PRINTED: 08/27/2024 FORM APPROVED OMB NO. 0938-0391

E 039 EP Testing Requirements CFR(s): 483.475(d)(2) \$416.54(d)(2), \$418.113(d)(2), \$441.184(d)(2), \$483.475(d)(2), \$483.475(d)(2), \$483.475(d)(2), \$483.475(d)(2), \$483.475(d)(2), \$483.475(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.68(d)(2), \$4	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
LIFE, INC KING STREET GROUP HOME LIFE, INC KING STREET GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH) DEFICIENCIES (EACH) DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) E 039 EP Testing Requirements (PR(s): 483.475(d)(2), \$441.184(d)(2), \$460.84(d)(2), \$482.15(d)(2), \$485.632(d)(2), \$485.542(d)(2), \$485.777(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$485.68. REHs at \$485.542, OPO, "Organizations" under \$485.727, CMHCs at \$485.920, RHCs/FQHCs at \$494.62(d)(2). (2) Testing, The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(f)) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise in or functional exercise in the year the full-scale or functional exercise under paragraph (d)(2)(f)) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise under paragraph (d)(2)(f)) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercises or or functional exercises or or functional exercises and paragraph (d)(2)(f) of this section is conducted, that may include, but is not limited to the following:			34G346	B. WING	B. WING		08/27/2024	
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 039 EP Testing Requirements CFR(s): 483.475(d)(2) \$416.54(d)(2), \$441.113(d)(2), \$441.184(d)(2), \$460.84(d)(2), \$485.492(d)(2), \$485.492(d)(2), \$485.68(d)(2), \$485.542(d)(2), \$485.692(d)(2), \$485.542(d)(2), \$485.692(d)(2), \$485.542(d)(2), \$485.692(d)(2), \$485.542(d)(2), \$485.692(d)(2), \$485.727(d)(2), \$485			DUP HOME		1	117 KING STREET	•	
CFR(s): 483.475(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.16(d)(2), §484.58(d)(2), §484.54(d)(2), §484.56(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.92(d)(2), §481.12(d)(2), §494.62(d)(2). "[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FOHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) if the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or or individual, facility-based functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION
(B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48 *[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 formulation of the formulation of the emergen exercise every 2 ye (B) If the [facility natural or man-made activation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an additional exercise this section is conducted in the formulation of the emexempt from engage community-based of functional exercise actual event. (iii) Conduct an additional exercise this section is conducted in the formulation of the emexempt from engage community-based of functional exercise (B) A mock disaster (C) A tabletop exercise (C) A tabletop exercise (C)	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), §494.62(d)(2). 3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises acy plan annually. The [facility] ollowing: ull-scale exercise that is every 2 years; or unity-based exercise is not at a facility-based functional ars; or y] experiences an actual de emergency that requires hergency plan, the [facility] is jing in its next required or individual, facility-based following the onset of the itional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: cale exercise that is or individual, facility-based or redrill; or cise or workshop that is led by		039			(Y6) 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.

PRINTED: 08/27/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED			
		34G346	B. WING _		08	08/27/2024		
	PROVIDER OR SUPPLIER C KING STREET GRO	DUP HOME		STREET ADDRESS, CITY, STATE, ZIP (117 KING STREET HALIFAX, NC 27839				
(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 E APPROPRIATE	(X5) COMPLETION DATE		
E 039	a facilitator and incia a narrated, clinically scenario, and a set directed messages designed to challer (iii) Analyze the [facility analyze the [facility analyze the [facility's] emergency and emergency plane emergency plan	dudes a group discussion using y-relevant emergency of problem statements, or prepared questions age an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] pices that provide care in the ency plan at least pice must conduct energency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or ency that requires activation of an the hospital is exempt from a required full scale exercise or individual onal exercise following the ency event. Sitional exercise every 2 years, are full-scale or functional eagraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	E 03	9				

PRINTED: 08/27/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		34G346	B. WING			08/2	27/2024
	PROVIDER OR SUPPLIER C KING STREET GRO	OUP HOME		117	REET ADDRESS, CITY, STATE, ZIP CODE KING STREET LIFAX, NC 27839	,	
(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 039	a narrated, clinically scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The hexercises to test the year. The hospice (i) Participate in an is community-based (A) When a community-based functi (B) If the hospice exan-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based or facilitator that include a set of problem messages, or prepare challenge an emerging (iii) Analyze the homaintain document	of problem statements, or prepared questions ge an emergency plan. ices that provide inpatient hospice must conduct elemergency plan twice per must do the following: annual full-scale exercise that di; or unity-based exercise is not an annual individual onal exercise; or experiences a natural or noty that requires activation of a required full-scale community sed functional exercise of the emergency event. Ititional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or cise or workshop led by a des a group discussion using a relevant emergency scenario, on statements, directed ared questions designed to gency plan. spice's response to and ation of all drills, tabletop ergency events and revise the	EC	039			

