PRINTED: 06/14/2024 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	
		34G239	B. WING			06/	05/2024
NAME OF PROVIDER OR S THOMAS S DECATU				7	STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	•	
PREFIX (EACH D	EFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
S403.748(a §443.475(a §485.542(a §485.542(a §485.920(a §494.62(a)) The [facility Federal, St preparedne develop es emergency requiremer preparedne limited to, to (a) Emerge and maintath at must be every 2 year following: * [For hosp §485.625(a CAH] must State, and requiremer develop an emergency requiremer all-hazards * [For LTC Plan. The Lan emerge reviewed, a second content of the second	a), §416. a), §416. a), §460. a), §484. a), §485. a), §486. b) y] must of the sess required and ess required and ess progents of this ess progents. The solution of the sess progents of the sess progents. The solution of the sess progents of the sess progents. The sess progents are sess progents. The sess progents are sess progents. The sess progents of this sess progents of the sess progents of the sess progents of the sess progents are sess progents. The sess progents are sess progents. The sess progents of the sess progents are sess progents are sess progents. The sess progents are sess progents are sess progents are sess progents are sess progents. The sess progents are sess progents	54(a), §418.113(a), 84(a), §482.15(a), §483.73(a), 102(a), §485.68(a), 625(a), §485.727(a), 360(a), §491.12(a), comply with all applicable local emergency irements. The [facility] must and maintain a comprehensive edness program that meets the section. The emergency ram must include, but not be wing elements: a. The [facility] must develop mergency preparedness plan wed], and updated at least a plan must do all of the section. The [hospital or with all applicable Federal, mergency preparedness [hospital or CAH] must ain a comprehensive edness program that meets the section, utilizing an	EC	004	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.

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION ING		COMPLETED	
		34G239	B. WING		06	6/05/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODI 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(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 X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 004	* [For ESRD Facilities Plan. The ESRD facilities Plan. The ESRD facilities Plan. The ESRD facilities maintain an emerge must be [evaluated years. This STANDARD is Based on record refailed to review and preparedness (EP) This had the potent residing in the home The finding is:	ge 1 fes at §494.62(a):] Emergency cility must develop and ency preparedness plan that and updated at least every 2 fes not met as evidenced by: eview and interview, the facility update their emergency plan at least every 2 years. ial to effect 6 of 6 clients the e (#1, #2, #3, #4, #5 and #6). If the facility's EP revealed a	ΕO	004		
E 006	completion date of revealed no evidenci in the past 2 years. Interview on 6/5/24 disabilities profession unable to provide a the EP had been up Plan Based on All FCFR(s): 483.475(a) §403.748(a)(1)-(2), §418.113(a)(1)-(2), §460.84(a)(1)-(2), §460.84(a)(1)-(2), §485.625(a)(1)-(2), §485.625(a)(1)-(2), §485.920(a)(1)-(2), §491.12(a)(1)-(2), §	5/15/22. Further review ce the plan had been updated with the qualified intellectual onal (QIDP) revealed he was ny additional information that odated. Hazards Risk Assessment (1)-(2) §416.54(a)(1)-(2), §441.184(a)(1)-(2), §482.15(a)(1)-(2), §482.15(a)(1)-(2), §485.542(a)(1)-(2), §485.727(a)(1)-(2), §486.360(a)(1)-(2),	ΕO	006		

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	PROVIDER OR SUPPLIER S DECATUR HOME			7559	EET ADDRESS, CITY, STATE, ZIP CODE DECATUR DRIVE (ETTEVILLE, NC 28303	•	
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E 006	that must be review 2 years. The plan r (1) Be based on an facility-based and cassessment, utilizing (2) Include strategies events identified by * [For Hospices at § The Hospice must be emergency preparereviewed, and update plan must do the focassessment, utilizing (2) Include strategies events identified by including the manage of power failures, not emergencies that we ability to provide cas * [For LTC facilities are Plan. The LTC facilities are mergency preparereviewed, and update must do the following (1) Be based on an facility-based and cassessment, utilizing including missing reference (2) Include strategies events identified by the strategies events identified	d include a documented, ommunity-based risk as for addressing emergency the risk assessment. S418.113(a):] Emergency Plan. develop and maintain an edness plan that must be atted at least every 2 years. The llowing: d include a documented, ommunity-based risk as for addressing emergency the risk assessment. Sand all-hazards approach. The llowing: d include a documented, ommunity-based risk as for addressing emergency the risk assessment, gement of the consequences atural disasters, and other rould affect the hospice's re. Sand S483.73(a):] Emergency ity must develop and maintain aredness plan that must be atted at least annually. The plan ing: d include a documented, ommunity-based risk as an all-hazards approach,	EO	06			

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E 006	The ICF/IID must demergency preparereviewed, and update plan must do the formulation (1) Be based on an facility-based and cassessment, utilizing including missing of (2) Include strategies events identified by This STANDARD is Based on record refailed to develop and	evelop and maintain an edness plan that must be ated at least every 2 years. The llowing: d include a documented, community-based risk ag an all-hazards approach, lients. es for addressing emergency the risk assessment. s not met as evidenced by: eview and interview, the facility a all-hazards risk assessment	E 00	06		
E 018	emergency prepare potential to effect 6 home (#1, #2, #3, # Review on 6/5/24 o 5/15/22 revealed th assessment. Interview on 6/5/24 disabilities profession unable to provide a regarding the facility Procedures for Trace CFR(s): 483.475(b) §403.748(b)(2), §47 and (v), §441.184(b) §482.15(b)(2), §483.15(b)(2), §483.15(b)(16.54(b)(1), §418.113(b)(6)(ii) b)(2), §460.84(b)(2), 3.73(b)(2), §483.475(b)(2), 85.625(b)(2), §485.920(b)(1),	E 01	8		
	[(b) Policies and pro	ocedures. The [facilities] must nent emergency preparedness				

