PRINTED: 09/06/2024 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
	34G217	B. WING _		no	/04/2024
NAME OF PROVIDER OR SUPPLIER CATES STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 306 CATES STREET ROXBORO, NC 27573	03	704/2024
PREFIX (EACH DEFICIENCY	ATEMENT 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 APPROVIDENCY)	D BE	COMPLETIC DATE
§460.84(d)(2), §482 §483.475(d)(2), §482 §485.542(d)(2), §482 §485.542(d)(2), §482 §485.920(d)(2), §482 §485.727, CMHCs at §485.727, CMHCs at §491.12, and ESRE (2) Testing. The [fact to test the emergenement do all of the formulated of the formulated (A) When a community-based et (A) When a community-based et (B) If the [facility natural or man-madactivation of the emergenement from engagic community-based or several exempt from engagic communi	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 Discillations at §494.62]: cility] must conduct exercises by plan annually. The [facility] illowing: still-scale exercise that is very 2 years; or unity-based exercise is not a facility-based functional	E 03	facilitate a mock disaster drill or the exercise to include a group disculusing a narrated, clinically relevemergency scenario, and a set of problem statements, directed moor prepared questions designed challenge an emergency plan. The will be documented, and data we analyzed following the activity. Emergency plan will be revised an needed based on the data. The CD Director will be responsible for ensuring the EOP drills/evaluation completed twice a year.	abletop ssion, rant f essages, to he drill ill be The as linical	10/31/24
(ii) Conduct an additi years, opposite the y	onal exercise at least every 2 year the full-scale or		RECEIVED		
this section is condu not limited to the follo		ra	SEP 1 8 2024 DHSR-MH Licensure Sect		
functional exercise; of	individual, facility-based or				
	oriii; or se or workshop that is led by VSUPPLIER REPRESENTATIVE'S SIGNATU		Meh Dy Clinical Direty	9	1/12/24

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 program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	a facilitator and inclusion a narrated, clinically scenario, and a set directed messages, designed to challent (iii) Analyze the [facility Analyze the	des a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. ility's] response to and ation of all drills, tabletop gency events, and revise the y plan, as needed. 8.113(d):] ices that provide care in the hospice must conduct emergency plan at least ce must do the following: Il-scale exercise that is very 2 years; or an individual facility based very 2 years; or periences a natural or cy that requires activation of the hospital is exempt from required full scale ercise or individual nal exercise following the ney event. onal exercise every 2 years, full-scale or functional graph (d)(2)(i) of this section by include, but is not limited alle exercise that is a facility based functional	E 03	mu is Clinical out	9/12/2	24	

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	directed messages, designed to challeng (3) Testing for hospic care directly. The he exercises to test the year. The hospice in an a is community-based (A) When a communaccessible, conduct facility-based functio (B) If the hospice expenses and the emergency plan, engaging in its next representation of the properties of the community-based or facility-based or facility-based following the onset of (ii) Conduct an addit may include, but is not (A) A second full-scatter of the community-based or exercise; or (B) A mock disaster of the community-based or exercise; or (C) A tabletop exercise and a set of problem messages, or prepare challenge an emerge (iii) Analyze the hosp maintain documentation	or prepared questions ge an emergency plan. Ideas that provide inpatient prospice must conduct the emergency plan twice permust do the following: In annual full-scale exercise that it is a facility based functional exercise that or the emergency event. If the emergency event is a facility based functional exercise that is a facility based functional event	ΕO	Mu Dy Clinicae On	into a	1/12/24	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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	§482.15(d), CAHs a (2) Testing. The [PF conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or ma requires activation of [facility] is exempt for required full-scale confacility-based function onset of the emerge (ii) Conduct an [and that may include following: (A) A second full-scale community-based or functional exercise; (B) A mock of (C) A tabletop exiled by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. (iii) Analyze the [maintain documentated and the conduct of the community the plan.	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must at test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that annual full-scale exercise is not an annual individual, anal exercise; or spital, CAH] experiences an annual emergency that a fithe emergency plan, the amengaging in its next annuity based or individual, anal exercise following the and exercise following the ancy event. additional] annual exercise or an annual exercise or an annual exercise or an annual exercise or and includes a group arrated, clinically-relevant and a set of problem messages, or prepared a challenge an emergency and ion of all drills, tabletop pency events and revise the plan, as needed.	E 03	Mr Day Clinical Cint		9/12/24	