Event ID: 155Y11

PRINTED: 08/27/2024 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		
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER C KING STREET GRO	DUP HOME		1	TREET ADDRESS, CITY, STATE, ZIP CODE 17 KING STREET IALIFAX, NC 27839		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	*[For PRFTs at §44 §482.15(d), CAHs at §482.15(d), CAHs at (2) Testing. The [PI conduct exercises at twice per year. The do the following: (i) Participate in aris community-base (A) When a community-base (A) When a community-based function and the participation an	A1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must an annual full-scale exercise that d; or unity-based exercise is not at an annual individual, ional exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the from engaging in its next community based or individual, ional exercise following the ency event. In [additional] annual exercise or de, but is not limited to the cale exercise that is or individual, a facility-based it; or exercise or workshop that is and includes a group an arrated, clinically-relevant it, and a set of problem and messages, or prepared at to challenge an emergency e [facility's] response to and tation 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		
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER C KING STREET GRO	OUP HOME		11	TREET ADDRESS, CITY, STATE, ZIP CODE 17 KING STREET ALIFAX, NC 27839		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	(2) Testing. The PA exercises to test th annually. The PAC following: (i) Participate in aris community-base (A) When a community-based funct (B) If the PACE expressible, conduct facility-based funct (B) If the PACE expressible, conduct emgaging in its next based or individual exercise following the emergency planengaging in its next based or individual exercise following the exercise under participate is conducted that in the following: (A) A second full-scommunity-based of functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and increasing a narrated, considered messages designed to challer (iii) Analyze the PA maintain document exercises, and emergency *[For LTC Facilities]	CE organization must conduct e emergency plan at least E organization must do the an annual full-scale exercise that d; or unity-based exercise is not an annual individual, ional exercise; or periences an actual natural or ency that requires activation of an, the PACE is exempt from a trequired full-scale community, facility-based functional ency 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 er drill; or recise or workshop that is led by ludes a group discussion, linically-relevant emergency of problem statements, and or prepared questions and an emergency plan. ACE's response to and tation of all drills, tabletop ergency events and revise the or plan, as needed.	E	039			

PRINTED: 08/27/2024 FORM APPROVED OMB NO. 0938-0391

1` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER KING STREET GR			117	EET ADDRESS, CITY, STATE, ZIP CODE KING STREET LIFAX, NC 27839		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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	including unannousemergency proced ICF/IID] must do the community-based (A) When a community-based (A) When a community-based functional cactual natural or many include, but is (A) A second full-community-based functional exercises (B) A mock disast (C) A tabletop exercise a facilitator includent natural or many include, but is (A) A second full-community-based functional exercises (B) A mock disast (C) A tabletop exercise a facilitator includent narrated, clinically and a set of problemessages, or preportallenge an emercial many includent and maintain documexercises, and emercial functional exercises, and emercial functional exercises (B) A mock disast (C) A tabletop exercise (B) A mock disas	y plan at least twice per year, need staff drills using the dures. The [LTC facility, ne following: n annual full-scale exercise that ed; or nunity-based exercise is not et an annual individual, and tional exercise. Itity] facility experiences an nan-made emergency that of the emergency plan, the nept from engaging its next le community-based or pased functional exercise and the emergency event. Inditional annual exercise that is not limited to the following: scale exercise that is or an individual, facility based exercise or workshop that is led by es a group discussion, using a perelevant emergency scenario, em statements, directed exercise that is or an individual, facility's response to the emergency events, and revise the exercise of all drills, tabletop ergency events, and revise the ey's emergency plan, as needed. 483.475(d)]: EF/IID must conduct exercises ncy plan at least twice per year.	E	039			

Event ID: 155Y11

PRINTED: 08/27/2024 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		
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER C KING STREET GRO	OUP HOME		117	REET ADDRESS, CITY, STATE, ZIP CODE 7 KING STREET ALIFAX, NC 27839		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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
E 039	accessible, conduction facility-based functional emergency planengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addinay include, but is (A) A second full-socommunity-based of functional exercise (B) A mock disaste (C) A tabletop exert a facilitator and incusing a narrated, conscenario, and a set directed messages designed to challer (iii) Analyze the ICF maintain document exercises, and emerger least annually. The (i) Participate in a frommunity-based; (A) When a conaccessible, conductions and the conduction of the condu	d; or unity-based exercise is not that an annual individual, sonal exercise; or experiences an actual natural or ency that requires activation of the 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 for individual, facility-based for 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. E/IID's response to and cation of all drills, tabletop ergency events, and revise the explan, as needed. 1.102] HHA must conduct exercises any plan at HHA must do the following: util-scale exercise that is	E	039			