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E 018	plan set forth in par assessment at para and the communication this section. The poreviewed and updar [annually for LTC far policies and proced following:] [(2) or (1)] A system on-duty staff and sheltered the emergency, the specific name and for other location. *[For PRTFs at §44 ICF/IIDs at §483.47 Policies and proced location of on-duty staff and after an emerging sheltered residents emergency, the [PRTF's, LTC, I and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and after an emerging sheltered residents emergency, the [Proceduction of on-duty staff and proceduction of on-duty staff and sheltered residents emergency, the [Proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, the proceduction of on-duty staff and sheltered residents emergency, th	dures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must be ted at least every 2 years acilities]. At a minimum, the lures must address the lures must address the lures are relocated during [facility] must document the location of the receiving facility must document the location of the receiving facility. 1.184(b), LTC at §483.73(b), respectively. A system to track the staff and sheltered residents in CF/IID or PACE] care during lency. If on-duty staff and lare relocated during the lare relocated during the lare relocated during the lare relocated of the receiving facility or or other location.	E 01	8		

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E 018	(v) A system to trace employees' on-duty hospice's care duri on-duty employees relocated during the must document the the receiving facility. *[For CMHCs at §4 procedures. (2) Sawhich includes contreatment needs of responsibilities; tracevacuation location means of communassistance. *[For OPOs at § 48 procedures. (2) As documentation that donor information, potential and actual secures and maintal actual secures and maintal actual secures and maintal actual secures and maintal to effect of the potential to effect of home (#1, #2, #3, #Review on 6/5/24 co 5/15/22 revealed the	kk the location of hospice and sheltered patients in the ing an emergency. If the or sheltered patients are elemergency, the hospice especific name and location of a or other location. 85.920(b):] Policies and fe evacuation from the CMHC, sideration of care and evacuees; staff insportation; identification of h(s); and primary and alternate ideation with external sources of the solution of the sideration of medical is preserves potential and actual protects confidentiality of I donor information, and the availability of records. 14.62(b):] Policies and fe evacuation from the dialysis des staff responsibilities, and	E 01	8			

	NT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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E 018	Continued From pa	ge 6	E 0	18			
E 022	disabilities profession unable to provide a regarding tracking of emergency.	with the qualified intellectual onal (QIDP) revealed he was ny additional information clients and staff during an s for Sheltering in Place (4)	E 0	22			
	§441.184(b)(4), §46 §483.73(b)(4), §483 §485.542(b)(4), §48	16.54(b)(3), §418.113(b)(6)(i), 60.84(b)(5), §482.15(b)(4), 8.475(b)(4), §485.68(b)(2), 85.625(b)(4), §485.727(b)(2), 91.12(b)(2), §494.62(b)(3).					
	develop and implen policies and proced plan set forth in par assessment at para and the communicathis section. The pobe reviewed and up [annually for LTC fa	cedures. The [facilities] must nent emergency preparedness ures, based on the emergency agraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must odated at least every 2 years cilities]. At a minimum, the ures must address the					
] A means to shelter in place nd volunteers who remain in					
	and procedures. (6) The following ar hospice-operated in The policies and profollowing:	pices at §418.113(b):] Policies e additional requirements for apatient care facilities only. accedures must address the er in place for patients,					

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	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, S 7559 DECATUR DRIVE FAYETTEVILLE, NC 2		
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	This STANDARD is Based on record refailed to develop as emergency prepare potential to effect 6 home (#1, #2, #3, # Review on 6/5/24 of 5/15/22 revealed the shelter in place polished in terview on 6/5/24 disabilities professionable to provide a regarding a shelter Policies/Procedures CFR(s): 483.475(b) §403.748(b)(5), §485.68(b)(3), §485.68(b)(3), §485.727(b)(3), §485.727(b)(3), §491.12(b)(3), §494 [(b) Policies and procedures and proced	who remain in the hospice. In some that as evidenced by: eview and interview, the facility is shelter in place policy for their edness (EP) plan. This had the of 6 clients residing in the ed., #5 and #6). The finding is: If the facility's EP plan dated ere we no details to identify a cy and procedures. With the qualified intellectual conal (QIDP) revealed he was my additional information in place policy. If or Medical Documentation (5) If (54(b)(4), §418.113(b)(3), (50.84(b)(6), §482.15(b)(5), (3.475(b)(5), §484.102(b)(4), (5.542(b)(5), §485.625(b)(5), (35.920(b)(4), §486.360(b)(2), (50.846.360(b)(2), (50.846.	ΕO			

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E 023	*[For RNHCIs at §48485.542(b):] Polici system of care door following: (i) Preserves patier (ii) Protects confide (iii) Secures and mirecords. *[For OPOs at §480 procedures. (2) As documentation that donor information, potential and actual secures and mainta. This STANDARD is Based on record refailed to develop ar storage system, as preparedness (EP) effect 6 of 6 clients #3, #4, #5 and #6). Review on 6/5/24 of 5/15/22 revealed the clients' medical and medications to emergency.	system of medical to preserves patient information, ality of patient information, and ains availability of records. 403.748(b) and REHs at ies and procedures. (5) A sumentation that does the introduced introduced interest information. Antinformation. Antinformation. Antinitiality of patient information. Antinitiality of patient information. Antinitiality of patient information. Antinitiality of patient information. Antinitiality of policies and system of medical to preserves potential and actual protects confidentiality of all donor information, and ains the availability of records. In some the availability of records are not met as evidenced by: Antinitiality of records are records and the potential to residing in the home (#1, #2, The finding is: Antificial the facility's EP plan dated the facility's EP plan dated diagnoses, physician's orders are dispensed during an with the qualified intellectual	E 02				
	disabilities professi unable to provide a	onal (QIDP) revealed he was any additional information by's emergency medical					

