PRINTED: 10/19/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER KAREN LANE HOME SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KARRN LANE (X4) ID PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BY FULL TAG (EACH DEFICIE	ANDIENIO					10/17/2023	
KAREN LANE HOME SUMMARY STATEMENT OF DEFICIENCIES (PRETEX PROVIDERS CLASS AND ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED AS ASSESSED AS			34G251	B. WING _	THE CODE	10/11/2023	
Defect Defection Defecti					3224 KAREN LANE		
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), §485.542(d)(2), §485.542(d)(2), §485.572(d)(2), §485.727(d)(2), §485.520(d)(2), §485.727(d)(2), §485.520(d)(2), §485.727(d)(2), §485.520(d)(2), §485.727(d)(2), §485.520(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 §485.727, CMHCs 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 plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise 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	PREFIX	(FACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETION	
at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is	E 039	CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §48 §483.475(d)(2), §48 §485.542(d)(2), §48)(2) 3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 84.102(d)(2), §485.68(d)(2), 85.625(d)(2), §485.727(d)(2),	E 03		nk	
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		at §485.542, OPO §485.727, CMHCs §491.12, and ESRI (2) Testing. The [fato test the emerger	, "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: acility] must conduct exercises acy plan annually. The [facility]				
(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 DHSR - Mental Health NOV 7 2023 Lic. & Cert. Section		community-based (A) When a commaccessible, conductive exercise every 2 y (B) If the [facility and the end of t	every 2 years; or nunity-based exercise is not ct a facility-based functional ears; or ity] experiences an actual ide emergency that requires nergency plan, the [facility] is ging in its next required or individual, facility-based				
functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by		(ii) Conduct an add years, opposite the functional exercise this section is con- not limited to the f (A) A second full-secommunity-based functional exercise (B) A mock disaste	e year the full-scale or e under paragraph (d)(2)(i) of ducted, that may include, but is following: scale exercise that is or individual, facility-based e; or er drill; or		NOV 7 2023		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kevin Clark Statewide ICF Director

11/2/2023

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.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			FE SURVEY MPLETED
		34G251	B. WING		10	/17/2023
,	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3224 KAREN LANE MONROE, NC 28112)DE	
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	Continued From para facilitator and income a narrated, clinicall scenario, and a sed directed messages designed to challer (iii) Analyze the [farmaintain document exercises, and emergercises, and emergercises, and emergercises to test than unally. The hospition of the exercises to test than unally. The hospition of the emergercises (B) If the hospitional exercises (B) If the hospitional exerci	age 1 sludes a group discussion using y-relevant emergency to for problem statements, so, or prepared questions age an emergency plan. cility's] response to and tation of all drills, tabletop ergency events, and revise the cry plan, as needed. 18.113(d):] pices that provide care in the ne hospice must conduct the 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 ency that requires activation of an, the hospital is exempt from at required full scale exercise or individual ional exercise following the	ΕO		ît blank	
	(B) A mock disaste (C) A tabletop exe a facilitator and inc	er drill; or croise or workshop that is led by cludes a group discussion using				

