PRINTED: 06/12/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	200		DATE SURVEY COMPLETED	
		34G144	B. WING _		06/06/2023	3	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618	1 00/00/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLE	ETION	
E 036	CFR(s): 483.475(d)  §403.748(d), §416.5 §441.184(d), §460.8 §483.475(d), §484.1 §485.542(d), §485.6 §485.920(d), §486.3 §494.62(d).  *[For RNCHIs at §40 Hospice at §418.113 at §460.84, Hospitals §484.102, CORFs at CAHs at §486.625, " 485.727, CMHCs at §486.360, and RHC/ Training and testing, and maintain an emetraining and testing pemergency plan set fisection, risk assessm this section, policies at and testing. The LTC maintain an emergen and testing program must least annually.	4(d), §418.113(d), 4(d), §482.15(d), §483.73(d), 02(d), §485.68(d), 25(d), §485.727(d), 60(d), §491.12(d), 3.748, ASCs at §416.54, PRTFs at §441.184, PACE 6 at §482.15, HHAs at §485.68, REHs at §485.542, Organizations" under §485.920, OPOs at FHQs at §491.12:] (d) The [facility] must develop regency preparedness rogram that is based on the orth in paragraph (a) of this nent at paragraph (a)(1) of and procedures at paragraph d 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	EO	E #036 The Qualified Professional Safety Chairperson will upon Emergency Preparedness Professional train all staff on the plan. The Qualified Professional train all staff on the plan. The Administrator will monitor Emergency Preparedness Prevery 6 months to ensure it remains updated and staff at trained. In the future the Qualified Professional will enthe Emergency Preparedness is updated and staff are train the current plan.  By: 8/4/23  RECEIVED JUN 2 2 2023  DHSR-MH Licensure Sect	late the lan. will The the lan are nsure		

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 wing 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

wing 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 1 s 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.

6/20/23

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 34G144 06/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD WILDCAT GROUP HOME DEEP GAP, NC 28618 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 036 Continued From page 1 E 036 \*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i). \*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure direct care staff were trained on the facility's Emergency Preparedness (EP) plan. The finding is: Review on 6/5/23 of the facility's EP plan (last updated October, 2022) did not reveal direct care staff had received recent training on the plan. Additional review of the EP plan manual did not include training for all staff working at the home. Interview on 6/6/23 with the Qualified Intellectual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G144	B. WING		06/06/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618		
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E 039	Disabilities Profession current training on the completed. EP Testing Requiremed CFR(s): 483.475(d)(2) §416.54(d)(2), §448.1 §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, "C §485.727, CMHCs at §491.12, and ESRD F (2) Testing. The [facility to test the emergency must do all of the following the community-based evence (A) When a community-based evence (B) If the [facility] natural or man-made activation of the emere exempt from engaging community-based or in functional exercise fol actual event.  (ii) Conduct an addition years, opposite the year functional exercise under the complex community positional exercise under the years, opposite the years, opposite the years.	anal (QIDP) confirmed no facility's EP plan had been ents  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 plan annually. The [facility] wing:  scale exercise that is ery 2 years; or ty-based exercise is not facility-based functional s; or experiences an actual emergency that requires gency plan, the [facility] is in its next required ndividual, facility-based lowing the onset of the nal exercise at least every 2 ar the full-scale or der paragraph (d)(2)(i) of ed, that may include, but is	E 03		to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G144	B. WING _		06	/06/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618		
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E 039	(A) A second full-scal community-based or if functional exercise; or (B) A mock disaster did (C) A tabletop exercise a facilitator and include a narrated, clinically-scenario, and a set of directed messages, or designed to challenge (iii) Analyze the [facility maintain documentative exercises, and emerg [facility's] emergency  *[For Hospices at 418 (2) Testing for hospic patient's home. The free exercises to test the exercise to test the exercise even (B) If the hospice experimental exercise even (B) If the hospice experimental exercise exercise exercise under paragrams.	e exercise that is individual, facility-based really individual, facility-based really individual, facility-based really individual facility-based really individual facility based exercise and individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual facility based ery 2 years; or expressed exercise is not individual and exercise or individual and exercise following the expressed exercise every 2 years, full-scale or functional aph (d)(2)(i) of this section include, but is not limited	EO	39		