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E 023		ige 9	E 02	3		
E 030	storage system. Names and Contac CFR(s): 483.475(c)		E 03	0		
	§441.184(c)(1), §46 §483.73(c)(1), §483 §485.68(c)(1), §485	16.54(c)(1), §418.113(c)(1), 60.84(c)(1), §482.15(c)(1), 3.475(c)(1), §484.102(c)(1), 5.542(c)(1), §485.625(c)(1), 85.920(c)(1), §486.360(c)(1), 4.62(c)(1).				
	emergency prepare that complies with F and must be review 2 years [annually for	st develop and maintain an edness communication plan Federal, State and local laws yed and updated at least every or LTC facilities]. The n must include all of the				
	following: (i) Staff.					
	§485.625(c)] The conclude all of the fole (1) Names and confollowing: (i) Staff.	tact information for the grant				

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E 030	*[For RNHCIs at §4 communication pla following: (1) Names and confollowing: (i) Staff. (ii) Entities providin (iii) Next of kin, gual (iv) Other RNHCIs. (v) Volunteers. *[For ASCs at §416 plan must include at (1) Names and confollowing: (i) Staff. (ii) Entities providin (iii) Patients' physical (iv) Volunteers. *[For Hospices at § communication pla following: (1) Names and confollowing: (i) Hospice employed (ii) Entities providin (iii) Patients' physical (iv) Other hospices *[For HHAs at §484 plan must include at (1) Names and confollowing: (i) Staff.	to 3.748(c):] The n must include all of the stact information for the g services under arrangement. Indian, or custodian. 6.45(c):] The communication all of the following: tact information for the g services under arrangement. ians. 418.113(c):] The n must include all of the tact information for the sees. g services under arrangement. ians. 6.102(c):] The communication all of the following: tact information for the g services under arrangement.	E	030			

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E 030	Continued From pa	ge 11	E 0	30			
	plan must include a (2) Names and con following: (i) Staff. (ii) Entities providing (iii) Volunteers. (iv) Other OPOs. (v) Transplant and of Donation Service A This STANDARD is Based on record re failed to develop a s guardians in their e plan. This had the p	tact information for the g services under arrangement. donor hospitals in the OPO's					
	5/15/22 revealed the the names of all clic information of their	f the facility's EP plan dated ere we no details that listed ents and the contact guardians. Further, the facility ew client (#3) since their					
E 039	disabilities profession unable to provide a	ments	ΕO	39			
	§460.84(d)(2), §482 §483.475(d)(2), §48	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §485.727(d)(2),					

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E 039	§485.920(d)(2), §49. *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRI (2) Testing. The [far to test the emergen must do all of the formust do all of the	21.12(d)(2), §494.62(d)(2). 254, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: 25ility] must conduct exercises be plan annually. The [facility] ollowing: 26. 27. 28. 29. 29. 29. 29. 29. 29. 29. 29. 29. 29	EO	39			

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		34G239	B. WING _		06	/05/2024	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
E 039	(iii) Analyze the [facimaintain document exercises, and emergacility's] emergence *[For Hospices at 4 (2) Testing for hospatient's home. The exercises to test the annually. The hospice in a facimainty based of (A) When a community based of (A) When a community based of (B) If the hospice eman-made emergency plarengaging in its next community-based of facility-based functionset of the emerging (ii) Conduct an adopposite the year the exercise under parais conducted, that into the following: (A) A second full-scommunity-based of exercise; or (B) A mock disaster (C) A tabletop exercise; or (B) A mock disaster (C) a tabletop exercise; or	sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] Dices that provide care in the e hospice must conduct e emergency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not at an individual facility based every 2 years; or experiences a natural or noty that requires activation of an the hospital is exempt from a required full scale exercise or individual conal exercise following the ency event. Ititional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	E 03	9			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G239	B. WING			06/	05/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			7	TREET ADDRESS, CITY, STATE, ZIP CODE 559 DECATUR DRIVE AYETTEVILLE, NC 28303		
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E 039	care directly. The hexercises to test theyear. The hospice (i) Participate in an is community-base (A) When a community-based (A) When a community-based function (B) If the hospice eman-made emerge the emergency plarengaging in its next based or facility-based following the onset (ii) Conduct an additionary include, but is (A) A second full-scommunity-based of exercise; or (B) A mock disasted (C) A tabletop exert facilitator that including and a set of problem messages, or prepare challenge an emerging (iii) Analyze the homaintain document exercises, and emendospice's emergent [For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [Prepare conduct exercises is the second conduct exercises in t	sices that provide inpatient hospice must conduct be emergency plan twice per must do the following: annual full-scale exercise that dig or unity-based exercise is not an annual individual onal exercise; or experiences a natural or ency that requires activation of another than the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. Sitional annual exercise that exercise that is or a facility based functional exercise that is or a facility based functional exercise or workshop led by a desa group discussion using a relevant emergency scenario, and statements, directed exercise that is exercise or workshop led by a diesa group discussion using a relevant emergency scenario, and statements, directed exercise that is exercise or workshop led by a diesa group discussion using a relevant emergency scenario, and statements, directed exercise that is exercise or workshop led by a diesa group discussion using a relevant emergency scenario, and statements, directed exercise that is exercise or workshop led by a diesa group discussion using a relevant emergency scenario, and attended to gency plan. Spice's response to and attended to gency plan, as needed.	E	039			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G239	B. WING			06/05/2024	
	PROVIDER OR SUPPLIER S DECATUR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		559 DECATUR DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	do the following: (i) Participate in an is community-base (A) When a community-base (A) When a community-based function (B) If the [PRTF, Heactual natural or marequires activation [facility] is exempt for the required full-scale of 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 tabletope (B) A mock (C) A tabletope (C) Testing a discussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenaries (C) Testing. The PA exercises to test the annually. The PACI following:	a annual full-scale exercise that d; or unity-based exercise is not t an 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 individual, a 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 I to challenge an emergency effacility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E	039			