Facility ID: 922077

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		34G251	B. WING		10/17/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112		
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	scenario, and a set directed messages designed to challen	y-relevant emergency of problem statements, or prepared questions ge an emergency plan.	E 039	This page is intentionally left blank		
(i)	directly. The hospic test the emergency hospice must do the (i) Participate in an is community-based (A) When a community-based function (B) If the hospice expanded and the emergency planengaging in its next based or facility-based following the onset (ii) Conduct an adding include, but is (A) A second full-scommunity-based of exercise; or (B) A mock disaste (C) A tabletop exercise; or (B) A mock disaste (C) A tabletop exercise (C) A	annual full-scale exercise that d; or nity-based exercise is not t an annual individual onal exercise; or operiences a natural or ncy that requires activation of n, the hospice is exempt from required full-scale community sed functional exercise of the emergency event. itional annual exercise that not limited to the following: cale exercise that is r a facility based functional exercise or workshop led by a des a group discussion using a relevant emergency scenario, m statements, directed ared questions designed to				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112		
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	§482.15(d), CAHs at (2) Testing. The [P conduct exercises twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, H actual natural or more than the facility-based function (B) If the properties activation (B) actual natural or more than the properties activation (B) Conduct an [addition that may include, be following: (A) A second full-scommunity-based functional exercises (B) A mock (C) A tabletop led by a facilitator discussion, using a emergency scenar statements, direct questions designed plan. (iii) Analyze the maintain document exercises, and emergency actual than the properties of the properties	at \$485.625(d):] RTF, Hospital, CAH] must to test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, cional exercise; or ospital, CAH] experiences an annual emergency plan, the from engaging in its next community based or individual, cional exercise following the gency event. In annual exercise or and out is not limited to the scale exercise that is or individual, a facility-based exercise or workshop that is and includes a group a narrated, clinically-relevant rio, and a set of problem ed messages, or prepared do to challenge an emergency effectively and revise the next energy plan, as needed.	E 03	This page is intentionally left blank		

NAME OF PROVIDER OR SUPPLIER KAREN LANE HOME B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETED TO BE COMPLET	STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D.	(X3) DATE SURVEY COMPLETED	
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AREN LANE HOME CAREN LANE HOME SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FILL (RACH DEFICIENCY) TAG			34G251	B. WING			0/17/2023
E 039 Continued From page 4 (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (iii) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise every 2 years opposite the year the full-scale ormuming based or individual, facility-based functional exercise of its conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise or or individual, a facility based functional exercise or or functional exercise or or functional exercise or or functional exercise or or functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency plan, as needed.					3224 KAREN LANE MONROE, NC 28112		
(2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (iii) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (iv) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (ql)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.	PREFIX (EAC	IL DEELCIENCY	MI IST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	(X5) COMPLETION DATE
*/For LTC Facilities at §483.73(d):]	(2) Tes exercis annual followir (iii) Par is commod (A) Whaccess facility-(B) If the man-mathe emengage based exercis event. (iv) Conductoppos exercis is conducted (B) A commathe following scenario design (iii) A maintenance exercis exercis is conducted (B) A commathe exercis exercis exercis is conducted (B) A commathe exercis e	ting. The Pares to test to tes	ACE organization must conduct the emergency plan at least an annual full-scale exercise that ed; or unity-based exercise is not ect an annual individual, etional exercise; or experiences an actual natural or ency that requires activation of an, the PACE is exempt from extrequired full-scale community al, facility-based functional exercise every 2 years the full-scale or functional exarcise that is dor individual, a facility based se; or exercise or workshop that is led by includes a group discussion, clinically-relevant emergency set of problem statements, es, or prepared questions lenge an emergency plan. PACE's response to and entation of all drills, tabletop emergency events and revise the			ally left blank	
Facility ID: 922077 If continuation sheet Page	*[For (2) Th	LTC Faciliti ne [LTC fac	es at §483.73(d):] ility] must conduct exercises to				

CENTERS FOR MEDICARE	& MEDICAID SERVICES	T OVOLANI II TIDI	E CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		PLETED
AND PLAN OF CORRECTION	.5	/i. boiles ii to	A. BOILDING		47/0000
	34G251	B. WING			17/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
KAREN LANE HOME			224 KAREN LANE MONROE, NC 28112		
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*[For ICF/IIDs a (2) Testing. The to test the emer		s r. t	Facility ID: 922077	ntinuation she	et Page 6 of 1

