PRINTED: 07/17/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G283	B. WING		07/16/2024		
	PROVIDER OR SUPPLIER RS BLUFF			912	REET ADDRESS, CITY, STATE, ZIP CODE 2 AVENT FERRY ROAD DLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 004	S403.748(a), §416.3 §403.748(a), §460.4 §441.184(a), §460.4 §483.475(a), §484.5 §485.542(a), §485.920(a), §486.3 §494.62(a). The [facility] must of Federal, State and preparedness requirements of this preparedness proglimited to, the follow (a) Emergency Plarand maintain an emthat must be [review every 2 years. The following: * [For hospitals at § §485.625(a):] Emer CAH] must comply State, and local em requirements. The develop and maintain emergency preparer requirements of this all-hazards approach. * [For LTC Facilities Plan. The LTC facilian emergency preparer reviewed, and updates.	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 nergency preparedness plan wed], and updated at least plan must do all of the section. The [hospital or with all applicable Federal, ergency preparedness [hospital or CAH] must ain a comprehensive edness program that meets the section, utilizing an	EO	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

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:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 004	Plan. The ESRD fa maintain an emerge	ge 1 ies at §494.62(a):] Emergency cility must develop and ency preparedness plan that], and updated at least every 2	ΕO	04		
	Based on record re failed to ensure the	s not met as evidenced by: eview and interview, the facility Emergency Preparedness ewed and updated every two is:				
	revealed the plan d when it was update	of the facility's EP plan id not have a date, to indicate d. Further review revealed odated plan located in the				
E 037	Intellectual Disabilit she was unaware the updated.	on 7/16/24, the Qualified ies Professional (QIDP) stated nat the EP Plan was not m	ΕO	37		
	CFR(s): 483.475(d) §403.748(d)(1), §46 §441.184(d)(1), §46 §483.73(d)(1), §483 §485.68(d)(1), §48					
	Hospitals at §482.1					

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E 037	(1) Training prograthe following: (i) Initial training in opolicies and proced staff, individuals programment, and vexpected roles. (ii) Provide emerge least every 2 years. (iii) Maintain docum preparedness traini (iv) Demonstrate st procedures. (v) If the emergency procedures are sign must conduct traini procedures. *[For Hospices at § hospice must do all (i) Initial training in opolicies and procedures are services under arraexpected roles. (ii) Demonstrate staprocedures. (iii) Provide emergeleast every 2 years. (iv) Periodically reviemergency prepare employees (includir special emphasis procedures necess others. (v) Maintain docum preparedness traini	m. The [facility] must do all of emergency preparedness lures to all new and existing oviding services under volunteers, consistent with their ncy preparedness training at lentation of all emergency ing. aff knowledge of emergency by preparedness policies and nificantly updated, the [facility] ing on the updated policies and hiften the following: emergency preparedness lures to all new and existing and individuals providing ingement, consistent with their left knowledge of emergency ency preparedness training at liew and rehearse its edness plan with hospice ing nonemployee staff), with laced on carrying out the ary to protect patients and entation of all emergency	EO	37			

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E 037	must conduct traini procedures. *[For PRTFs at §44 program. The PRTI (i) Initial training in opolicies and proced staff, individuals program arrangement, and vexpected roles. (ii) After initial traini preparedness traini (iii) Demonstrate straini (v) Maintain docum preparedness traini (v) If the emergency procedures are sign must conduct traini procedures. *[For PACE at §460 organization must of (i) Initial training in opolicies and proced staff, individuals program arrangement, controllers, consiste (ii) Provide emerge least every 2 years (iii) Demonstrate straini procedures, including what to do, where the case of an emergen (iv) Maintain docum (v) If the emergency	inificantly updated, the hospice on on the updated policies and an	EO	37			

