PRINTED: 09/26/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION	` ′	TE SURVEY MPLETED
		34G010	B. WING		09	/25/2024
	PROVIDER OR SUPPLIER KE ICF/MR GROUP H	IOME		STREET ADDRESS, CITY, STATE, ZIP CODE 101 STEPHENS DRIVE MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs at §491.12, and ESRE (2) Testing. The [facto test the emergen must do all of the formulation of the formulation of the emergen community-based exercise every 2 ye (B) If the [facility natural or man-made activation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an addity years, opposite the functional exercise this section is conditional exercise this section is conditional exercise this section is conditional exercise (A) A second full-sectional exercise; (B) A mock disaster (C) A tabletop exercise;	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §494.62(d)(2). 3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises be be plan annually. The [facility] bellowing: all-scale exercise that is every 2 years; or unity-based exercise is not at a facility-based functional ars; or y] experiences an actual de emergency that requires be regency plan, the [facility] is ging in its next required or individual, facility-based following the onset of the sitional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is allowing: sale exercise that is or individual, facility-based or	E 0	TITLE		(X6) DATE

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

(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 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		34G010	B. WING		09/	25/2024	
NAME OF PROVIDER OR SUPPLIER SCI-BURKE ICF/MR GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 101 STEPHENS DRIVE MORGANTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
E 039	a facilitator and incident a narrated, clinically scenario, and a set directed messages designed to challer (iii) Analyze the [facility Analyze the [facility Analyze the [facility's] emergency and emergency and emergency and emergency are community based emergency planer emerge	udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] Dices that provide care in the energency plan at least process that is emergency plan at least process that is every 2 years; or unity based exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or not that requires activation of an the hospital is exempt from a required full scale exercise or individual onal exercise following the ency event. Ititional exercise every 2 years, one full-scale or functional eagraph (d)(2)(i) of this section may include, but is not limited on a facility based functional	E 03				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G010	B. WING		09	/25/2024
NAME OF PROVIDER OR SUPPLIER SCI-BURKE ICF/MR GROUP HOME				STREET ADDRESS, CITY, STATE, 101 STEPHENS DRIVE MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
E 039	scenario, and a sedirected messages designed to challer (3) Testing for hospicare directly. The exercises to test the year. The hospice (i) Participate in an is community-base (A) When a commaccessible, conduct facility-based funct (B) If the hospice of man-made emergency plaengaging in its next based or facility-based following the onset (ii) Conduct an admay 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 emer (iii) Analyze the homaintain documen exercises, and emergency in the sages of the sages	y-relevant emergency t of problem statements, s, or prepared questions age an emergency plan. Dices that provide inpatient thospice must conduct the emergency plan twice per must do the following: a annual full-scale exercise that the did; or the annual individual tional exercise; or experiences a natural or experience	EC	039		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G010	B. WING			09/:	25/2024
NAME OF PROVIDER OR SUPPLIER SCI-BURKE ICF/MR GROUP HOME				10	REET ADDRESS, CITY, STATE, ZIP CODE 11 STEPHENS DRIVE ORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	§482.15(d), CAHs (2) Testing. The [P conduct exercises twice per year. The do the following: (i) Participate in ar is community-base (A) When a community-based (A) When a community-based funct (B) If the [PRTF, H actual natural or m requires activation [facility-based funct onset of the emerg (ii) Conduct ar and that may include following: (A) A second full-secommunity-based functional exercise (B) A moch (C) A tabletop led by a facilitator ad discussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency scenar	A1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must an annual full-scale exercise that d; or unity-based exercise is not at an annual individual, ional exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the from engaging in its next community based or individual, ional exercise following the ency event. In [additional] annual exercise or de, but is not limited to the exercise or workshop that is or individual, a facility-based it	EC	039			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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E 039	(2) Testing. The PA exercises to test the annually. The PACI following: (i) Participate in an is community-base (A) When a community-base (A) When a community-based function (B) If the PACE expensive emergency planengaging in its next based or individual exercise following the exercise under participate is conducted that must be following: (A) A second full-second functional exercise (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, of scenario, and a set directed messages designed to challer (iii) Analyze the PA maintain document exercises, and emergace (For LTC Facilities)	CE organization must conduct be emergency plan at least a corganization must do the annual full-scale exercise that do do annual full-scale exercise that do do annual full-scale exercise is not an annual individual, and exercise; or periences an actual natural or not that requires activation of an 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 has include, but is not limited to cale exercise that is or individual, a facility based for ear drill; or roise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. CE's response to and action of all drills, tabletop ergency events and revise the or plan, as needed.	EC	039			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		34G010	B. WING			09/	25/2024
	PROVIDER OR SUPPLIER	IOME		101	REET ADDRESS, CITY, STATE, ZIP CODE STEPHENS DRIVE DRGANTON, NC 28655		
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E 039	test the emergency including unannour emergency procedul CF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function (B) If the [LTC facility is exemined a full-scale individual, facility-based individual, facility-based following the onset (ii) Conduct an additional exercises (B) A mock disasted (C) A tabletop exercise a facilitator includes narrated, clinically-land a set of problem essages, or prepare challenge an emergical maintain document of the community facility and maintain document in the community facility and maintain document in the community facility facility facility facility facility facility facility facility in test the emerger The ICF/IID must details and maintain document in the community facility	plan at least twice per year, aced staff drills using the ures. The [LTC facility, e following: annual full-scale exercise that d; or unity-based exercise is not than annual individual, onal exercise. ty] facility experiences an en-made emergency that for the emergency plan, the experience of the emergency plan, the exercise of the emergency event. In the exercise of the emergency event. In the exercise that exercise that is for an individual, facility based for exercise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed exercise that exercise that exercise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed exercise that exercise that exercise or workshop that is led by the exercise	E	039			

