in clients' rooms and bathrooms. Continued servations revealed a prescribed Balmax am to sit on the night stand in client #5's room.  Ther observations revealed the Balmax cream have client #3's name on the prescription label client #5's room.  ditional observations revealed a prescribed name cream to sit on client #3's hit stand throughout the survey.  Desequent observations revealed a prescribed name to sit on the night not client #2's room. Continued	DEPORT SUPPLIER  OUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  100 BELMONT MOLUY HOLLY ROAD/205 WIMMER CIRCLE  BELMONT, NC 28012  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 9  abilities professional (QIDP) confirmed the lifty has not conducted a full-scale community reachilly-based training or cot drill, or a tabletop exercise. Continued enview with the QIDP revealed the previous ck drill or table top exercises. Continued enview with the QIDP revealed the previous ck drill or table top exercises could not be not during the survey.  Find STORAGE AND RECORDKEEPING  R(s): 483.460(I)(2)  Fedicity must keep all drugs and biologicals keed except when being prepared for ministration.  STANDARD is not met as evidenced by: seed on observation and interviews, the facility ed to assure all medications and biologicals nained locked except when being prepared for dication administration for 3 of 6 clients (#2, and #5). The finding is:  SERVALORS SERVERS SERVER	

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W 382	crossed out with black not be identified on the observations revealed Balmax cream and Eduathroom during the substructions revealed bathroom with prescrictient #2.  Interview with the direct 2/20/24 revealed staff prescribed topicals lobeing administered. ODN revealed all topicals on the crosses of the cr	k ink and the name could be label. Further d a container of prescribed ucerin lotion to sit in the survey. Additional	W	382			