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E 037	*[For LTC Facilities Program. The LTC following: (i) Initial training in a policies and proced staff, individuals program arrangement, and a expected role. (ii) Provide emerge least annually. (iii) Maintain docum preparedness training (iv) Demonstrate stancedures. *[For CORFs at §44 CORF must do all a comparedness policies and existing staff, in under arrangement with their expected (ii) Provide emerge least every 2 years (iii) Maintain docum (iv) Demonstrate stancedures. All new and assigned specific the CORF's emergent their first workday, include instruction in alarm systems and equipment. (v) If the emergent	at §483.73(d):] (1) Training facility must do all of the emergency preparedness lures to all new and existing oviding services under volunteers, consistent with their ncy preparedness training at entation of all emergency ing. aff knowledge of emergency sing. aff knowledge of emergency ining in emergency ining in emergency in each procedures to all new andividuals providing services and volunteers, consistent roles.	E 03	7		

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E 037	must conduct traini procedures. *[For CAHs at §488 The CAH must do a (i) Initial training in policies and procedures and where necessal personnel, and gue cooperation with fir authorities, to all neindividuals providin and volunteers, corroles. (ii) Provide emerge least every 2 years (iii) Maintain docum (iv) Demonstrate st procedures are sign must conduct traini procedures. *[For CMHCs at §4 CMHC must provide preparedness policiand existing staff, in under arrangement with their expected documentation of the demonstrate staff is procedures. There emergency prepare years. This STANDARD is Based on docume	ng on the updated policies and 5.625(d):] (1) Training program. all of the following: emergency preparedness dures, including prompt guishing of fires, protection, ary, evacuation of patients, ests, fire prevention, and efighting and disaster ew and existing staff, g services under arrangement, nsistent with their expected	E 0:	37			

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E 037	preparedness (EP) Review on 7/15/24 date) did not include training of staff. During an interview Intellectual Disabilit confirmed staff hav to the EP plan.	on the facility's emergency plan. The finding is: of the facility's EP plan (no e any information regarding on 7/16/24, the Qualified ies Professional (QIDP) e not been trained in regards	E 03				
E 039	§460.84(d)(2), §482 §483.475(d)(2), §482 §485.542(d)(2), §482 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRE (2) Testing. The [facto test the emergen must do all of the formula	(2) 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), 31.12(d)(2), §494.62(d)(2). 3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at at §485.920, RHCs/FQHCs at at Severy 2 years; or unity-based exercise is not ta facility-based functional	E 03	39			

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E 039	community-based of functional exercise actual event. (ii) Conduct an add years, opposite the functional exercise this section is cond not limited to the fo (A) A second full-so community-based of functional exercises (B) A mock disaste (C) A tabletop exercise a facilitator and incident a narrated, clinically scenario, and a set directed messages designed to challer (iii) Analyze the [fact maintain document exercises, and emergiacility's] emergence *[For Hospices at 4 (2) Testing for hospatient's home. The exercises to test the annually. The hospicing in Participate in a community based of (A) When a community based of (A) When a community based of (B) If the hospice eman-made emergency planengaging in its next entremediate.	following the onset of the ritional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: tale exercise that is or individual, facility-based for ridill; or cise or workshop that is led by ludes a group discussion using ly-relevant emergency of problem statements, or prepared questions age an emergency plan. cility'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 the emergency plan at least bice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not that individual facility based every 2 years; or experiences a natural or not, the hospital is exempt from	E 03	39		

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E 039	facility-based functionset of the emerging (ii) Conduct an addopposite the year the exercise under parties conducted, that into the following: (A) A second full-scommunity-based dexercise; or (B) A mock disaste (C) A tabletop exercise a facilitator and inclusion and a set directed messages designed to challer (3) Testing for hospicare directly. The hexercises to test the year. The hospice (i) Participate in an is community-base (A) When a community-base (A) When a community-based function (B) If the hospice eman-made emergency plane emergency plane emergency plane emergency plane of facility-based or facility-based following the onset (ii) Conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include, but is (A) A second full-second conduct an adding include in the conduct and	ency event. ditional exercise following the ency event. ditional exercise every 2 years, ne 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 er drill; or roise or workshop that is led by ludes a group discussion using y-relevant emergency of problem statements, or prepared questions age an emergency plan. Dices that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual		39		

