PRINTED: 09/04/2024 FORM APPROVED OMB NO. 0938-0391

1 '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G239	B. WING	B. WING		R 09/03/2024	
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME			7559 DECATU	ESS, CITY, STATE, ZIP CODE IR DRIVE LLE, NC 28303	1 09/	03/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRECTIO H CORRECTIVE ACTION SHOULE S-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	Initial Comments		ΕC	00			
{E 004}	deficiencies cited of deficiencies were of E0030, W104, W14 W255, W259, W259 of non-compliance facility remained of E0022, E0039, W2 W331. Develop EP Plan, FCFR(s): 483.475(a) \$403.748(a), \$416. \$441.184(a), \$460. \$483.475(a), \$485.542(a), \$485.542(a), \$485. \$485.920(a), \$486. \$494.62(a). The [facility] must of Federal, State and preparedness requirements of this preparedness proglimited to, the follow (a) Emergency Pla and maintain an enthat must be [reviewevery 2 years. The following: * [For hospitals at § \$485.625(a):] Eme	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 s section. The emergency iram must include, but not be	{E 00	04}			
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	1	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.

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	
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	PROVIDER OR SUPPLIER S S DECATUR HOME			S 7	STREET ADDRESS, CITY, STATE, ZIP CODE S559 DECATUR DRIVE FAYETTEVILLE, NC 28303	1 09/1	03/2024	
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{E 004}	requirements. The develop and maintal emergency prepare requirements of this all-hazards approach. * [For LTC Facilities Plan. The LTC facilities Plan. The LTC facilities Plan. The ESRD facilities Plan. The Facilities Potential Plan. The Facilities Potential Plan. The finding is: Review on 6/5/24 or a completion date or revealed no evidence in the past 2 years. Interview on 6/5/24 disabilities profession unable to provide a the EP had been up	ergency preparedness [hospital or CAH] must ain a comprehensive dness program that meets the section, utilizing an ch. at §483.73(a):] Emergency ity must develop and maintain aredness plan that must be atted at least annually. es at §494.62(a):] Emergency cility must develop and ency preparedness plan that and updated at least every 2 exiew and interview, the facility and update their emergency plan at least every 2 years. ial to effect 6 of 6 clients are (#1, #2, #3, #4, #5 and #6). If the facility's EP plan revealed of 5/15/22. Further review ce the plan had been updated with the qualified intellectual anal (QIDP) revealed he was ny additional information that	{E 01	04}				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED	
		34G239	B. WING	B. WING		R / 03/2024
	PROVIDER OR SUPPLIER S S DECATUR HOME	V.0200		STREET ADDRESS, CITY, STATE, ZIP C 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	· · · · · · · · · · · · · · · · · · ·	03/2024
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{E 004}	Record review on 9 it was updated on 6 policies reveal there pandemic policy in	/3/24 of the EP plan revealed i/20/24. Review of their was no evidence of a their EP plan.	{E 00	04}		
{E 022}	not have a pandem	with the QIDP revealed he did ic policy for the EP plan. s for Sheltering in Place (4)	{E 02	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 acilities]. At a minimum, the ures must address the				
	[(4) or (2),(3),(5),(6) for patients, staff, a the [facility].)] A means to shelter in place nd volunteers who remain in				
	and procedures. (6) The following ar hospice-operated in	e additional requirements for npatient care facilities only. occdures must address the				

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{E 022}	hospice employees This STANDARD is Based on record re failed to develop a semergency prepare potential to effect 6 home (#1, #2, #3, # Review on 6/5/24 of 5/15/22 revealed the shelter in place police. Interview on 6/5/24 disabilities profession	er in place for patients, who remain in the hospice. Is not met as evidenced by: eview and interview, the facility 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 onal (QIDP) revealed he was ny additional information	{E 02	22}			
{E 039}	Record review on 9 it was updated on 6 Place policy. Interview on 9/3/24 contacted the office and did not receive EP Testing Require CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §485.542(d)(2), §485.542(d)(2), §485.920(d)(2), §4	ments	{E 03	39}			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