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 facility-based function (B) If the PACE expression and a set directed messages designed to challen (iii) Analyze the PAmaintain document exercises, and eme PACE's emergency including unannour emergency procedured (IEF/IID] must do the response of the conducted that must be conducted that must be a conducted that must be conducted to the conducted that must be conducted that must be conducted that must be conducted to the conducted that must be conducted to the conducted that must be conducted to the conducted that must be conducted to conducted tha	d; or unity-based exercise is not tan annual individual, onal exercise; or periences an actual natural or noty that requires activation of in, 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 may include, but is not limited to cale exercise that is or individual, a facility based for er drill; or roise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. (CE's response to and action of all drills, tabletop ergency events and revise the plan, as needed. at §483.73(d):] If must conduct exercises to plan at least twice per year, need staff drills using the ures. The [LTC facility,	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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E 039	accessible, conduction facility-based function (B) If the [LTC facility actual natural or marequires activation of LTC facility is exemined a full-scale individual, facility-based following the onset (ii) Conduct an additional may include, but is (A) A second full-scommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exertion a set of problem assages, or preparties, or preparties, and a set of problem messages, or preparties, and emerging in Analyze the [LT and maintain documexercises, and emerging the ICF/IIDs at §4 (2) Testing. The ICF/IID must document in the ICF/II	d; or unity-based exercise is not that an annual individual, conal exercise. ty] facility experiences an an-made emergency that for the emergency plan, the pt from engaging its next excommunity-based or eased functional exercise of the emergency event. In the limited to the following: cale exercise that is for an individual, facility based or exercise or workshop that is led by a group discussion, using a relevant emergency scenario, in statements, directed exercise that in the limited to the following: cale exercise that is for an individual, facility based or exercise or workshop that is led by a group discussion, using a relevant emergency scenario, in statements, directed exercise of questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop exgency events, and revise the is emergency plan, as needed. 83.475(d)]: F/IID must conduct exercises that discommunication of all drills, tabletop expense year. The following: annual full-scale exercise that discommunication of all drills, tabletop expense year. The following: annual full-scale exercise is not the following: annual full-scale exercise is not the annual individual,	E	039			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER S DECATUR HOME			7:	TREET ADDRESS, CITY, STATE, ZIP CODE 559 DECATUR DRIVE AYETTEVILLE, NC 28303		
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E 039	the 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 exercises; (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, clusing a narrated, clu	ncy that requires activation of a, the ICF/IID is exempt from a required full-scale or individual, facility-based following the onset of the itional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or a drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. F/IID's response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. I.102] HHA must conduct exercises acy plan at HHA must do the following: ull-scale exercise that is or mmunity-based exercise is not an annual individual, onal exercise every 2 years; experiences an actual natural regency that requires activation plan, the HHA is exempt from	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G239	B. WING		06	6/05/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under parties conducted, that limited to the follow (A) A second functional exercise (B) A mock disc (C) A tabletop of led by a facilitator addiscussion, using a emergency scenaristatements, directed questions designed plan. (iii) Analyze the HH documentation of a emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The to test the emerger following: (i) Conduct a paper workshop at least a led by a facilitator addiscussion, using a emergency scenaristatements, directed questions designed plan. If the OPO ex man-made emergency plan is the emergency plan and the open content of the open content	following the onset of the following the onset of the itional exercise every 2 years, he full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: full-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 is needed.	EO	39		

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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E 039	following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the followin (i) Conduct a paper least annually. A tal discussion led by a clinically-relevant en of problem stateme prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency even emergency plan, as This STANDARD is Based on record re failed to conduct a semergency prepare potential to effect 6 home (#1, #2, #3, # Review on 6/5/24 or 5/15/22 revealed th and mock drill exer- was no evidence of	of the emergency event. D's response to and maintain Il tabletop exercises, and and revise the [RNHCl's and plan, as needed. 748]: RNHCl must conduct e emergency plan. The RNHCl ng: -based, tabletop exercise at pletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or designed to challenge an HCl's response to and ation of all tabletop exercises, ents, and revise the RNHCl's is needed. Is not met as evidenced by: eview and interview, the facility full-scale exercise to test their edness (EP) plan. This had the of 6 clients residing in the ed, #5 and #6). The finding is: If the facility's EP dated e facility conducted tabletop cises for their EP plan. There is a full-scale exercise.	E 03				
W 104	disabilities profession		W 10	04			