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OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G144	B. WING		06/06/2023		
	ROVIDER OR SUPPLIER  GROUP HOME			2	TREET ADDRESS, CITY, STATE, ZIP CODE 08 WILDCAT ROAD DEEP GAP, NC 28618		
(X4) ID PREFIX TAG			ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I			(X5) COMPLETION DATE
	community-based or a exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-recenario, and a set of directed messages, or designed to challenge (3) Testing for hospice care directly. The hose exercises to test the eyear. The hospice muticipate in an arrise community-based; of (A) When a community accessible, conduct an facility-based functions (B) If the hospice experimental emergency plan, the emergency plan and the emergency plan and its may include, but is not (A) A second full-scale community-based or a exercise; or (B) A mock disaster did (C) A tabletop exercise facilitator that includes narrated, clinically-releand a set of problem second	a facility based functional  drill; or se or workshop that is led by ses a group discussion using selevant emergency problem statements, reprepared questions an emergency plan.  The state provide inpatient spice must conduct mergency plan twice per set do the following: mual full-scale exercise that for y-based exercise is not in annual individual al exercise; or refriences a natural or in that requires activation of the hospice is exempt from quired full-scale community if functional exercise the emergency event. In al annual exercise that I limited to the following: the exercise that is facility based functional  fill; or the or workshop led by a a group discussion using a vant emergency scenario, tatements, directed if questions designed to to ty plan.	E	039			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/12/2023 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA
(X2) MULTIPLE CONSTRUCTION
(X3) DATE STATEMENT OF CORPORATION AND PLAN OF CORPORAT

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		COMP	COMPLETED	
		34G144	B. WING		06	06/06/2023	
	ROVIDER OR SUPPLIER  GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRICENCY)	JLD BE	(X5) COMPLETION DATE	
E 039	maintain documentation	on of all drills, tabletop ency events and revise the	E 0	039			
	conduct exercises to to twice per year. The [F do the following:  (i) Participate in an arrise community-based; of (A) When a community accessible, conduct an facility-based functions (B) If the [PRTF, Hosp actual natural or manrequires activation of to [facility] is exempt from required full-scale comfacility-based functions onset of the emergency (ii) Conduct an [a and that may include, following:  (A) A second full-scale community-based or infunctional exercise; or  (B) A mock di (C) A tabletop exelled by a facilitator and discussion, using a nail emergency scenario, a statements, directed minustions designed to plan.	p485.625(d):] F, Hospital, CAH] must est the emergency plan PRTF, Hospital, CAH] must anual full-scale exercise that or y-based exercise is not annual individual, al exercise; or ital, CAH] experiences an made emergency that the emergency plan, the an engaging in its next amunity based or individual, al exercise following the ty event. dditional] annual exercise or out is not limited to the exercise that is adividual, a facility-based saster drill; or recise or workshop that is includes a group trated, clinically-relevant and a set of problem					