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{E 039}	§491.12, and ESRE (2) Testing. The [facto test the emergen must do all of the focumulation of the factor of the emergen must do all of the factor of the emergen must do all of the factor of the emergen must do all of the factor of the emergen of	at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises cy plan annually. The [facility] bllowing: ull-scale exercise that is every 2 years; or unity-based exercise is not a facility-based functional ars; or y] experiences an actual de emergency that requires ergency plan, the [facility] is ining in its next required or individual, facility-based following the onset of the etitional 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 or or drill; or cise or workshop that is led by udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. cility's] response to and ation of all drills, tabletop ergency events, and revise the		39}			

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}	*[For Hospices at 4 (2) Testing for hospatient's home. The exercises to test the annually. The hos (i) Participate in a community based (A) When a commaccessible, conductional exercises (B) If the hospice of man-made emergency platengaging in its next community-based facility-based functionset of the emergency platengaging in its next community-based facility-based functionset of the emergency platengaging in its next community-based facility-based functionset of the emergency platengaging in its next community-based facility-based functionset of the emergency platengaging in its next community-based facility-based functionset of the emergency platengaging (a) A second full-scommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based exercise; or (B) A mock disast (C) A tabletop exercise to challenge the exercise to test the exercises to test the	A18.113(d):] spices that provide care in the ne hospice must conduct he emergency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not exercise an individual facility based every 2 years; or experiences a natural or experiences a natural or ency that requires activation of n, the hospital is exempt from at required full scale exercise or individual cional exercise following the gency event. ditional exercise every 2 years, he full-scale or functional exagraph (d)(2)(i) of this section may include, but is not limited scale exercise that is or a facility based functional	{E 0	39}			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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{E 039}	is community-base (A) When a community-based funct (B) If the hospice eman-made emerged the emergency platengaging in its next based or facility-based following the onset (ii) Conduct an additional may include, but is (A) A second full-scommunity-based exercise; or (B) A mock disaste (C) A tabletop exercise facilitator that inclunarrated, clinically-and a set of problemessages, or prepichallenge an emergiciii) Analyze the homaintain document exercises, and emerging the second community is a set of problemessages.	annual full-scale exercise that d; or unity-based exercise is not an annual individual ional exercise; or experiences a natural or ency that requires activation of an, the hospice is exempt from a trequired full-scale community sed functional exercise of the emergency event. ditional annual exercise that not limited to the following: a facility based functional er drill; or roise or workshop led by a des a group discussion using a relevant emergency scenario, m statements, directed ared questions designed to	{E 0	39}				
	§482.15(d), CAHs (2) Testing. The [Pl conduct exercises twice per year. The do the following: (i) Participate in ar is community-base	RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must n annual full-scale exercise that						

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{E 039}	accessible, conduct facility-based functions (B) If the [PRTF, Hoactual natural or marequires activation (facility] is exempt frequired full-scale of facility-based functionset of the emerging (ii) Conduct and that may include following: (A) A second full-scommunity-based of functional exercises (B) A mock (C) A tabletop of led by a facilitator adiscussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenari statements (2) Testing. The PACE at §460 (2	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. [0.84(d):] CE organization must conduct e emergency plan at least organization must do the annual full-scale exercise that d; or unity-based exercise is not tan annual individual,	{E 03	9}			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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{E 039}	(B) If the PACE expression man-made emerge the emergency plar engaging in its next based or individual, exercise