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E 039	(B) A mock disast (C) A tabletop exer facilitator that inclunarrated, clinically and a set of problemessages, or prephallenge an emer (iii) Analyze the homaintain document exercises, and emhospice's emerger *[For PRFTs at §4-§482.15(d), CAHs (2) Testing. The [Product exercises twice per year. The dothe following: (i) Participate in a is community-based (A) When a commaccessible, conduct exercises twice per year. The conduct exercises twice per year. The participate in a is community-based (A) When a commaccessible, conduct facility-based functions on the emerging (ii) Conduct a and that may incluse following: (A) A second full-scommunity-based functional exercises for the exercise functional exercises functional exercises for the exercise functional exercises functional exercises for the exercise functional exercises functional exe	er drill; or ercise or workshop led by a ides a group discussion using a relevant emergency scenario, em statements, directed pared questions designed to regency plan. Espice's response to and station of all drills, tabletop ergency events and revise the ncy plan, as needed. 41.184(d), Hospitals at at §485.625(d):] eRTF, Hospital, CAH] must to test the emergency plan are [PRTF, Hospital, CAH] must an annual full-scale exercise that ed; or unity-based exercise is not cut an annual individual, tional exercise; or lospital, CAH] experiences an annual exercise; or lospital, CAH] experiences an annual exercise following the gency event. In [additional] annual exercise or de, but is not limited to the escale exercise that is or individual, a facility-based	E 0	39		

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E 039	led by a facilitator a discussion, using a emergency scenari statements, directe questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenari statements, directe questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenarios and emergency state of the plants of the plan	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 [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed. 2.84(d):] CE organization must conduct e emergency plan at least e organization must do the annual full-scale exercise that d; or unity-based exercise is not an annual individual, onal exercise; or periences an actual natural or ney that requires activation of 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 or	E 03	9		

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E 039	(C) A tabletop exer a facilitator and inclusing a narrated, cl scenario, and a set directed messages designed to challen (iii) Analyze the PA maintain document exercises, and emergancy and emergancy test the emergancy including unannoune emergancy procedus (CF/IID) must do the (i) Participate in an is community-based (A) When a community-based facility-based functional natural or marequires activation of LTC facility is exem required a full-scale individual, facility-based following the onset (ii) Conduct an additional exercise; (B) A mock disasted (C) A tabletop exert a facilitator includes	rcise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions are an emergency plan. CE's response to and ation 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, aced staff drills using the ures. The [LTC facility, efollowing: I annual full-scale exercise that d; or unity-based exercise is not at an annual individual, onal exercise. Ity] facility experiences an an-made emergency plan, the per from engaging its next exercise of the emergency event. Second annual exercise of the emergency event. Second annual exercise that not limited to the following: cale exercise that is or an individual, facility based or	E 03	39		

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E 039	messages, or prepchallenge an emer (iii) Analyze the [L' and maintain docu exercises, and emercises, and emercises (2) Testing. The IC to test the emergent The ICF/IID must of (i) Participate in an is community-based (A) When a community-based functional exercises emergency event. (ii) Conduct an additional exercises emergency event. (iii) Conduct an additional exercises (B) A second full-secommunity-based functional exercises (B) A mock disasted (C) A tabletop exerc	m statements, directed ared questions designed to gency plan. TC facility] facility's response to mentation of all drills, tabletop ergency events, and revise the segment of the facility energency plan, as needed. 483.475(d)]: F/IID must conduct exercises needed exercises needed. 483.475(d)]: F/IID must conduct exercises that not limited facility-based following the onset of the needed needed needed needed.	EC	39		

