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E 039	EP Testing Requirements CFR(s): 483.475(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2). *[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least 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, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by	E 039		

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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 [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.

*[For Hospices at 418.113(d):]
(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:
(i) Participate in a full-scale exercise that is community based every 2 years; or
(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or
(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise 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 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

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E 039	Continued From page 2 a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice 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 hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that 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 hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.	E 039		

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E 039	Continued From page 3 *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] 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 [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] 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] annual exercise or and 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 [facility's] response to and 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):]	E 039		

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E 039	Continued From page 4 (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 exercises, and emergency events and revise the PACE's emergency plan, as needed. *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to	E 039		

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test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] 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.
(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.
(ii) Conduct an additional annual exercise that may include, but is not limited to the following:
(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or
(B) A mock disaster drill; or
(C) A tabletop exercise or workshop that is led by a facilitator 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 [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.

*[For ICF/IIDs at §483.475(d)]:
(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:
(i) Participate in an annual full-scale exercise that

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E 039	Continued From page 6 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 ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID 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 annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, 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 ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For HHAs at §484.102] (d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a 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 every 2 years; or.	E 039		

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(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA 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 an individual, 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 HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.

*[For OPOs at §486.360]
(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:
(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise 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

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E 039	Continued From page 8 questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. *[RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct a full-scale exercise to test their emergency preparedness (EP) plan. The finding is: Review on 4/8/24 of the facility's EP plan revealed, it had been reviewed annually by the Occupational/Physical Therapist Assistant (OT/PTA) and last revised on 3/1/24. The review revealed staff had not practiced a full scale exercise within the last two years, even though a table top exercise was completed in February,	E 039		

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E 039	Continued From page 9 2024. Interview on 4/8/24 with the home manager revealed staff did not participate in a full-scale exercise. Interview on 4/9/24 with the OT/PTA revealed she was responsible for updating the EP on 3/1/24 and did not know a full-scale exercise was required.	E 039		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, nursing failed to monitor and evaluate the underline reason for an unintended significant weight loss for 1 of 4 audit clients (#3). The finding is: Review on 4/8/24 of the monthly weights for client #3 revealed the following weight loss trends: On March, 2023 weight was 156.6 lbs. On April, 2023 weight was 149.8 lbs. On May, 2023 weight was 146.8 lbs. On June, 2023 weight was 146.8 lbs. On July, 2023 weight was 145 lbs. On August, 2023 weight was 144.6 lbs. On September, 2023 weight was 143.6 lbs. On October, 2023 weight was 143.6 lbs. On November, 2023 weight was 145.4 lbs. On January, 2024 weight was 136.4 lbs. On February, 2024 weight was 139.4 lbs. On March, 2024 weight was 134.2 lbs. Client #3's total annual weight loss was 22.4 lbs. Review on 4/9/24 of the Nutritional Evaluations	W 331		

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for client #3 on 3/14/23 revealed her weight was 158.4 lbs. and she had already experienced a healthy weight loss over the past year, but remained within her total weight range 130-150 lbs. It was noted she had a history of weight fluctuations and H. Pylori. Client #3 was prescribed Remeron for insomnia but it was also an appetite stimulant. She was on a regular calorie diet of ground consistency. An additional evaluation from 2/8/24 revealed client #3's current weight was 136.4 lbs with a healthy weight loss over the past year. She had been stable nutritionally and should have her weights monitored for trends.

Review on 4/9/24 of the Annual Nursing Evaluation for client #3 on 2/14/24 revealed she was within her ideal body weight (IBW) at 136.4 lbs. and had no significant weight change.

Interview on 4/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 eats well and had increased her activity at the vocational center that might contribute to her weight loss. The QIDP confirmed client #3 had not been treated or hospitalized for any illnesses in the last year, besides a colon exam.

Interview on 4/9/24 with the Nurse confirmed client #3 received a medication for sleep that could be used for an appetite stimulant and she did not have calories restrictions. The nurse revealed the inter-disciplinary team (IDT) had not met to evaluate any factors for client #'3 continuous weight loss.

Interview on 4/9/24 with the RD confirmed client #3 was not on a healthy weight loss diet but he still would classify her at a healthy weight. The

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W 331	Continued From page 11 RD stated he wanted client #3 to be stable. The RD reviewed her weight history, factoring in a history of H. Pylori and shared in 2015 she weighed 132 lbs. but in Dec., 2022 she weighed 160 lbs. The RD stated he wanted to be keep her on his radar and keep an eye on her weight to determine if other interventions were needed if she continued to trend down in weight.	W 331		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at varying times and conditions. This had the potential to effect all clients (#1, #2, #3, #4, #5 and #6). The finding is: Review on 4/8/24 of the facility's fire drills conducted since April, 2023 revealed the following details: First Shift: 4/29/23 at 11:50AM 10/29/23 at 11:38AM Second Shift: 5/30/23 at 8:27PM 8/29/23 at 8:14PM 2/18/14 at 8:38PM Third Shift: 6/28/23 at 3:45AM 9/30/23 at 3:02AM Interview on 4/9/24 with the qualified intellectual disabilities professional (QIDP) revealed she had created a schedule for staff to follow to ensure the drills had variances. The QIDP acknowledged	W 441		

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W 441	Continued From page 12 she was not aware that staff did not varying the times per shift.	W 441		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that modified diets were prepared at the correct consistency for 2 of 4 audit clients (#2 and #5). The findings are: A. During dinner observations in the home on 4/8/24 at 6:26pm, client #5 received dinner consisting of mashed potatoes, puree bread, puree baked hamburger and minced and moist green beans. The green beans were not blended smooth like pudding and still had detectable shape to the vegetable. Client #5 ate the food without any noticeable difficulty. Staff A, staff B, staff C and the home manager were in the dining room assisting the clients and observed the food client #5 ate. Review on 4/9/24 of client #5's physician's orders from March 2024 revealed she was prescribed a regular, lactose free puree all food diet. Interview on 4/9/24 with the qualified intellectual disabilities professional (QIDP) revealed last year, the facility had the registered dietician (RD) come to the home to train staff how to modify diets.	W 460		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ERWIN AVENUE HOME	100 ERWIN AVENUE ERWIN, NC 28339

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 460	Continued From page 13 B. During dinner observations in the home on 4/8/24 at 6:30pm, client #2 received a half 12 ounce container of regular orange soda with dinner, which she consumed. Client #2 refused to eat green beans or cream of corn for dinner and was offered tossed salad. The salad was poured from a bag on her plate and was not cut to her diet's consistency. Client #2 consumed the food without any noticeable difficulty. Review on 4/8/24 of client #2's individual program plan (IPP) from 9/1/23 revealed she was prescribed a 1800 calories diet, with no concentrated sweets or sugars and consistency of 1/2" to 1" size. Interview on 4/9/24 with the QIDP and HM revealed they were aware client #5 was not supposed to receive regular soda containing concentrated sweets but her mother wanted her to have snacks that she purchased. It was acknowledged that client #2 was supposed to receive her meal chopped to 1/2" to 1" consistency.	W 460		