following the event. (ii) Conduct any ears opposite the exercise under parais conducted that must the following: (A) A second full-scommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exer a facilitator and inclusing a narrated, clusing a narrated,	eriences an actual natural or ney that requires activation of a, 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 or er drill; or recise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and action of all drills, tabletop ergency events and revise the explan, as needed. at §483.73(d):] must conduct exercises to plan at least twice per year, need staff drills using the ures. The [LTC facility, the following: annual full-scale exercise that dripped; annual full-scale exercise is not the annual individual,	{E 03	9}		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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{E 039}	(B) If the [LTC facilia actual natural or ma requires activation of LTC facility is exem required a full-scale individual, facility-based following the onset (ii) Conduct an addinay include, but is (A) A second full-scommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exer a facilitator includes narrated, clinically-rand a set of probler messages, or prepachallenge an emergical (iii) Analyze the [LT and maintain docur exercises, and emergical facility] facility *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must document in the ICF/IID must document in the ICF/IID exercises and emergent in an is community-based (A) When a community-based function (B) If the ICF/IID exercises and emergent emergency plarengaging in its next energial in the ICF/IID exercises.	ty] facility experiences an an-made emergency that of the emergency plan, the pt from engaging its next ecommunity-based or ased functional exercise of the emergency event. Ititional annual exercise that not limited to the following: cale exercise that is or an individual, facility based or er drill; or cise or workshop that is led by a group discussion, using a relevant emergency scenario, in statements, directed ared questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop ergency events, and revise the is emergency plan, as needed. 83.475(d)]: F/IID must conduct exercises acy plan at least twice per year. To the following: annual full-scale exercise that drive an annual individual, onal exercise; or aperiences an actual natural or noty that requires activation of an, the ICF/IID is exempt from	{E 03	9}		

AND PLAN OF CORRECTION (X:		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	CON	COMPLETED	
		34G239	B. WING_			R / 03/2024	
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{E 039}	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 exerca facilitator and inclusing a narrated, cluscenario, and a set directed messages designed to challent (iii) Analyze the ICF maintain document exercises, and emergency exercises, and emergency of the emergency engaging in its next community-based functional exercise emergency event. (ii) Conduct an add	following the onset of the itional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based or r drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions and exercise to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. In 102] HHA must conduct exercises and plan at HHA must do the following: cull-scale exercise that is or mmunity-based exercise is not that an annual individual, onal exercise every 2 years; experiences an actual natural regency that requires activation plan, the HHA is exempt from	{E 03	9}			

AND DI AN OF CORRECTION IN IDENTIFICATION NUMBER.	PLE CONSTRUCTION G	COMPLETED	
34G239 B. WING		R 09/03/2024	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLÉTION	
(E 039) Continued From page 11 exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed. *[For OPOs at §486.360] (d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and			

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{E 039}	oPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the followir (i) Conduct a paper least annually. A tal discussion led by a clinically-relevant er of problem stateme prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency ever emergency plan, as This STANDARD is Based on record refailed to conduct a remergency prepare potential to effect 6 home (#1, #2, #3, # Review on 6/5/24 of 5/15/22 revealed the and mock drill exercises no evidence of Interview on 6/5/24 disabilities profession aware a full-scalar Record review on 9	plan, as needed. 748]: RNHCI must conduct e emergency plan. The RNHCI ng: -based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or designed to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI'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 plan dated the facility conducted tabletop cises for their EP plan. There is a full-scale exercise. with the qualified intellectual onal (QIDP) revealed he was alle exercise was required. Is conducted on 9/3/24. Is conducted on 9/3/24. Is conducted ere was no evidence a	{E 03/	9}		