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E 039	*[For HHAs at §484 (d)(2) Testing. The to test the emerger least annually. The (i) Participate in a frommunity-based; (A) When a conscessible, conduct facility-based function. (B) If the HHA or man-made emergency pengaging in its next community-based functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under participate to the follow (A) A second frommunity-based functional exercise (B) A mock dis (C) A tabletopoled by a facilitator addiscussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the HH	ergency events, and revise the cy plan, as needed. 4.102] HHA must conduct exercises need plan at HHA must do the following: full-scale exercise that is or mmunity-based exercise is not et an annual individual, ional exercise every 2 years; experiences an actual natural regency that requires activation plan, the HHA is exempt from the required full-scale or individual, facility based following the onset of the litional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ving: ull-scale exercise that is or an individual, facility-based; or	EC	039			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	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 a discussion, using a emergency scenari statements, directe questions designed plan. If the OPO ex man-made emerge the emergency plar engaging in its next 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 followii (i) Conduct a paper least annually. A tal discussion led by a clinically-relevant e of problem stateme prepared questions emergency plan. (ii) Analyze the RNI maintain document	and revise the HHA's receded. 3.360] OPO must conduct exercises bey plan. The OPO must do the rebased, tabletop exercise or annually. A tabletop exercise is and includes a group narrated, clinically relevant o, and a set of problem d messages, or prepared to challenge an emergency experiences an actual natural or ency that requires activation of an, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain and revise the [RNHCI's and and revise the [RNHCI's and and revise the IRNHCI's and plan, as needed. 748]: RNHCI must conduct emergency plan. The RNHCI	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		34G283	B. WING		07/	16/2024
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF				STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICE DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	Based on documer facility failed to ensumock drill or an annoched and include Emergency Prepare is: Review on 7/15/24 annual tabletop, full being completed. During an interview Intellectual Disability confirmed the facility documentation details their EP plan. INDIVIDUAL PROCEFR(s): 483.440(c) The comprehensive include nutritional is This STANDARD is Based on record refailed to ensure 1 or an Nutritional assees Review on 7/15/24 there was no Nutritional and interview.	is needed. Is not met as evidenced by: Int review and interviews, the Interview and interviews, Interview and interview and interview and interview, the facility Interview and in	E 0			
W 248		#3 did not have an Nutritional GRAM PLAN	W 2	48		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		34G283	B. WING		07	//16/2024	
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF				STREET ADDRESS, CITY, STATE, 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 2754	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 248	A copy of each climade available to of other agencies the client, parents guardian. This STANDARD Based on record facility failed to en Plans (BSP's) wel This affected 3 of The findings are: A. Record review notebook revealed for client #2. Furt that was in the noon B. Record review notebook revealed for client #3. Furt that was in the noon C. Record review notebook revealed for client #6. Furt that was in the noon During an interviet that clients #2, #3 updated and placed direct care staff to During an interviet Intellectual Disabic confirmed clients supdated the BSP relevant staff. Furnotebooks are used to the property of the p	ent's individual plan must be all relevant staff, including staff who work with the client, and to (if the client is a minor) or legal is not met as evidenced by: reviews and interviews, the sure current Behavior Support to eavailable to all relevant staff. 5 audit clients (#2, #3 and #6). on 7/15/24 of the BSP of the the the was not an updated BSP of the the was not an updated BSP of the the was not an updated BSP of the was not an updated BSP of the the was from 2022. We on 7/15/24, Staff A confirmed and #6 BSP's have not been of in the BSP notebook for	W 2	248			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG	` ′	TE SURVEY MPLETED
		34G283	B. WING		07	/16/2024
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF				STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOOK CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 260	CFR(s): 483.440(f) At least annually, the must be revised, as process set forth in This STANDARD is Based on record refacility failed to upd Plans (IPP) annuall and #6). The finding A. Review on 7/15, revealed an IPP day of client #2's record updated IPP. B. Review on 7/15, revealed an IPP day	ne individual program plan is appropriate, repeating the paragraph (c) of this section. is not met as evidenced by: eviews and interviews, the ate the Individual Program y for 2 of 5 audit clients (#2	W 2	60		
