PRINTED: 03/08/2024 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	
		34G037	B. WING			03/	05/2024
	PROVIDER OR SUPPLIER			142 N	ET ADDRESS, CITY, STATE, ZIP CODE IALLARD LANE KINGHAM, NC 28379	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	K	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	§460.84(d)(2), §48; §483.475(d)(2), §48; §485.542(d)(2), §48; §485.542(d)(2), §48; §485.920(d)(2), §485.727, CMHCs §491.12, and ESRI (2) Testing. The [fato test the emerger must do all of the formulated of the factorial exercise every 2 years (B) If the [facility natural or man-made activation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an add years, opposite the functional exercise this section is conduct in the formulation of the emexempt from engage community-based of functional exercise actual event. (iii) Conduct an add years, opposite the functional exercise this section is conduct in the formulation of the formula	8.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 84.102(d)(2), §485.68(d)(2), 85.625(d)(2), §494.62(d)(2). 6.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises acy plan annually. The [facility] bllowing: ull-scale exercise that is every 2 years; or unity-based exercise is not a facility-based functional ears; or explexed exercise an actual deemergency that requires hergency plan, the [facility] is ging 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: cale exercise that is or individual, facility-based; or individual, facility-based; or	EO	39	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.

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	a narrated, clinicall scenario, and a set directed messages designed to challer (iii) Analyze the [farmaintain document exercises, and emergencises, and emergencises, and emergencises to test than unally. The hospicises to test thannually. The hospicises in a community based (A) When a community based (A) When a community based (B) If the hospice eman-made emergency platengaging in its next community-based facility-based functionset of the emergency platengaging in its next community-based facility-based functionset of the emergency (ii) Conduct an adopposite the year the exercise under partise conducted, that it to the following: (A) A second full-second full-second percentage or (B) A mock disaster (C) A tabletop exercises	cludes a group discussion using y-relevant emergency to for problem statements, so, or prepared questions ange an emergency plan. Collity's response to and tation of all drills, tabletop ergency events, and revise the cy plan, as needed. 118.113(d): pices that provide care in the ne hospice must conduct the emergency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not experiences a natural or experiences a natural or experiences a natural or experiences a natural or experiences or individual ional exercise following the exercise or individual ional exercise following the ency event. In ditional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited exale exercise that is or a facility based functional	E	39			

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		34G037	B. WING			03/05/2024	
	PROVIDER OR SUPPLIER D LANE CENTER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The hexercises to test the year. The hospice (i) Participate in an is community-based (A) When a community-based functi (B) If the hospice eman-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based dexercise; or (B) A mock disasted (C) A tabletop exertifacilitator that including and a set of problem messages, or prepare challenge an emergical (iii) Analyze the homaintain document	of problem statements, or prepared questions age an emergency plan. Inices that provide inpatient prospice must conduct the emergency plan twice per must do the following: In annual full-scale exercise that add; or unity-based exercise is not an annual individual conal exercise; or experiences a natural or noty that requires activation of any the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. Stitional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or recise or workshop led by a des a group discussion using a relevant emergency scenario, or statements, directed ared questions designed to gency plan. Spice's response to and ation of all drills, tabletop ergency events and revise the	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379		
(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 SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises at twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation (facility-based functionset of the emerging (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercises (B) A mock (C) A tabletop of led by a facilitator ad 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	39		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER D LANE CENTER			14	REET ADDRESS, CITY, STATE, ZIP CODE 2 MALLARD LANE DCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 039	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 (B) If the PACE expressible, conducted that makes and or individual exercise following the emergency planengaging in its next based or individual exercise following the exercise under particis conducted that makes the following: (A) A second full-secommunity-based of functional exercises (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, of scenario, and a set directed messages designed to challer (iii) Analyze the PAMAINTAIN and exercises, and emergance of the page o	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 the 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 go rer 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.	E	039			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED	
		34G037	B. WING		_	03/	05/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 142 MALLARD LANE ROCKINGHAM, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECTIV CROSS-REFERENCE		BE	(X5) COMPLETION DATE
E 039	test the emergency including unannour emergency procedul CF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function (B) If the [LTC facility is exemined a full-scale individual, facility-based individual, facility-based following the onset (ii) Conduct an additional exercises (B) A mock disasted (C) A tabletop exercise a facilitator includes narrated, clinically-land a set of problem essages, or prepare challenge an emergiand maintain documexercises, and emergiand in the community facility and a set of problem essages, or prepare challenge an emergiand maintain documexercises, and emergiand maintain documexercises, and emergiand in the community facility and the community facility facility and the community facility	plan at least twice per year, aced staff drills using the ures. The [LTC facility, e following: annual full-scale exercise that d; or unity-based exercise is not than annual individual, onal exercise. ty] facility experiences an en-made emergency that for the emergency plan, the experience of the emergency plan, the exercise of the emergency event. Sitional annual exercise of the emergency event. Sitional annual exercise that exercise that is for an individual, facility based for exercise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed exercise that exercise that is for an individual, facility based for exercise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed exercise of aced questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop ergency events, and revise the exercise second exercises and revise the exercise and revise	E	039			