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE
	did a full-scale exer evacuated the hom a mock 7 days stay did not record the s	with the QIDP revealed they cise last Thursday and e with the clients and staff, for The QIDP acknowledged, he taff who participated or other ise because he "did not have liday." GRAM PLAN	{E 0:				
	assessments or reasupplement the preprior to admission. This STANDARD is Based on record refailed to ensure initial	m must perform accurate assessments as needed to liminary evaluation conducted as not met as evidenced by: eview and interview, the facility all assessments were done for #3) that was newly admitted					
	admitted to the faci individual program had the qualified int professional (QIDP The current IPP did nutrition, speech, a occupational therap	/5/24 of client #3 was lity on 8/23/23 and his plan (IPP) dated 5/15/24 only rellectual disabilities) and guardian participating. I not have assessments from uditory, physical or by clinicians, despite a referral august 2023 to get them					
	was using the IPP of former group home physician examined recommendations t	with the QIDP revealed he dated 7/20/23 from client #3's . The QIDP revealed the diction to contract or refer him to contract sessments. The QIDP					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG	COMPLETED		
		34G239	B. WING_		1	R 03/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETION DATE
{W 210}	acknowledged it was schedule these app done. A follow-up visit was Record review on 9 5/15/24 revealed the assessments from review also reveale received a physical Interview on 9/3/24 client #3 had not had evaluation. The QID had not had an ann INDIVIDUAL PROCCFR(s): 483.440(c) The comprehensive include nutritional so This STANDARD is Based on record refailed to ensure 3 of #3) received annual findings are: A. Record review of the school of th	as his responsibility to pointments and it was not so conducted on 9/3/24. 3/3/24 of client #3's IPP dated e client had still not received nutrition and auditory. Record d client #3 had still not exam. with the QIDP confirmed and an auditory or nutritional DP also confirmed client #3 had physical. BRAM PLAN (3)(v) e functional assessment must	{W 21	0}		
		n 6/4/24 of client #2's evealed the last assessment				
	nutritional review re	n 6/5/24 of client #3's evealed an absence of a ent since his admission to the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER S S DECATUR HOME	340239	B. WIIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		03/2024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE	
{W 217}	disabilities profession have not had a reginago. The QIDP revelopment of the properties of the profession of the profess	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 was conducted on 9/3/24. In 9/3/24 of client #1's yealed the last assessment	{W 2	17}		
{W 262}	nutritional review renutritional assessm home on 8/21/23. Interview on 9/3/24 nutritional evaluation client #1, #2 or #3. still had no obtained PROGRAM MONIT CFR(s): 483.440(f). The committee shomonitor individual prinappropriate behavior the opinion of the client protection and This STANDARD is	n 9/3/24 of client #3's vealed an absence of a ent since his admission to the with the QIDP confirmed no ns had been completed for The QIDP revealed the facility a registered dietician. ORING & CHANGE (3)(i) uld review, approve, and rograms designed to manage vior and other programs that, a committee, involve risks to	{W 26	52}		

\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) ID PRO			34G239	B. WING				
(2.1)					5 7	559 DECATUR DRIVE	1 09/	03/2024
	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