W 340	During an interview Intellectual Disabilit confirmed, both clie updated IPP's. NURSING SERVIC CFR(s): 483.460(c) Nursing services mother members of tappropriate protect measures that inclutraining clients and health and hygiene This STANDARD is Based on observatifialed to ensure sta	ust include implementing with the interdisciplinary team, live and preventive health lide, but are not limited to staff as needed in appropriate methods. In some that as evidenced by: tions and interviews, the facility the factor of the fac	W 3	40		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED	
		34G283	B. WING		ا ا	7/16/2024
NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF				STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 340	A. During morning observations in the gave client #1 his p Further observation medication room at the medication room client #1. During an immediate client #1 went to the she was suppose to bathroom, Staff B saccompany client #1 not because the sur room and Staff B di inform the surveyor accompany client #1. Review on 7/16/24, dated 6/124 through Dental Rinse. Rinst During an interview stated that staff she ensure that he is brouthwash as present the interview reto ensure are medical prescribed. B. During morning observations in the Staff B poured an undirelax into the cap bottle. Further observow inside of the	medication administration home on 7/16/24, Staff B rescribed mouthwash. It is revealed client #1 exited the it 7:07am. Staff B remained in m and did not accompany the interview, Staff B stated it is bathroom. When asked if the accompany client #1 to the itated that she was suppose to it into the bathroom, but did reveyor was in the medication in the needed to	W 3	40		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G283	B. WING			07/16/2024	
	PROVIDER OR SUPPLIER			91	TREET ADDRESS, CITY, STATE, ZIP CODE 12 AVENT FERRY ROAD OLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 340	Continued From page 19		W 3	340			
		on 7/16/24, Staff B was w inside of the cap, until the out.					
		of client #5's physician orders h 6/1/25 stated, "Miralax Mix 1					
	During an interview on 7/16/24, the facility's nurse stated staff have been trained in measuring the correct amount of client #1's Miralax. C. During morning medication administration observations in the home on 7/16/24, Staff B did not inform either client #1 or #5 to what medications they were taking or why.						
W 368	revealed that inform	RATION	W 3	368			
	that all drugs are ad the physician's order This STANDARD is Based on observat interviews, the facili medications were a	s not met as evidenced by: iions, record reviews and ity failed to ensure idministered in compliance lers. This affected 1 of 5 audit					
	7/16/24 the surveyo	servations in the home on or entered the home at oservations revealed dirty					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G283	B. WING			07/16/2024	
			912 AVENT FERRY	ROAD		
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nes in the dishwall breakfast at lead ar was not checkers. ing an immediate he clients had exiew revealed of their breakfast view on 7/16/24 through ar is to be checked 6/1/24 through ar is to be checked from the phacuation of the phacuation of the phacuation drills were spotentially affer their word of the phacuation drills were spotentially affer their word of the phacuation of the phacuation of the phacuation of the phacuation drills were spotentially affer the phacuation of the phacution of t	asher. Seeing that client #3 st two hours early his blood ked according to the physician be interview, Staff B revealed aten breakfast. Further client #3 had an accident in his cided to assist the clients with st, including client #3. of client #3's physician orders h 6/1/25 stated his blood ked at 8am; prior to eating. on 7/16/24, the facilty's nurse s blood sugar can be checked a) or one hour after (9am), as a hysician orders, which is 8am. LLS 1) onditions to- s not met as evidenced by: fire drill reports and ty failed to ensure fire are conducted at varied times. Ceted all clients (#1, #2, #3, #4 the home. The finding is: of the facility's fire drills re no fire drills conducted in					
	DER OR SUPPLIER SUMMARY STAY (EACH DEFICIENCY REGULATORY OR LS Intinued From panes in the dishwalter breakfast at least ar was not checkers. Intinued From panes in the dishwalter breakfast at least ar was not checkers. Ing an immediate he clients had earlier breakfast at least ar was not checkers. Ing an immediate he clients had earlier breakfast at least ar was not checkers. Ing an immediate he clients had earlier breakfast at least ar was not checkers. Ing an interview firmed client #3' the hour prior (7 am written in the phace of the prior (7 am written in the phace of the	DER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 20 the sin the dishwasher. Seeing that client #3 breakfast at least two hours early his blood ar was not checked according to the physician the clients had eaten breakfast. Further riview revealed client #3 had an accident in his it; so the staff decided to assist the clients with the grade of 1/24 of client #3's physician orders and 6/1/24 through 6/1/25 stated his blood ar is to be checked at 8am; prior to