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NAME OF PROVIDER OR SUPPLIER SCI-BURKE ICF/MR GROUP HOME				10	TREET ADDRESS, CITY, STATE, ZIP CODE D1 STEPHENS DRIVE IORGANTON, NC 28655		
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E 039	accessible, conduct facility-based functional emergency plar engaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-so community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise facilitator and inclusing a narrated, clusing a narrated, clus	d; or unity-based exercise is not that an annual individual, onal exercise; or experiences an actual natural or not that requires activation of an, the ICF/IID is exempt from the required full-scale or individual, facility-based following the onset of the ditional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based for or drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions and action of all drills, tabletop ergency events, and revise the explan, as needed. 1.102] HHA must conduct exercises and plan at HHA must do the following: util-scale exercise that is	E	039			

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E 039	or man-made emer of 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 follow (A) A second functional exercise; (B) A mock disaid (C) A tabletop of functional exe	experiences an actual natural agency that requires activation alan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the attional exercise every 2 years, the full-scale or functional agraph (d)(2)(i) of this section at may include, but is not ing: all-scale exercise that is or an individual, facility-based or exercise or workshop that is and includes a group narrated, clinically-relevant or, and a set of problem do messages, or prepared to challenge an emergency. A's response to and maintain and I drills, tabletop exercises, and and revise the HHA's and revise t	E	039			
	discussion, using a emergency scenario	narrated, clinically relevant o, and a set of problem d messages, or prepared					

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E 039	questions designed plan. If the OPO ex man-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 following (i) Conduct a paper least annually. A talk discussion led by a clinically-relevant e of problem statement of problem statement of problem statement and emergency plan. (ii) Analyze the RNI maintain document and emergency plan, as This STANDARD in Based on record refailed to conduct bit Emergency Prepart finding is: Review of the facility tabletop exercise or continued review readditional full-scale exercise or mock displants.	I to challenge an emergency periences an actual natural or ncy that requires activation of n, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain II tabletop exercises, and and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct e emergency plan. The RNHCI ng: 1-based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI's ents, and interview, the facility ennial testing of the facility's edness Plan (EPP). The	E 03			

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E 039	professional on 9/2 not conducted an a community/facility-k exercise. PROTECTION OF CFR(s): 483.420(a) The facility must en	5/24 confirmed the facility has dditional full-scale based exercise or mock drill CLIENTS RIGHTS (7) sure the rights of all clients. ty must ensure privacy during	E 03			
	This STANDARD is Based on observation failed to ensure privation of personal needs of finding is: Observation in the PM revealed staff Emedication room. Colient #3 to follow a in the medication roculients and staff to observation clients and staff to observation in the personal needs of the personal needs	group home on 9/24/24 at 4:43 to prompt client #2 to the continued observation revealed nd for staff B to allow client #3 om along with client #2. at 4:46 PM revealed both exit the medication room B on 9/24/24 revealed they #2's afternoon medication and nt just watching. Interview with 9/25/24 confirmed staff n client with privacy during				
	medication adminis	tration.				