W 262) Continued From page 16 failed to ensure techniques used to manage behaviors were reviewed and monitored by the Human Rights Committee (HRC) for 3 of 3 audit clients (#1, #2 and #3) on behavior support plans (BSP). The findings are: A. Record review on 6/4/24 of client #1's BSP from 5/5/23 revealed a goal to decrease episodes of inappropriate behaviors to 15 per month for during the review period. Inappropriate targeted behaviors were defined as non-compliance, aggression, self-injurious behaviors, public masturbation and taking food that does not belong to him. Medications used to treat his behaviors were Fluvoxamine Mal and Quetiapine Furnarate. There was no record that client #1's BSP had been reviewed and approved by the facility's HRC. B. Record review on 6/4/24 of client #2's BSP from 6/1/23 revealed a goal to decrease episodes of inappropriate behavior to 15 or fewer per month. Inappropriate behaviors were defined as hitting, kicking, attacking staff when redirected, self-wetting, PICA, sexually inappropriate behaviors, loud vocalizations, taking food that did not belong to her and public masturbation. Medications to treat her behaviors included Citalopram, Clonidine, Fanapt, Topiramate, Hydroxyzine, Trazadone, Celexa, Zyprexa and Diazepam prm. There was no record that client #2's BSP had been reviewed and approved by the facility's HRC. C. Record review on 6/5/24 of client #3's BSP revealed the facility had incorporated behavioral guidelines from his previous placement. Client	{W 262}	failed to ensure tech behaviors were reve Human Rights Corclients (#1, #2 and (BSP). The finding A. Record review of from 5/5/23 revealed of inappropriate beduring the review pubehaviors were deaggression, self-ing masturbation and the behaviors were Flu Fumarate. There were BSP had been revifacility's HRC. B. Record review of inappropriate beduring, kicking, attaself-wetting, PICA, behaviors, loud vonot belong to her and Medications to treactive form 6/1/23 revealed the facility's HRC. C. Record review of the facility's HRC. C. Record review of the facility's HRC.	chniques used to manage viewed and monitored by the mittee (HRC) for 3 of 3 audit #3) on behavior support plans is are: on 6/4/24 of client #1's BSP ed a goal to decrease episodes chaviors to 15 per month for period. Inappropriate targeted fined as non-compliance, furious behaviors, public taking food that does not dications used to treat his avoxamine Mal and Quetiapine was no record that client #1's ewed and approved by the con 6/4/24 of client #2's BSP ed a goal to decrease episodes chavior to 15 or fewer per enter behaviors were defined as acking staff when redirected, sexually inappropriate calizations, taking food that did and public masturbation. The behaviors included interpretation in reviewed and approved by the con 6/5/24 of client #3's BSP of had incorporated behavioral	{W 2	62}			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
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	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CO 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		, , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{W 262}	physical aggression making untrue state treat his behaviors bi-monthly injection and Gabapentin. T #3's BSP had been the facility's HRC. Interview on 6/5/24 disabilities professi facility did not have A follow-up survey A. Record review of from 5/5/23 revealed of inappropriate be during the review phehaviors were defaggression, self-inj masturbation and the behaviors were Flux Fumarate. There were BSP had been revifacility's HRC. B. Record review of from 6/1/23 revealed of inappropriate be month. Inappropriate be month. Inappropriate hitting, kicking, attaself-wetting, PICA, behaviors, loud voon to belong to her a Medications to treat Citalopram, Clonidicality and the self-wetting to the a Medications to treat Citalopram, Clonidicality in the self-wetting to the a Medications to treat Citalopram, Clonidicality in the self-wetting to the a Medications to treat Citalopram, Clonidicality in the self-wetting to th	destruction, noncompliance, and attempted AWOL and ements. Medications used to were Risperidone ER s, Clonazepam, Lithium Carbonere was no record that client reviewed and approved by with the qualified intellectual onal (QIDP) revealed the a Human Rights Committee. was completed on 9/3/24. In 9/3/24 of client #1's BSP ed a goal to decrease episodes haviors 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 as no record that client #1's ewed and approved by the In 9/3/24 of client #2's BSP ed a goal to decrease episodes havior to 15 or fewer per the behaviors were defined as cking staff when redirected, sexually inappropriate calizations, taking food that did not public masturbation. It her behaviors included ne, Fanapt, Topiramate, done, Celexa, Zyprexa and		22}		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				COMPLETED	
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	PROVIDER OR SUPPLIER S S DECATUR HOME			7559 DEC	DRESS, CITY, STATE, ZIP CODE ATUR DRIVE VILLE, NC 28303	1 001	00/2024
(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 DSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 262}		re was no record that client	{W 26	52}			