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	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 42 MALLARD LANE ROCKINGHAM, NC 28379		
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E 039	accessible, conduct facility-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-so community-based of functional exercise; (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, cl scenario, and a set directed messages designed to challer (iii) Analyze the ICF maintain document exercises, and emergency event. *[For HHAs at §484 (d)(2) Testing. The to test the emergency event.	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 the required full-scale or individual, facility-based following the onset of the ditional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based for or drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions and action of all drills, tabletop ergency events, and revise the explan, as needed. 1.102] HHA must conduct exercises and plan at HHA must do the following: util-scale exercise that is	E	039			

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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379			
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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 disaid (C) A tabletop of led by a facilitator and discussion, using an emergency scenaristatements, directed questions designed plan. (iii) Analyze the HH documentation of an emergency events, emergency plan, as as as a *[For OPOs at §486 (d)(2) Testing. The to test the emergency events are t	experiences an actual natural gency 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 a needed.	E 039			

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E 039	questions designed plan. If the OPO exman-made emerge the emergency planengaging in its nex following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency events, OPO's] emergency exercises to test the must do the followi (i) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercises to test the must do the followi (i) Conduct a paper least annually. A tare discussion led by a clinically-relevant exercises to test the must do the followi (ii) Analyze the RNI maintain document and emergency plan. (iii) Analyze the RNI maintain document and emergency plan, as This STANDARD is Based on record refacility failed to compreparedness (EP) and federal law. The Review on 3/5/24 of documents revealed full-scale exercises. There was a documinserviced their stares.	d to challenge an emergency operiences an actual natural or ency that requires activation of an, the OPO is exempt from the required testing exercise of the emergency event. O's response to and maintain all tabletop exercises, and and revise the [RNHCI's and and revise the [RNHCI's and and revise the plan, as needed. 748]: RNHCI must conduct elemergency plan. The RNHCI and and revise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an exercise is a group and tation of all tabletop exercises, ents, and revise the RNHCI's exercise, as required by state exercise, as required by state	E 03	9		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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E 039	Continued From pa	ge 9	E 0	39		
	Disabilities Profess recalled staff practi Spring 2023. The C know there was a r activity.	with the Qualified Intellectual ional (QIDP) revealed she ced evacuating to a hotel in QIDP revealed she did not equirement to document the with the Safety Director (SD)				
	revealed she was usefull-scale exercise. facility participated exercise to practice. The SD confirmed exercise. The SD results in the SD r	naware of a requirement for a The SD acknowledged the in a national "Shake Off" responding to an earthquake. she did document the equested reference of the or a full-scale exercise and				
W 369			W 3	69		
	that all drugs, inclused self-administered, and this STANDARD is Based on observation interview, the facility	g administration must assure ding those that are are administered without error. s not met as evidenced by: tion, record review and y did not give medication as udit clients (#4). The finding				
		on 3/5/24 at 7:43 am, Staff D e 2% topical cream to the				
		/5/24 revealed no evidence of nzole 2% topical cream				

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W 436	#4 started Ketacon: sometime in Janua acknowledged the control sends an electronic pharmacy and the freceived a faxed near to place a copy of the SPACE AND EQUIL CFR(s): 483.470(g). The facility must fur and teach clients to choices about the chearing and other devices interdisciplinary team of the stand of the devices in the stand of the st	with the nurse revealed client zole 2% topical cream ry, 2024. The nurse doctor when adding orders, a prescription directly to the facility no longer automatically ew order. The nurse revealed call to the pharmacy in order the new order on the chart. PMENT (2) rnish, maintain in good repair, a use and to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the m as needed by the client. It is not met as evidenced by: tion, record review and ity failed to maintain a negood repair for 1 of 3 audit	W 3	369			
	harness attached to harness had worn a material across the client #4's chest. Th harness did not fit v right shoulder. The harness had a lot o #4 to lean several in	o the chair. The shoulder and peeling man made center piece, which covered he right side of the shoulder well and slid off of client #4's right side of the shoulder f leeway, which enabled client nches away from the back of shion; while her left shoulder					

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W 436	Review on 3/5/24 o (OT) Re-Evaluation client #4 was obser observation. Interview on 3/5/24 Disability Profession olonger had a coror wheelchair vendadaptive equipment Interview on 3/5/24 faciity will need to greferral for client #4	f the Occupational Therapy Report on 12/2/23 revealed red leaning throughout her with the Qualified Intellectual nal (QIDP) revealed the facility ntract with a Physical Therapist er, to assess client 3's	W 4	36			