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W 104	budget, and operation This STANDARD is Based on observational failed to furnish dining the homogeneous tresiding in the homogeneous tresiding in the homogeneous tresiding in the homogeneous tresiding in the homogeneous tresiding is: Observations in the 6/5/24 revealed 6-8	y must exercise general policy, ing direction over the facility. It is not met as evidenced by: It is standard interview, the facility ing room chairs in good repair. It is it is et is et it is et it is et is e	W 10	14		
	on during all meals stained; and some foam cushion or sh hanging off the cha Interview on 6/5/24 revealed there were	m chairs that clients used to sit. The chairs were heavily had torn fabric that exposed redded strings and fabrics, ir. with the home manager e plans made three weeks ago airs with some of their other				
W 148	disabilities profession not aware of any work The QIDP revealed donated from the cl	with the qualified intellectual onal (QIDP) revealed he was ork order to replace the chairs. I the chairs had been recently hurch of client #6's guardian. I WITH CLIENTS, PARENTS	W 14	.8		
	parents or guardian changes in the clier limited to, serious il or unauthorized abs	otify promptly the client's or of any significant incidents, or nt's condition including, but not lness, accident, death, abuse, sence. In a not met as evidenced by:				

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W 148	Based on record refailed to notify 1 of 3 a significant change Review on 6/4/24 or revealed on 10/28/2 texture was first not was determined to new physician's ordective cream to 6/5/24, client #1 ret appointment with a diagnosed him as hon right buttocks. T	eview and interview, the facility and audit clients (#1) guardian of e in condition. The finding is: If client #1's nursing notes an adiscoloration of unusual ticed on his right buttocks that be an abscess. On 11/28/23, lers revealed to apply a buttocks twice a day. On urned from a doctor's consultant report that having a stage II pressure ulcer here was no documentation in uardian had been notified of	W 14	48		
W 153	Interview on 6/5/24 disabilities profession 6/1/24, he received concerned about skright buttocks and so The QIDP revealed a hole and he was a developed a pressurangements to get to see the doctor so that he did not think guardian to notify of STAFF TREATMEN CFR(s): 483.420(d) The facility must en mistreatment, negliginguries of unknown immediately to the significant content of the significant co	with the qualified intellectual onal (QIDP) revealed on a call from staff who was an in breakdown on client #1's sent a photograph to the QIDP. The buttock appeared to have worried that client #1 are ulcer and made immediate of an appointment for client #1 from the QIDP acknowledged to contact the nurse or the ficient #1's skin condition. IT OF CLIENTS (2) Issure that all allegations of ect or abuse, as well as source, are reported administrator or to other nice with State law through	W 15	53		

AND DIAN OF CODDECTION IN IDENTIFICATION NUMBER.		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		34G239	B. WING _		06	/05/2024
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W 153	This STANDARD is Based on record refailed to notify law exphysical abuse for finding is: Review on 6/5/24 of 4/29/24 revealed at behavior in the frontfalling to the ground prompted by Staff Fithe home, recorded 10-15' up the wood the side door of the his backside. Client dragged and cause The incident was not until 4/30/24. An invite qualified intelled (QIDP) who interviet their abuse policy, Social Services (DS enforcement. Staff	s not met as evidenced by: eview and interview, the facility enforcement for allegation for 1 of 3 audit clients (#3). The f an abuse investigation from 4:30pm, client #3 had a t yard after getting off the van, d and would not get up when F. A camera installed outside d Staff F dragging client #3, en wheelchair ramp leading to home, while client #3 was on t #3's pants came down while d abrasions to his buttocks. out reported by another staff vestigation was launched by ctual disabilities professional ewed staff, in-serviced staff on contacted Department of GS), but did not contact law F was terminated as an investigation concluded.	W 15	3		
W 159	not know he was reenforcement if he of QIDP CFR(s): 483.430(a). Each client's active integrated, coordinated qualified intellectual. This STANDARD is Based on record refacility failed to ensign the process of the pro		W 15	9		

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W 159	revised goals that hannual nutritional a comprehensive fund monitored data coll programs. This affer #2 and #3). The firm A. Record review of revealed he was as 8/23/23. Further repartially completed. During an interview he did not follow up with clinicians for completed. B. Review on 6/4/2 revealed he met his independently. During an interview he had not realized achieved his walking 2/14/24 for continuations. Record review to turn off a light indecuracy, unhook had 100% accuracy, was 100% accuracy, was napkin at mealtime revealed each goal documented training. Record review on 6 put placemats on ta folded clothes in driving accuracy in the second review on 6 put placemats on ta folded clothes in driving accuracy.	ogram Plan (IPP) meeting, and been met, coordinated assessments, completed actional assessments, lection for all identified exted 3 of 3 audit clients (#1, adings are: on 6/5/24 of client #3's record dmitted to the home on eview revealed client #3 had a IPP that was dated 5/15/24. on 6/5/24, the QIDP revealed on scheduling assessments lient #3's initial IPP. 24 of client #1's record as goal to walk up stairs on 6/5/24, the QIDP revealed I client #1 had already and goal when he revised it on ation. on 6/5/24 of client #1's goals: dependently with 100% his pants independently with alk up stairs independently with alk		59		