{W 263}	#2's BSP had been the facility's HRC. C. Record review or revealed the facility guidelines from his #3's target behavior self-harm, verbal agbehaviors, property physical aggression making untrue state treat his behaviors bi-monthly injection and Gabapentin. The #3's BSP had been the facility's HRC. Interview on 9/3/24 there was still no Hlor #3's BSP's. PROGRAM MONIT CFR(s): 483.440(f). The committee sho are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record refailed to ensure a replan (BSP) used to medications and be written consent of the 3 audit clients (#1). Record review on 6	n 9/3/24 of client #3's BSP had incorporated behavioral previous placement. Client rs were defined as threatening agression, self-injurious destruction, noncompliance, attempted AWOL and ements. Medications used to were Risperidone ER s, Clonazepam, Lithium Carb here was no record that client reviewed and approved by with the QIDP confirmed RC consent for client #1, #2, **CORING & CHANGE** (3)(ii) uld insure that these programs with the written informed t, parents (if the client is a rdian. Is not met as evidenced by: eview and interview, the facility estrictive Behavior Support administer behavioral enavior techniques, had the ne guardian. This affected 1 of	{W 26	53}			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	/IDER OR SUPPLIER DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	1 00/	00/2024
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ina du be ag ma be Fu wa Int dis cor an A f Re 5/5 ina du be ag ma be be Fu	ring the review per haviors were defingression, self-injugaturbation and tallong to him. Medinaviors were Flux marate. The last is signed by the gerview on 6/5/24 sabilities professionsents for the BS mually. Follow-up survey were ring the review per haviors were defingression, self-injugaturbation and tallong to him. Medinaviors were Flux marate. The last	ge 19 riors to 15 per month for criod. Inappropriate targeted ned as non-compliance, urious behaviors, public aking food that does not cations used to treat his roxamine Mal and Quetiapine consent to authorize the BSP quardian on 8/2/22. With the qualified intellectual onal (QIDP) revealed the P's should be updated Was conducted on 9/3/24. Was conducted on 9/3/24.	{W 26	53}		
w 323 PHCF	nsent for client #′ d has not been u nfirmed consents HYSICIAN SERVI FR(s): 483.460(a) e facility must pro		W 3	23		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	PLE CONSTRUCTION G		PLETED	
		34G239	B. WING		09/0	3/2024
	PROVIDER OR SUPPLIER S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		
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W 323	includes an evaluar This STANDARD in Based on record refacility failed to ensure and #3) received at the doctor. The find A. Record review of chart revealed no exam during a 12 review revealed a review revealed and report (date unknowns ore with medication was deleased another medical consult also revealed report (date unknowns ore with medication was deleased another medical control of the qualified intellet (QIDP) on 8/5/24 reductor to make a note and response was orded dermatologist. The to sacrum healing wheight was recorded B. Record review of chart revealed note exam during a 12 reductor has not exam facility. The QIDP and the province of	is ion of vision and hearing. Is not met as evidenced by: eview and interviews, the ure 3 of 3 audit clients (#1, #2 in annual physical exam from lings are: In 9/3/24 of client #1's medical evidence of an annual physical months period. An additional medical consultation form for where the doctor diagnosed decubitus ulcer on right ribed occlusive dressing. The example of the nurse reviewed the example of the nurse reviewed the example of the nurse reviewed the example of the professional experience of the professional experience of the professional experience of the example of the example of the professional experience of the example of the ex	W 32	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		34G239	B. WING			R (03/2024
NAME OF F	PROVIDER OR SUPPLIER	0-0200	1	STREET ADDRESS, CITY, STATE, ZIP CODE	09/	/03/2024
TW WILL OF T	NOVIDER OR GOLF EIER			7559 DECATUR DRIVE		
THOMAS	S DECATUR HOME			FAYETTEVILLE, NC 28303		
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
W 323	consultation forms. and writes orders; s him.	The doctor reviews the forms signs and returns the form to	W 3	323		
{W 331}	NURSING SERVIC CFR(s): 483.460(c)		{W 3	31}		
	services in accorda This STANDARD is Based on record re facility failed to ens #3) received the ne	ovide clients with nursing nce with their needs. s not met as evidenced by: eview and interviews, the ure 2 of 3 audit clients (#1 and cessary ongoing nursing declines in skin conditions.				