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_\_ 34G144 B. WING 06/06/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 WILDCAT ROAD WILDCAT GROUP HOME DEEP GAP, NC 28618 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 039 Continued From page 6 E 039 maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed. \*[For PACE at §460.84(d):] (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	17	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		34G144	B. WING _		06	06/06/2023	
	NAME OF PROVIDER OR SUPPLIER  WILDCAT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
E 039	exercises, and emerge PACE's emergency p  *[For LTC Facilities at (2) The [LTC facility] rest the emergency plincluding unannounce emergency procedure ICF/IID] must do the f (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the [LTC facility] actual natural or manrequires activation of LTC facility is exempt required a full-scale crindividual, facility-base following the onset of (ii) Conduct an additional include, but is no (A) A second full-scale community-based or a functional exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator includes a narrated, clinically-releand a set of problem is messages, or prepare challenge an emergen (iii) Analyze the [LTC and maintain documer exercises, and emergen	seency events and revise the lan, as needed.  §483.73(d):] must conduct exercises to an at least twice per year, ed staff drills using the last. The [LTC facility, collowing: mual full-scale exercise that for ty-based exercise is not annual individual, all exercise.  facility experiences an emade emergency that the emergency plan, the from engaging its next formunity-based or led functional exercise that the thind exercise that the imited to the following:  e exercise that is an individual, facility based  rill; or le or workshop that is led by group discussion, using a levant emergency scenario, statements, directed discussions designed to	EO	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G144	B. WING		Of	06/06/2023	
	ROVIDER OR SUPPLIER  GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	to test the emergency The ICF/IID must do to (i) Participate in an anis community-based; (A) When a community accessible, conduct at facility-based functions. (B) If the ICF/IID expers man-made emergency the emergency plan, the emergency plan, the emergency plan, the emergency event. (ii) Conduct an additional exercise followers emergency event. (ii) Conduct an additional include, but is not (A) A second full-scale community-based or a functional exercise; or (B) A mock disaster dr. (C) A tabletop exercises a facilitator and include using a narrated, clinic scenario, and a set of directed messages, or designed to challenge (iii) Analyze the ICF/IID maintain documentation exercises, and emerge ICF/IID's emergency plants at §484.10 (d)(2) Testing. The HH/I to test the emergency produce in the interest of the emergency produced in the interest of the inte	A.475(d)]:  ID must conduct exercises plan at least twice per year, the following: Inual full-scale exercise that properties or y-based exercise is not annual individual, all exercise; or, riences an actual natural or y that requires activation of the ICF/IID is exempt from quired full-scale advidual, facility-based towing the onset of the inal annual exercise that at limited to the following:  In exercise that is a mindividual, facility-based iil; or a cor workshop that is led by the exercise that is a group discussion, ally-relevant emergency problem statements, prepared questions an emergency plan.  It is response to and an of all drills, tabletop and of all drills, tabletop and an of all drills, and revise the tan, as needed.	E 03	.9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G144	B. WING _			06/06/2023		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618				
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	community-based; or  (A) When a commaccessible, conduct a facility-based function or.  (B) If the HHA exor man-made emerge of the emergency plar engaging in its next recommunity-based or in functional exercise following emergency event.  (ii) Conduct an addition opposite the year the exercise under paragris conducted, that limited to the following (A) A second full-community-based or a functional exercise; or  (B) A mock disastication (C) A tabletop exelled by a facilitator and discussion, using a nate emergency scenario, a statements, directed materials documentation of all dremergency events, and emergency plan, as new [For OPOs at §486.36 (d)(2) Testing. The OPO to test the emergency plan is set to the emergency profollowing:	nunity-based exercise is not in annual individual, all exercise every 2 years; speriences an actual natural ney that requires activation in, the HHA is exempt from equired full-scale individual, facility based dowing the onset of the inal exercise every 2 years, full-scale or functional aph (d)(2)(i) of this section may include, but is not individual, facility-based ere drill; or excise or workshop that is includes a group includes a group includes a group include and a set of problem includes an emergency included and a set of problem included and a set of problem included and a set of problem includes a group include an emergency includes a group include and a set of problem includes a group included and a set of problem includes a group included and a set of problem includes a group included a set of problem includes a group included a set of problem included included and included	EC	139				

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		34G144	B. WING		06/06/2023			
	GROUP HOME			208	REET ADDRESS, CITY, STATE, ZIP CODE 8 WILDCAT ROAD EEP GAP, NC 28618			
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**	workshop at least ann led by a facilitator and discussion, using a nate emergency scenario, statements, directed in questions designed to plan. If the OPO experimental emergency plan, the emergency plan and the emergency events, an OPO's] emergency events, an OPO's] emergency plan.  *[RNCHIs at §403.748 (d)(2) Testing. The RN exercises to test the emust do the following:  (i) Conduct a paper-balleast annually. A tablet discussion led by a fact clinically-relevant emergency plan.  (ii) Analyze the RNHCI maintain documentation and emergency plan, as need the emergency p	avally. A tabletop exercise is includes a group arrated, clinically relevant and a set of problem nessages, or prepared challenge an emergency riences an actual natural or y that requires activation of the OPO is exempt from quired testing exercise the emergency event. response to and maintain abletop exercises, and d revise the [RNHCl's and an, as needed.  B]: HCl must conduct mergency plan. The RNHCl sed, tabletop exercise at top exercise is a group illitator, using a narrated, regency scenario, and a set of directed messages, or signed to challenge an illitator exercises, and revise the RNHCl's eded.  It met as evidenced by: Eview and interviews, the facility/community-based test their Emergency	E	039				

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	T GROUP HOME	TEMENT OF DESIGNATION		STREET ADDRESS, CITY, STATE, ZIP CODE  208 WILDCAT ROAD  DEEP GAP, NC 28618	1 06/	06/2023	
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i t a r	reveal that a full-scale tabletop exercise was years.  Interview on 6/6/23 with Development Profession table top exercise had the last 2 years.  PROTECTION OF CLI CFR(s): 483.420(a)(7)  The facility must ensure the facility must ensure the facility must ensure the facility must reatment and care of profession of the facility must ensure the prival facility of the facility must ensure the prival facility facility of the facility must ensure the prival facility of the facili	the Qualified Intellectual and (QIDP) confirmed a not been completed within the last 2 and been completed within ENTS RIGHTS  the rights of all clients. The results ensure privacy during the resonal needs. The results are ensured by: The results are ensu	W 13		eam on for ine ion.		

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1		PROVIDER OR SUPPLIER T GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618				06/06/2023	
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	W 130	Continued interview w	12 with the nurse revealed all privacy during medication	w	130					
			,							