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exercises to test annually. The Pfollowing: (i) Participate in is community-based (A) When a community-based further participate in the emergency engaging in its representation of the emergency engaging in its representation of the exercise following exercise following: (ii) Conduct years opposite the exercise under price is conducted that the following: (A) A second further following: (A) A second further following: (B) A mock disate (C) A tabletop engaging a narrated scenario, and an addirected message designed to chall (iii) Analyze the maintain docume exercises, and engage exercises, and engage exercises.	PACE organization must conduct to the emergency plan at least ACE organization must do the an annual full-scale exercise that ased; or amunity-based exercise is not duct an annual individual, anctional exercise; or experiences an actual natural or regency that requires activation of plan, the PACE is exempt from ext required full-scale community ual, facility-based functional and the onset of the emergency an additional exercise every 2 are year the full-scale or functional paragraph (d)(2)(i) of this section to may include, but is not limited to all-scale exercise that is ad or individual, a facility based se; or	E 03	Men Dy Clinical Direct	m 9/12/24	

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	including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the [LTC facility actual natural or marequires activation of LTC facility is exemprequired a full-scale individual, facility-based following the onset of (ii) Conduct an addinay include, but is reached a facilitator includes community-based or functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator includes narrated, clinically-reached as et of problem messages, or preparchallenge an emerge (iii) Analyze the [LTC and maintain docum exercises, and emer [LTC facility] facility's *[For ICF/IIDs at §48 (2) Testing. The ICF/IID must do	plan at least twice per year, ced staff drills using the ires. The [LTC facility, e following: annual full-scale exercise that it; or nity-based exercise is not an annual individual, onal exercise. Ey] facility experiences an in-made emergency that if the emergency plan, the pt from engaging its next community-based or ised functional exercise of the emergency event. Itional annual exercise that is an individual, facility based or drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, in statements, directed red questions designed to ency plan. C facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: VIID must conduct exercises y plan at least twice per year.	E 03	Men Dy Clinical Direc		7/12/24	

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E 039	accessible, conduct facility-based functions the emergency plarengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addimay include, but is react (A) A second full-secommunity-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and including a narrated, clisscenario, and a set directed messages, designed to challenge (iii) Analyze the ICF maintain documentate exercises, and emer ICF/IID's emergency exercises, and emer ICF/IID's emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises. The Hoto test the emergency exercises and emergency exercises and emergency exercises and emergency exercises.	d; or nity-based exercise is not an annual individual, onal exercise; or. periences an actual natural or ncy that requires activation of n, the ICF/IID is exempt from required full-scale or individual, facility-based following the onset of the tional annual exercise that not limited to the following: ale exercise that is r an individual, facility-based or drill; or ise or workshop that is led by udes a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. //IID's response to and ation of all drills, tabletop regency events, and revise the y plan, as needed. 102] HAA must conduct exercises by plan at HHA must do the following: I-scale exercise that is	E 03	Mu Dy Clinical Direc		9/12/24	

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E 039	or man-made emergof the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, that limited to the following (A) A second furcommunity-based of functional exercise; (B) A mock disaction of the following of the following are mergency scenarious tatements, directed questions designed plan. (iii) Analyze the HHZ documentation of all emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The Oto test the emergency events are led by a facilitator and least and led by a facilitator and following:	experiences an actual natural gency that requires activation lan, the HHA is exempt from required full-scale in individual, facility based following the onset of the stional exercise every 2 years, are full-scale or functional egraph (d)(2)(i) of this section it may include, but is not ing: Il-scale exercise that is an individual, facility-based or ster drill; or exercise or workshop that is individues a group inarrated, clinically-relevant or, and a set of problem it messages, or prepared it ochallenge an emergency. A's response to and maintain drills, tabletop exercises, and and revise the HHA's ineeded. 360] DPO must conduct exercises by plan. The OPO must do the based, tabletop exercise or inually. A tabletop exercise is	E 03	Mu Dy Clinical Director		9/12/24
		, and a set of problem messages, or prepared				