PRINTED: 08/27/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER KING STREET GR			11	REET ADDRESS, CITY, STATE, ZIP CODE 7 KING STREET ALIFAX, NC 27839		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	or man-made emerof the emergency engaging in its new community-based functional exercise emergency event. (ii) Conduct an addopposite the year the exercise under pairs conducted, the limited to the follow (A) A second from the follow (A) A second from the follow (B) A mock districtional exercises (B) A mock districtional exercis	A experiences an actual natural ergency that requires activation plan, the HHA is exempt from at required full-scale or individual, facility based of following the onset of the ditional exercise every 2 years, the full-scale or functional ragraph (d)(2)(i) of this section at may include, but is not wing: ull-scale exercise that is or an individual, facility-based or an individual, facility-based or exercise or workshop that is and includes a group an arrated, clinically-relevant fio, and a set of problem end messages, or prepared do to challenge an emergency has response to and maintain all drills, tabletop exercises, and and revise the HHA's is needed.	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G346		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G346	B. WING		08/27/2024	
	PROVIDER OR SUPPLIER KING STREET GR			STREET ADDRESS, CITY, STATE, ZIP C 117 KING STREET HALIFAX, NC 27839		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
E 039	plan. If the OPO exman-made emerger the emergency platengaging in its next following the onset (ii) Analyze the OP documentation of a emergency events OPO's] emergency events OPO's] emergency exercises to test through the exercise through the exe	d to challenge an emergency experiences an actual natural or ency that requires activation of an, the OPO is exempt from at required testing exercise to of the emergency event. PO's response to and maintain all tabletop exercises, and and revise the [RNHCl's and y plan, as needed. 7.748]: RNHCl must conduct the emergency plan. The RNHCl ing: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 1.748]: 2.748]: 2.748]: 3.748]: 3.748]: 3.748]: 3.748]: 3.748]: 4.748]: 4.748]: 5.748]: 5.748]: 6.748]:	E 03	9		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G346	B. WING _		08	/27/2024
	PROVIDER OR SUPPLIER KING STREET GRO	OUP HOME		STREET ADDRESS, CITY, STATE, ZIP CO 117 KING STREET HALIFAX, NC 27839	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 039	emergency plan ha 3/20/24. However, tany specific emerge statements, directe questions designed plan. Interview on 8/26/2-Disabilities Profess their emergency plareviewed/discussed QIDP acknowledge working on revising conduct their emergency food and NUTRI CFR(s): 483.480(a) Each client must rewell-balanced diet is specially-prescribed. This STANDARD is Based on observatinterviews, the facil received her special indicated. This affectinding is: During lunch observations in the serve herself a full sliced apples while entree was provide observations in the client #2 served her fruit cup and a half	zard had been conducted on the document did not include ency scenarios, problem did messages or prepared to challenge their emergency. 4 with the Qualified Intellectual ional (QIDP) confirmed all of an hazards were in March 2024. However, the did the facility is currently the procedures for how they gency prepardness exercises. TION SERVICES (1) ceive a nourishing, including modified and did diets. Is not met as evidenced by: ions, record review and ity failed to ensure client #2 in a cited 1 of 3 audit clients. The vations at the day program on a client #2 was assisted to serving of tossed salad and only half of her spaghetti	E 03			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		34G346	B. WING			08/27/2024	
	PROVIDER OR SUPPLIER KING STREET GRO	DUP HOME		117	EET ADDRESS, CITY, STATE, ZIP CODE KING STREET LIFAX, NC 27839	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 460	Interview on 8/27/2 revealed client #2 s food items at each given after she con staff noted this is dand to prevent cholon Review on 8/26/24 Program Plan date physician's orders or revealed, "Staff maher to finish, then go Interview on 8/27/2 (HM) confirmed clie of her full portion of The HM indicated to Occupational Thera	4 with Staff B and Staff E should only be served half of all meal with the second half sumes the first portion. The one to slow her rate of eating king. of client #2's Individual d 3/13/24 and her current dated 8/1/24 - 10/31/24 y serve 1/2 of meal; wait for	W 4	60			