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W 159	and napkin at meal revealed each goal documented trainin Interview on 6/5/24 disabilities profession any additional documented trainin Interview on 6/5/24 disabilities profession and the current for a serview. Client #1's client #2's ABI was client #3's, who was was never done. Interview on 6/5/24 disabilities profession should be updated acknowledged the current review profession interdisciplinary teal assessments or reasupplement the preprior to admission. This STANDARD is Based on record refailed to ensure initial of 3 audit clients to the home. The file	times with 80% accuracy only received one day of g this year. with the qualified intellectual onal revealed he did not have ments for review. n 6/5/24 of the audited clients aptive Behavioral Instrument revealed there was no annual ABI was completed on 5/6/22; completed on 5/22/22 and admitted on 8/23/23, ABI with the qualified intellectual onal (QIDP) revealed the ABI's annually. The QIDP ABI's have not been done for period. BRAM PLAN (3) r admission, the m must perform accurate assessments as needed to climinary evaluation conducted as not met as evidenced by: eview and interview, the facility fall assessments were done for (#3) that was newly admitted inding is:	W 15			
	admitted to the faci	/5/24 of client #3 was lity on 8/23/23 and his plan (IPP) dated 5/15/24 only				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		E SURVEY IPLETED
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W 210	had the qualified in professional (QIDP The current IPP did nutrition, speech, a occupational theraptrom the doctor in Ascheduled. Interview on 6/5/24 was using the IPP of former group home physician examined	dellectual disabilities and guardian participating. I not have assessments from uditory, physical or by clinicians, despite a referral august 2023 to get them with the QIDP revealed he dated 7/20/23 from client #3's The QIDP revealed the dictient #3 and made	W 21	0		
W 217	clinicians for his as acknowledged it was schedule these approaches. INDIVIDUAL PROCCFR(s): 483.440(c) The comprehensive include nutritional strains STANDARD in Based on record refailed to ensure 3 of #3) received annual	(3)(v) e functional assessment must	W 21	7		
	nutritional review rewas done on 4/19/2 B. Record review on nutritional review rewas done on 4/19/2 C. Record review of	n 6/4/24 of client #2's evealed the last assessment				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G239	B. WING		06/	/05/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETION DATE
W 217	home on 8/21/23. Interview on 6/5/24 disabilities profession have not had a reginago. The QIDP revolution of the distance of the QIDP revolution of the QIDP re	with the qualified intellectual onal (QIDP) revealed they stered dietician since a year ealed they were using the client #3 was on from his last	W 2			
	Based on record refailed to ensure 2 of data for their goals findings are: A. Record review of 1. To turn off a light accuracy had one of 2. To unhook his paraccuracy had one of 3. To walk up stairs accuracy had one of 4. To use his silvent appropriately for 80 5/3/24. There was one blar	s not met as evidenced by: eview and interview, the facility of 3 audit clients (#1 and #2) were documented. The on 6/5/24 of client #1's goals: independently with 100% data collection on 5/4/24. independently with 100% data collection on 6/2/24. indepently with 100% data collected on 5/3/24. ware and napkin at mealtimes lies had one data collection on on the behavior data sheet from and no other months.				

AND PLAN OF CORRECTION IDENTIFICATION N	LIMPED.	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
34G239	B. WING	i	06/05/2024
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME	,	STREET ADDRESS, CITY, STATE, ZIP (7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	
(X4) ID SUMMARY STATEMENT OF DEFICIENCE PREFIX (EACH DEFICIENCY MUST BE PRECEDED B TAG REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREF		N SHOULD BE COMPLÉTION
W 252 B. Record review on 6/5/24 of client #2 1. To put placemats on table independ one data collection on 5/3/24. 2. To learn to put folded clothes in dra independently had one data collection 3. To wash hands with 100% accuracy have data recorded. 4. To use silverware and napkin at mea 80% accuracy had one data collection There was one behavior data sheet fro 2023 with multiple entries. Interview on 6/5/24 with the qualified in disabilities professional revealed he diany additional documents for review. PROGRAM MONITORING & CHANGI CFR(s): 483.440(f)(1)(i) The individual program plan must be releast by the qualified intellectual disabi professional and revised as necessary but not limited to situations in which the successfully completed an objective or identified in the individual program plan This STANDARD is not met as evident Based on observations, record review interview, the facility failed to ensure a least by the qualified intellectual intelled disability professional (QIDP) in which has successfully completed an objective continued after it was completed. This of 3 audit clients (#1). The finding is: During observations in the home on 6/6:10pm, client #1 walked independent kitchen, carrying his dinner dishes, inte skipped the first step and landed with a gait on the second step. An additional	ently had wer on 5/3/24. did not altimes with on 5/3/24. om June, atellectual d not have E W 2 eviewed at lity y, including, e client has r objectives n. aced by: y and review at ctual the client ve was not affected 1 4/24 at ly to the entionally a steady		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		E SURVEY IPLETED
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W 255	breakfast dishes, in step and landed wit step. Review on 6/5/24 o	_	W 25	55		
W 259	continuation of the the stairs independ Interview on 6/5/24 disabilities profession would consider objective had been	goal for client #1 to walk up ently. with the qualified intellectual onal (QIDP), he acknowledged discontinuing the goal if the met. **CORING & CHANGE**	W 25	59		
	assessment of each the interdisciplinary updated as needed This STANDARD is Based on record refailed to ensure the assessments were	ne comprehensive functional h client must be reviewed by team for relevancy and . s not met as evidenced by: eview and interview, the facility comprehensive functional updated as needed. This t clients (#1, #2 and #3). The				
	Behavioral Instrume	n 6/5/24 of client #1's Adaptive ent (ABI) revealed it was and did not have updates.				
		n 5/22/24 of client #2's ABI ewed on 5/22/22 and did not				
	C. Record review o	n 4/22/24 of client #4's chart,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G239	B. WING		06	/05/2024	
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	·		
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W 259	Interview on 6/5/24 disabilities profession should be updated acknowledged the acknowledged to the current review profession and the opinion of the client protection and the standard protection and the acknowledged to ensure technic behaviors were reversible to the acknowledged to the standard profession and the acknowledged to the acknowledged to the acknowledged the acknowled	as not completed after his 23. with the qualified intellectual onal (QIDP) revealed the ABI's annually. The QIDP ABI's have not been done for period. TORING & CHANGE (3)(i) uld review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to dirights. Is not met as evidenced by: eview and interview, the facility hniques used to manage iewed and monitored by the mittee (HRC) for 3 of 3 audit #3) on behavior support plans is are:	W 2	259			
	from 5/5/23 revealed of inappropriate belowing the review pubehaviors were defaggression, self-injum asturbation and tabelong to him. Medbehaviors were Fluir Fumarate. There we BSP had been review facility's HRC.	on 6/4/24 of client #1's BSP and a goal to decrease episodes the argument of the eriod. Inappropriate targeted ined as non-compliance, urious behaviors, public asking food that does not ications used to treat his voxamine Mal and Quetiapine as no record that client #1's ewed and approved by the					