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E 039	questions designed plan. If the OPO extiman-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 §403.7] (d)(2) Testing. The exercises to test the must do the followin (i) Conduct a paper least annually. A tal discussion led by a clinically-relevant er of problem stateme prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency eve emergency plan, as This STANDARD is Based on document facility failed to ensu community/facility-b tabletop exercise to Preparedness (EP) finding is:	to challenge an emergency periences an actual natural or necy that requires activation of a, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct emergency plan. The RNHCI ag: -based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ants, directed messages, or designed to challenge an exercise to and ation of all tabletop exercises, and revise the RNHCI's needed. In not met as evidenced by: treview and interviews, the	EO	mu Dy Clinical Direct	9/12/24	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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E 039	Interview on 9/4/24 Disabilities Professi their emergency pla reviewed/discussed 2024, however, no emergency prepard INDIVIDUAL PROG CFR(s): 483.440(c)(c) The individual progra relevant intervention toward independen This STANDARD is Based on observati interview, the facility Individual Program information to supple devices. This affects finding is: During observations survey on 9/3 - 9/4/2 side alarm mat was Review on 9/3/24 of revealed, under ada with alarm and baby	with the Qualified Intellectual ional (QIDP) confirmed all of an hazards were during a staff meeting in April documentation of a dness exercise was available. GRAM PLAN (6)(i) ram plan must describe instead to support the individual ince. Is not met as evidenced by: ion, record review and intellectual ince. In the series of adaptive intellectual ince. In the last of 3 audit clients. The intellectual ince in the home during the intellectual ince in the intellipse in the intellectual ince in the intellectual ince in the i	E 03		ector ye ody are r will a has	10/31/24
	revealed client #5 has his bedroom to alert the middle of the nigure of	with the Home Manager (HM) as a monitor and mat alarm in t staff in case he gets up in ght since he is a fall risk. with the Qualified Intellectual ional (QIDP) indicated client nd alarm mat are used to help		Mu Dy Clinical Druk	/	9/12/24

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	since he's at risk for his room in the past client's IPP does not regarding the monit PROGRAM IMPLEM CFR(s): 483.440(d) As soon as the interformulated a client's each client must rectreatment program of interventions and seand frequency to sure objectives identified plan. This STANDARD is Based on observation interviews, the facilities received a continuous consisting of needed as identified in the Irin the area of implements.	he gets up in his bedroom refalls and has fallen while in . The QIDP acknowledged the out include any information oring devices and their use.	W 249		This ation, ive	10/31/24
	program and in the hon 9/3 - 9/4/24, clien his meals with his he towards his chest what each meal, the cliverbal prompts from With each prompt, the few seconds before	me observations at the day nome throughout the survey at #5 consistently consumed ead positioned downward alle chewing and swallowing, ent received infrequent staff to hold his head up, are client raised his head for a dowering it again and ne his meals in the same		Mun Dy Clinical Dirux	,	9/12/24

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W 249	needs prompts to ra to keep him from ch Review on 9/3/24 of	with Staff C revealed client #5 isse his head up while eating	W 24	49	
	noted, "Staff should verbally to push his up when eating. Sta self-correctionStat [Client #5's] back be help him adjust his p Interview on 9/4/24 b Disabilities Profession	encourage [Client #5] shoulders down, hold his chin ff should give him praise for ff should apply one finger to etween his shoulder blades to posture while eating" with the Qualified Intellectual pnal (QIDP) confirmed client es are current and should be			
	individual program p specifically towards in elimination of the becare employed. This STANDARD is Based on record reversalled to ensure drug inappropriate behave integral part of a form	ntegral part of the client's	W 31	trained on ensuring behavior intervention plans are developed with the support of the psychologist, approval of the HRC and impleme in the individual support plan immediately following a new admission, should it be necessary the address restrictive interventions to include medications, by October 7, 2024. The Qualified Professional with trained and the control of	vith nted
	she receives Trazad Memantine 10 mg, a	client #3's record revealed one 50 mg, Sertraline 50 mg, nd Gabapentin 800 mg ½ copriate behaviors. Additional		ensure staff are trained at the mont staff meetings on Behavior Interver Plans. The Behavior Intervention P goal will be embedded in the Indiv Program Plan. The plan will be	ntion Plan

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 1XJE11

Facility ID: 921625

If continuation sheet Page 12 of 17

Mu Dy airical Onin 9/12/24

DEPARTMENT OF HEALTH				PRINTED: 09/06/2024 FORM APPROVED	
CENTERS FOR MEDICARI	E & MEDICAID SERVICES			OMB NO. 0938-0391	
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII	TIPLE CONSTRUCTION	(Y3) DATE CURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		DING	(X3) DATE SURVEY COMPLETED	
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ROXBORO, NC 27573

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W 312	Continued From page 12 record review revealed there was no formal Behavior Support Plan (BSP) in place that incorporated the use of these drugs. Interview on 9/4/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the drugs were used to address client #3's inappropriate behaviors and there was no formal BSP in place that incorporated the use of these drugs. NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to		W 340 The Registered Nurse will train staff on appropriate health and hygiene methods to include appropriate use of gloves and handwashing by October 7, 2024. This training will occur at least annually during Medication Training.	10/31/24
	training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is: During observations throughout the survey at the		Observations on preventative health measures will be monitored continuously by the Residential Coordinator, QP and the Director of Services with further training offered if needed.	
	day program and in the home on 9/3 - 9/4/24, various staff wore latex gloves while performing tasks in the kitchen and while assisting clients at the table. For example, on 9/3/24 at the day program at 12:17pm, Staff A and Staff E sat at the dining table wearing latex gloves. Staff A was noted to manipulate her hair just before adjusting client #4's plate while continuing to wear the gloves. During observations in the home on			
	9/3/24 from 6:35p - 6:55pm, Staff D put on latex gloves just before applying gloves to client #4 and client #5's hands. The clients were then assisted		Mu Dy Clinical Direct	9/12/24