	revealed on 10/28/2 texture was first now was determined to new physician's ordective cream to was no documental was still being treat 6/5/24, client #1 ret appointment with a	4 of client #1's nursing notes 23 a discoloration of unusual ticed on his right buttocks that 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 taving a stage II pressure ulcer				
	disabilities profession was no nurse working a contract nurse who month. The QIDP attrained to contact h 6/1/24, he received concerned about skright buttocks and sight skright skrigh	with the qualified intellectual conal (QIDP) revealed there ng in the home but there was no came to the home every toknowledged, staff have been im for nursing concerns. On a call from staff who was kin breakdown on client #1's tent a photograph to the QIDP. The buttock appeared to have				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		34G239	B. WING				R 03/2024
	PROVIDER OR SUPPLIER S S DECATUR HOME			755	EET ADDRESS, CITY, STATE, ZIP CODE 9 DECATUR DRIVE 7 ETTEVILLE, NC 28303	1 00%	00/2024
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	developed a pressular rangements to get to see the doctor. The nurse was notified a pressure ulcer on better the surger of the s	worried that client #1 are ulcer and made immediate at an appointment for client #1 the QIDP acknowledged the on 6/5/24 of client #1's auttocks. ons in the home on 6/4/24 at ore an surgical shoe on his 6/4/24 revealed on 5/1/24, ated for right foot pain, was the great toe and received an d. Client #3 was diagnosed ry and was noted to have the flap on the tip of his right are was detected from tests. and on antibiotic for an infection and/24, client #3 was sent to the are to the fat layer on great toe was diagnosed with a right are. Client #3's dressing should with antibiotic ointment applied, and he should continue to a Client #3 needs to follow-up and weeks. with Staff A revealed client #1 brandage on great toe and did are the surgical shoe. Staff A passed medications on day ing the wound on great toe a hang nail for client #3. Staff a not told client #3's toe injury	{W 3:	31}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		34G239	B. WING		ng	R / 03/2024
	PROVIDER OR SUPPLIER S S DECATUR HOME			STREET ADDRESS, CITY, STATE, ZIP 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303		100/2024
(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 X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{W 331}	A. Record review o Monthly Assessment 6/24/24, 7/19/24 and completed an asse wound care services. Record review on 9 chart revealed a meta-fo/5/24 where the doctor stage II decubitus and prescribed occlusive revealed the nurse unknown) and instremedication and bar was delivered from consultation form consultation for	s conducted on 9/3/24. n 9/3/24 of client #1 Nursing of the revealed the following: On d 8/12/24, the nurse ssment without providing	{W 33	31}		

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			R 09/03/2024	
NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME				STREET ADDRESS, CITY, STATE, ZIP C 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	ODE	00/00/2024	
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{W 331}	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		{W 3:				

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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NAME OF PROVIDER OR SUPPLIER THOMAS S DECATUR HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 7559 DECATUR DRIVE FAYETTEVILLE, NC 28303	1 03	00/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	SHOULD BE COMPLÉTION		
W 347	the pressure ulcer of healed. Record review on 9 nursing assessmen 8/12/24; revealed the wound care service. Interview on 9/3/24 revealed client #1's direct care professi treatment. Interview on 9/3/24 contract nurse mad The QIDP revealed wound care and the the measurements and progress notes. B. Record review on nursing assessmen were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were no indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing assessment were not indicators of provided by the nursing	on the right buttock was 2/3/24 of client #1's monthly ats, on 6/24/24, 7/19/24 and are nurse did not perform as for client #1 during the visits. with the home manager pressure ulcer healed and conals applied medications for with the QIDP revealed their are monthly visits to the home. The nurse was not providing are were no nursing notes on of client #1's pressure ulcer That indicated it was healed. In 9/3/24 of client #3's monthly at on 8/12/24, revealed there of pain or wound care se. with the home manager eceived wound care from assionals. with the QIDP revealed client wound care from the direct and he did not have any skin	W 34				