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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W 262	of inappropriate bel month. Inappropriat hitting, kicking, atta self-wetting, PICA, behaviors, loud voo not belong to her ar Medications to treat Citalopram, Clonidit Hydroxyzine, Traza Diazepam prn. The #2's BSP had been the facility's HRC. C. Record review or revealed the facility guidelines from his #3's target behaviors elf-harm, verbal agbehaviors, property physical aggression making untrue state treat his behaviors bi-monthly injection and Gabapentin. The	ge 31 ad a goal to decrease episodes havior to 15 or fewer per te behaviors were defined as cking staff when redirected, sexually inappropriate halizations, taking food that did not public masturbation. It her behaviors included the penalty to th	W 26	52		
W 263	disabilities profession facility did not have	with the qualified intellectual conal (QIDP) revealed the a Human Rights Committee. ORING & CHANGE	W 26	53		
	are conducted only	uld insure that these programs with the written informed t, parents (if the client is a dian.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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W 263	This STANDARD is Based on record refailed to ensure a replan (BSP) used to medications and be written consent of the saudit clients (#1). Record review on 65/5/23 revealed a ginappropriate behaviors were defaggression, self-injumasturbation and to behaviors were Flur Fumarate. The last was signed by the general record review possible.	es not met as evidenced by: eview and interview, the facility estrictive Behavior Support administer behavioral ehavior techniques, had the the guardian. This affected 1 of The finding is: 6/4/24 of client #1's BSP from oal to decrease episodes of viors to 15 per month for eriod. Inappropriate targeted ined as non-compliance, urious behaviors, public aking food that does not ications used to treat his voxamine Mal and Quetiapine consent to authorize the BSP	W 2	63		
W 289	disabilities professic consents for the BS annually. MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b) The use of systemal inappropriate client incorporated into the plan, in accordance this subpart. This STANDARD is Based on record refacility failed to ensinterventions to ma	onal (QIDP) revealed the SP's should be updated ROPRIATE CLIENT (4) atic interventions to manage	W 2	89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	IPLE CONSTRUCTION NG		E SURVEY IPLETED		
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W 289	Continued From pathe client's individual finding is: During observation 7:15am, client #3 whaving breakfast was remained in his beautiful finding is: Interview on 6/5/24 revealed client #3 hon-compliant with meal. Record review on 6 from third shift on 6 recorded client #3 due to refusing to limprovement System qualified intellectual (QIDP) had investig client #3 that took paterminated Staff F. conducted an in-second client and conducted an in-second finding individual field intellectual (QIDP) had investig client #3 that took paterminated Staff F. conducted an in-second field in the conducted in the conducted in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that the client #3 that took paterminated Staff F. conducted an in-second field in the client #3 that the client #3 tha	,	W 28	DEFICIENCY)			
	was verbally aggreengaged in self-injudown and refused Interview on 6/5/24 was not aware of the client #3 and needing room. The QIDP research in self-injudes and the properties of the client was not aware of the client #3 and needing room.	with Staff E revealed client #3 ssive toward staff this morning, urious behaviors, had flopped					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		COMPLETED	
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the medication roomescorted out by Statthe elbow to superviolent #3 was obserfloor in front of his conon-compliance) are by Staff C and carri QIDP revealed carri proper technique to non-compliant and NURSING SERVICE.	m at 12:07am and was off C using a manual touch on vise client #3. Minutes later, ved on the video, falling to the door (behavior from nd was seen lifted off the floor ded to inside the room. The rying client #3 was not the o use when he is will not get up from floor.					
services in accorda This STANDARD i Based on record re facility failed to ens #3) received the ne services to prevent The findings are: A. Review on 6/4/2/ revealed on 10/28/2/	ance with their needs. Is not met as evidenced by: Eview and interviews, the Eview and interview and interviews, the Eview and Evi					
was determined to new physician's ord protective cream to was no documenta was still being treat 6/5/24, client #1 ret appointment with a diagnosed him as non right buttocks.	be an abscess. On 11/28/23, lers revealed to apply a buttocks twice a day. There tion on the chart the abscess ed or had worsened. On urned from a doctor's consultant report that having a stage II pressure ulcer with the qualified intellectual					
	PROVIDER OR SUPPLIER S DECATUR HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa the medication roor escorted out by Sta the elbow to superv client #3 was obser floor in front of his or non-compliance) ar by Staff C and carri QIDP revealed carr proper technique to non-compliant and NURSING SERVIC CFR(s): 483.460(c) The facility must pr services in accorda This STANDARD i Based on record re facility failed to ens #3) received the ne services to prevent The findings are: A. Review on 6/4/2/ revealed on 10/28/2/ texture was first no was determined to new physician's orc protective cream to was no documenta was still being treat 6/5/24, client #1 ret appointment with a diagnosed him as r on right buttocks. Interview on 6/5/24 disabilities professi	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 34 the medication room at 12:07am and was escorted out by Staff C using a manual touch on the elbow to supervise client #3. Minutes later, client #3 was observed on the video, falling to the floor in front of his door (behavior from non-compliance) and was seen lifted off the floor by Staff C and carried to inside the room. The QIDP revealed carrying client #3 was not the proper technique to use when he is non-compliant and will not get up from floor. 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, the facility failed to ensure 2 of 3 audit clients (#1 and #3) received the necessary ongoing nursing services to prevent declines in skin conditions. The findings are: A. Review on 6/4/24 of client #1's nursing notes revealed on 10/28/23 a discoloration of unusual texture was first noticed on his right buttocks that was determined to be an abscess. On 11/28/23, new physician's orders revealed to apply a profective cream to buttocks twice a day. There was no documentation on the chart the abscess was still being treated or had worsened. On 6/5/24, client #1 returned from a doctor's appointment with a consultant report that diagnosed him as having a stage II pressure ulcer	A BUILDIN 34G239 B. WING	A BUILDING 34G239 PROVIDER OR SUPPLIER 3 S DECATUR HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 34 the medication room at 12:07am and was escorted out by Staff C using a manual touch on the elbow to supervise client #3. 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There was no documentation on the chart the abscess was still being treated or had worsened. On 6/5/24, client #1 returned from a doctor's appointment with a consultant report that diagnosed him as having a stage II pressure ulcer on right buttocks. Interview on 6/5/24 with the qualified intellectual disabilities professional (QIDP) revealed there	A BUILDING 34G239 8. WING ROYJOER OR SUPPLIER 34G239 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR HOME STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303 PROVIDER OR LISC IDENTIFYING INFORMATION) COntinued From page 34 the medication room at 12:07am and was escorted out by Staff C using a manual touch on the ellow to supervise client #3. Minutes later, client #3 was observed on the video, falling to the floor in front of his door (behavior from non-compliance) and was seen lifted off the floor by Staff C and carried to inside the room. 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On 6/5/24, client #1 returned from a doctor's appointment with a consultant report that diagnosed him as having a stage II pressure ulcer on right buttocks. Interview on 6/5/24 with the qualified intellectual disabilities professional (QIDP) revealed there	