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC			
W 340	Continued From page 13	W 3	340			
	to hold cups and/or pour their drinks. Further observations in the home on 9/4/24 during various times from 6:18am - 8:00am, Staff B wore latex gloves while completing tasks for food preparation. The staff continued to wear the gloves while manipulating canned foods, boxed foods, and touching knobs/handles and other surfaces in the area.	****				
	Interview on 9/4/24 with Staff B revealed they have been trained to wear latex gloves while performing kitchen duties and during meal preparation. Additional interview on 9/4/24 with Staff C indicated some staff choose to wear gloves while working in the kitchen. The staff noted, "Some have a preference."					
	Review on 9/4/24 of the facility's policy for Use of Disposable Gloves (effective 2/19/21) revealed, "Use of gloves does not negate the need for hand washing. Hands should always be washed after removing gloves or use hand sanitizer." Additional review of the policy noted, "Disposable, non-sterile gloves shall be used as follows: When there is contamination with blood, blood body fluids with visible blood, drainage from lesions or infected wounds and when participating in activities that are likely to result in blood contamination." Further review of the policy did not indicate latex gloves should be used in the manner previously described.					
	Interview on 9/4/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed latex gloves should only be used as indicated in the policy and staff have not been trained to routinely use them while performing cooking tasks in the kitchen or dining room.		mu Dycunical Dirum 9/12/20			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G217	B. WING _		09/	04/2024
NAME OF PROVIDER OR SUPPLIER CATES STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 306 CATES STREET ROXBORO, NC 27573			
(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) COMPLETION DATE
W 369 W 369	that all drugs, include self-administered, and This STANDARD is Based on observation interviews, the facility medications were and This affected 1 of 4 receiving medication. During morning obstadministration in the client #4 ingested Towns and Tegretol. No other observed to be administration Technology and Tegretol. No other wedications observed #4 normally receives #4 normally receives #4 receives on 9/4/24 of physician's orders so 7/1/24 noted an order once daily at 7:30 and This STANDARD Technology.	administration must assure ding those that are re administered without error. In a not met as evidenced by: ons, record review and the ty failed to ensure all diministered without error. It clients (#4) observed the thing is: ervations of medications are home on 9/4/24 at 8:39am, radjenta, Glimepiride, Enalopril, Docusate Sodium the medications were inistered during this time. With the Home Manager (also ancician) confirmed the ed were the medications client in the morning. I client #4's most current agned by the physician on the for Aspirin low chew 81 mg in.	W 36	(1)	The ered The y on	10/31/24
W 460	confirmed client #4's	1)	W 460	Mur Day Clinical Direct		9 12 24

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		34G217	B. WING		09/	04/2024	
NAME OF PROVIDER OR SUPPLIER CATES STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 306 CATES STREET ROXBORO, NC 27573				
(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) COMPLETION DATE	
W 460	This STANDARD is Based on observation reviews, the facility clients (#3) received diets as indicated. The During observations 7:35 am, client #3 who blue berry muffin, and the muffin and the cunaltered. Interview on 9/4/24 who was a ground beef. Review on 9/4/24 of 7/22/24 revealed clieground diet. Interview on 9/4/24 who was a ground beef.	ncluding modified and didets. Is not met as evidenced by: ons, interviews and record failed to ensure 1 of 3 audit ditheir specially-prescribed The finding is: Is at the home on 9/4/24 at each served Cheerios, a whole and fruit cocktail. Staff broke up other items remained With Staff C revealed client by is ground and the petter with softer foods. With Staff B revealed client by is chopped, but not as fine a physician's order dated ent #3 should receive a soft With the Qualified Intellectual onal (QIDP) confirmed client ould be ground per her	W 46	W460- Staff will receive training the Dietician by October 15, 2024 regarding nourishing, well-balance including modified and specially prescribed diets and consistency. All new staff will receive training orientation by the QP and by the Dietician as needed. On-going monitoring regarding modified diespecially prescribed diets will be monitored by the Residential Coordinator, QP and the Director Services. The Dietician will monitonice per month.	at at of	10/31/24	
				Mer by Clinical Direc	AV	9/12/24	