DEPARTMENT OF HEALTH AND HUMAN SERVICES											
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED					
		34G354	B. WING	B. WING			04/10/2024				
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE								
EMORY I	ROAD HOME			20 EMORY ROAD ASHEVILLE, NC 28806							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE				
	<ul> <li>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</li> <li>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</li> <li>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)</li> <li>(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §483.625(b)(1)</li> <li>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</li> <li>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</li> <li>(i) Food, water, medical and pharmaceutical supplies</li> <li>(ii) Alternate sources of energy to maintain the following:</li> <li>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</li> <li>(B) Emergency lighting.</li> <li>(C) Fire detection, extinguishing, and alarm systems.</li> <li>(D) Sewage and waste disposal.</li> <li>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</li> </ul>		E 0			RIATE	DATE				
	(6) The following ar hospice-operated in	e additional requirements for patient care facilities only. ocedures must address the									
	(iii) The provision o	f subsistence needs for									
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE				

(X6) DATE

PRINTED: 04/11/2024

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.

DEPARTMENT OF I	RINTED: 04/11/2024 FORM APPROVED MB NO. 0938-0391						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
34G354			B. WING	;		04/10/2024	
NAME OF PROVIDER OR S	SUPPLIER	·			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
EMORY ROAD HOME	:				20 EMORY ROAD ASHEVILLE, NC 28806		
PREFIX (EACH D	DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
<ul> <li>hospice en evacuate o limited to th (A) Food, v supplies.</li> <li>(B) Alterna following:</li> <li>(1) Temper safety and provisions.</li> <li>(2) Emerge (3) Fire det systems.</li> <li>(C) Sewag This STAN Based on failed to en needs for o emergency</li> <li>Observatio supply on 4 to containin expiration o and confirm not have an food and w</li> </ul>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the provision of subsistence needs for clients and staff relative to the emergency food and water supply. The finding is: Observation of the facilities emergency good supply on 4/9/24 revealed the emergency supply to containing various food items with an expiration date of 2023. Continued observation and confirmed by staff revealed the facility does not have an emergency water supply. Interview with qualified intellectual disabilities professional on 4/9/24 confirmed the emergency food and water supply should be inspected regularly to ensure an adequate and unexpired		E	015			

FORM CMS-2567(02-99) Previous Versions Obsolete

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