eating. In gan interview on 7/16/24, the facility's nurse firmed client #3's blood sugar can be checked to hour prior (7am) or one hour after (9am), as written in the physician orders, which is 8am. ACUATION DRILLS (s): 483.470(i)(1) I under varied conditions tose of STANDARD is not met as evidenced by: sed on review of fire drill reports and riviews, the facility failed to ensure fire cuation drills were conducted at varied times. So potentially affected all clients (#1, #2, #3, #4 1#5) residing in the home. The finding is: Active on 7/16/24 of the facility's fire drills ealed there where no fire drills conducted in	DER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 20 The sine the dishwasher. Seeing that client #3 breakfast at least two hours early his blood ar was not checked according to the physician ers. Ing an immediate interview, Staff B revealed the clients had eaten breakfast. Further rview revealed client #3 had an accident in his; so the staff decided to assist the clients withing their breakfast, including client #3. Triew on 7/16/24 of client #3's physician orders and 6/1/24 through 6/1/25 stated his blood ar is to be checked at 8am; prior to eating. Ting an interview on 7/16/24, the facility's nurse firmed client #3's blood sugar can be checked thour prior (7am) or one hour after (9am), as written in the physician orders, which is 8am. ACUATION DRILLS R(s): 483.470(i)(1) I under varied conditions tos STANDARD is not met as evidenced by: see the cuation drills were conducted at varied times. It is potentially affected all clients (#1, #2, #3, #4 #5) residing in the home. The finding is: Triew on 7/16/24 of the facility's fire drills ealed there where no fire drills conducted in 4. The professional (QIDP) stated was unaware there were no fire drills	DER OR SUPPLIER JAG283 B. WING STREET ADDRESS, C. 912 AVENT FERRY! HOLLY SPRINGS, C. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEATH TO THE PROVIDE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG WW 368 WW	DER OR SUPPLIER LUFF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Attitude From page 20 les in the dishwasher. Seeing that client #3 breakfast at least two hours early his blood ar was not checked according to the physician ers. ling an immediate interview, Staff B revealed he clients had eaten breakfast. Further riview revealed client #3 had an accident in his is so the staff decided to assist the clients with git heir breakfast, including client #3. ling an interview on 7/16/24 of client #3's physician orders and 6/1/24 through 6/1/25 stated his blood ar is to be checked at 8am; prior to eating. ling an interview on 7/16/24, the facility's nurse firmed client #3's blood sugar can be checked hour prior (7am) or one hour after (9am), as written in the physician orders, which is 8am. ACUATION DRILLS R(s): 483.470(i)(1) Under varied conditions tos STANDARD is not met as evidenced by: sed on review of fire drill reports and riviews, the facility failed to ensure fire cuation drills were conducted at varied times. s potentially affected all clients (#1, #2, #3, #4 #5) residing in the home. The finding is: ling an interview on 7/16/24, the Qualified lilectual Disabilities Professional (QIDP) stated was unaware there were no fire drills conducted in the conducted was unaware there were no fire drills conducted in the conducted	A BUILDING 34G283 B. WING O7/- STREET ADDRESS, CITY, STATE, ZIP CODE 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) TIGHT IN THE dash two hours early his blood ar was not checked according to the physician ers. Is so the staff decided to assist the clients with ag their breakfast, including client #3 had an accident in his is on the staff decided to assist the clients with ag their breakfast, including client #3. Filew on 7/16/24 of client #3's physician orders ad 6/1/25 stated his blood ar is to be checked at 8am; prior to eating, ing an interview or 7/16/24, the facility's nurse firmed client #3's blood sugar can be checked thour prior (7am) or one hour after (9am), as written in the physician orders, which is 8am. ACUATION DRILLS (R): 483.470(I)(1) Under varied conditions to-s STANDARD is not met as evidenced by: sed on review of fire drill reports and riviews, the facility falled to ensure fire cuation drills were conducted at varied times. s potentially affected all clients (#1, #2, #3, #4 #5) residing in the home. The finding is: riview on 7/16/24, the Qualified lilectual Disabilities Professional (QIDP) stated was unaware there were no fire drills conducted in 44. Ing an interview on 7/16/24, the Qualified lilectual Disabilities Professional (QIDP) stated was unaware there were no fire drills was unaware there were no fire drills was unaware there were no fire drills was unaware there were no fire of files was unaware there were no fire drills and the professional (QIDP) stated was unaware there were no fire drills and the professional (QIDP) stated was unaware there were no fire drills and the professional (QIDP) stated was unaware there were no fire drills and the professional (QIDP) state

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NAME OF PROVIDER OR SUPPLIER TROTTERS BLUFF				STREET ADDRESS, CITY, STATE, ZIP COD 912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540			
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