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W 331	a contract nurse whemonth. The QIDP a trained to contact he 6/1/24, he received concerned about siright buttocks and siright see the doctor. In urse was notified pressure ulcer on the siright foot. B. During observat 5:45pm, client #1 wright foot. Record review on 6 client #3 was evaluated picking the skin on x-ray and ultrasour with soft tissue injudisplaced soft tissue great toe. No fractuated to great toe. On 5/3 emergency room dexposed. Client #3 haliuz ulcer on toe. changed daily, with covered with banda wear surgical shoe with his podiatrist in Interview on 6/5/24	ho came to the home every acknowledged, staff have been him for nursing concerns. On a call from staff who was kin breakdown on client #1's sent a photograph to the QIDP. If the buttock appeared to have worried that client #1 ure ulcer and made immediate et an appointment for client #1 The QIDP acknowledged the on 6/5/24 of client #1's buttocks. Solution in the home on 6/4/24 at wore an surgical shoe on his Solution in the home on 5/1/24, lated for right foot pain, was the great toe and received an and. Client #3 was diagnosed by and was noted to have been an another to the fat layer on great toe was detected from tests. Bed on antibiotic for an infection 30/24, client #3 was sent to the ue to the fat layer on great toe was diagnosed with a right Client #3's dressing should be antibiotic ointment applied, age and he should continue to an infection of the continue to the continue to the continue to an infection of the continue to the continue to the continue to the continue to an infection of the continue to the continue	W 33			
	not always like to w	pandage on great toe and did year the surgical shoe. Staff A passed medications on day				

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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W 331	that originated from A revealed she was had worsened to ar	ing the wound on great toe a hang nail for client #3. Staff not told client #3's toe injury	W 3	331			
W 454	nurse was contracted time in the home. INFECTION CONT CFR(s): 483.470(I)(ed and did not spend a lot of ROL	W 4	154			
	This STANDARD is Based on observat failed to maintain furthis had the potent home (#1, #2, #3, #During observations 12:48pm, client #1 and walked toward immediately noticed and the back of his oval stain. Staff A to taking him to his roohim a shower. Whe living room he sat is loveseat. No one wolveseat after he had linterview on 6/5/24 revealed once staff furniture has been shown with a sanitar	d transmission of infections. Is not met as evidenced by: ions and interviews, the facility rniture in sanitary condition. ial to effect all clients in the 4, #5 and #6). The finding is: Is in the home on 6/4/24 at got up from leather loveseat Staff A in the kitchen. Staff A If that client #1 was incontinent pants were wet with a large old client #1 that she was om to change pants and give in client #1 returned to the in the same spot on the is observed to sanitize the ind a toileting accident. with the home manager becomes aware that the soiled, staff should wipe it y wipe. The home manager hould wait for the sanitized					

(X3) DATE SURVEY COMPLETED	
6/05/2024	
(X5) COMPLETION DATE	

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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W 487	disabilities profession	ge 38 with the qualified intellectual onal (QIDP) revealed the a registered dietician since	W 4	87			