STATEMENT OF DEFICIENCIES (X1) TROUBLE OF THE STATEMENT OF DEFICIENCIES		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORF	ECTION	DEITH IS	A. BOILE			47/2022
		34G251	B. WING			17/2023
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	34G251	B. WING		10/17/2023	
NAME OF PROVIDER OR SUPPLIER KAREN LANE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES NUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
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DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
		34G251	B. WING		10/	17/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	plan. If the OPO expman-made emerge the emergency plan 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 followin (i) Conduct a paper least annually. A tadiscussion led by a clinically-relevant er of problem stateme prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency evenergency plan, as This STANDARD is Based on record refailed to conduct expreparedness plan. Review of the facility of a full-scale or conducted on 12/16. Interview with the State of the scale of t	I to challenge an emergency periences an actual natural or ney that requires activation of in, the OPO is exempt from a required testing exercise of the emergency event. D's response to and maintain ill tabletop exercises, and and revise the [RNHCl's and plan, as needed. 748]: RNHCl must conduct emergency plan. The RNHCl ing: -based, tabletop exercise at bletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ints, directed messages, or designed to challenge an interview and interview the facility ercises to test the emergency (EPP) annually. For example, it is provided to the facility ercises the facility ercises the facility ercises the facility ercises to the facility ercises to the facility ercises the facility ercises to the facility ercises the facility ercises to the facility ercises ercise	E 039	ICF Director will retrain Residential Ma and Residential Team Leader on updatin Emergency Preparedness Plan at least evyears, and/or whenever a change in clienthe group home by 12/1/2023. RM and/or designee will retrain all staff emergency preparedness plan by 12/1/20 ICF Director will complete Tabletop Exwith all staff by 12/1/2023. ICF Director monitor annually by requesting EPP and to be sent to me directly.	g the very 2 tele in on the 023.	

Facility ID: 922077

STATEMENT OF BETTOTED		LE CONSTRUCTION	COMP	LETED		
		34G251	B. WING		10/1	7/2023
	PROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE B224 KAREN LANE MONROE, NC 28112		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETIO N DATE
		unity- based exercise nor a r mock drill since 12/16/20. AATION	E 039 W 371			
	that clients are tauge medications if the indetermines that selvis an appropriate of does not specify of This STANDARD is Based on observation interviews, the systical failed to assure 1 of during medication at the opportunity to provide	s not met as evidenced by: ion, record review and iem for drug administration if 6 clients (#4) observed idministration were provided participate in medication or provide medication		W371 ICF Director or designee will retrain all medication education during medication to include providing the opportunity for to punch out medications by 12/1/2023. ICF Director or designee will monitor by completing medication observations for 1 time per week for 4 weeks. Target completion date: 11/30/2023	passes, clients	
	Chlorpromazine 20 Lorazepam 2mg, N D3 50mcg. Furthe #4 to grab a bottle the client's initials. revealed staff A to the client for medic point during the ob medication educati name, purpose and	Metformin 500mg and Vitamin robservation revealed client of water from the counter with Additional observation provide the medication cup to eation administration. At no servation did staff A provide ton to client #4 relative to the diside effects of the medication ervations also did not reveal				

	E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	WPLETED
34G251	/17/2023
NAME OF PROVIDER OR SUPPLIER KAREN LANE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 3224 KAREN LANE MONROE, NC 28112	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 371 Continued From page 10 staff A to prompt client #4 to assist with punching out the medications into the medication cup. Review of the record for client #4 on 10/17/23 revealed a person centered plan (PCP) dated 5/31/23. Continued review of the PCP for client #4 indicated the following program goals: clean table after dinner, dry the dishes, take dishes from kitchen table to kitchen sink and participate in a group activity. Further review of the PCP (5/31/23) indicated staff should encourage client #4 to perform opportunities for improved independence, and the client needs socially reinforced active participation in structured activities. Subsequent review of the record for client #4 did not reveal a current adaptive behavior inventory assessment to review during the survey. Interview with the residential team leader (RTL) on 10/17/23 revealed she is not aware if client #4 has had a previous medication administration goal. Interview with the Statewide ICF Director revealed client #4 is capable of punching her medications from the medication card independently. Interview with the qualified intellectual disabilities professional (QIDP) revealed several assessments for clients have been misplaced due to an electronic medical records system transition in progress. Continued interview with nursing and the Statewide ICF Director revealed staff should train and educate clients during medication administration.	