PRINTED: 03/05/2025 FORM APPROVED OMB NO. 0938-0391

1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ISTRUCTION		E SURVEY PLETED
		34G037	B. WING			03/	04/2025
	PROVIDER OR SUPPLIER D LANE CENTER			142 MA	TADDRESS, CITY, STATE, ZIP CODE ALLARD LANE INGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 037	§441.184(d)(1), §48; §483.73(d)(1), §48; §485.68(d)(1), §48; §485.727(d)(1), §48; §491.12(d)(1). *[For RNCHIs at §4 Hospitals at §482.1 at §484.102, REHs under §485.727, Or RHC/FQHCs at §48; (1) Training prograthe following: (i) Initial training in policies and proceds aff, individuals programment, and vexpected roles. (ii) Provide emerge least every 2 years (iii) Maintain docum preparedness train (iv) Demonstrate st procedures. (v) If the emergence procedures are sign must conduct training procedures. *[For Hospices at §6 hospice must do al (i) Initial training in policies and procedures employees services under arrae expected roles.	16.54(d)(1), §418.113(d)(1), 60.84(d)(1), §482.15(d)(1), 3.475(d)(1), §484.102(d)(1), 85.542(d)(1), §485.625(d)(1), 85.920(d)(1), §486.360(d)(1), 85.920(d)(1), §486.360(d)(1), 865.920(d)(1), §486.360(d)(1), 865.920(d)(1), 865.920(d	E 0	37	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 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		34G037	B. WING		03	/04/2025
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 142 MALLARD LANE ROCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
E 037	procedures. (iii) Provide emergleast every 2 years (iv) Periodically re emergency prepail employees (includes special emphasis procedures necessothers. (v) Maintain docur preparedness train (vi) If the emerger procedures are sigmust conduct train procedures. *[For PRTFs at §4 program. The PR (i) Initial training in policies and procestaff, individuals parrangement, and expected roles. (ii) After initial train preparedness train (iii) Demonstrate sprocedures. (iv) Maintain docupreparedness train (v) If the emergen procedures are sigmust conduct train procedures.	taff knowledge of emergency pency preparedness training at severe and rehearse its redness plan with hospice ing nonemployee staff), with placed on carrying out the sary to protect patients and mentation of all emergency ning. The preparedness policies and gnificantly updated, the hospice ning on the updated policies and start do all of the following: a emergency preparedness dures to all new and existing roviding services under volunteers, consistent with their ning, provide emergency ning every 2 years. Staff knowledge of emergency mentation of all emergency mentation of all emergency preparedness policies and gnificantly updated, the PRTF ning on the updated policies and	EO	37		
	organization must	60.84(d):] (1) The PACE do all of the following: emergency preparedness				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 142 MALLARD LANE ROCKINGHAM, NC 28379		
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E 037	policies and proced staff, individuals pro arrangement, controllers, consiste (ii) Provide emerge least every 2 years. (iii) Demonstrate st procedures, includi what to do, where to case of an emerger (iv) Maintain docum (v) If the emergency procedures are sign must conduct traini procedures. *[For LTC Facilities Program. The LTC following: (i) Initial training in policies and procedstaff, individuals pro arrangement, and vexpected role. (ii) Provide emerge least annually. (iii) Maintain docum preparedness traini (iv) Demonstrate st procedures. *[For CORFs at §46 CORF must do all of (i) Provide initial training staff, individuals procedures.	ures to all new and existing oviding on-site services under actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergencying informing participants of o go, and whom to contact in ancy. Intentation of all training. It is preparedness policies and inficantly updated, the PACE and on the updated policies and at §483.73(d):] (1) Training facility must do all of the emergency preparedness ures to all new and existing oviding services under volunteers, consistent with their ency preparedness training at the entation of all emergency aff knowledge of emergency in aff knowledge of emergency in and procedures to all new and individuals providing services, and volunteers, consistent	E 03	37		

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E 037	(ii) Provide emergeleast every 2 years (iii) Maintain docur (iv) Demonstrate sprocedures. All ne and assigned specthe CORF's emergetheir first workday, include instruction alarm systems and equipment. (v) If the emerger procedures are sigmust conduct train procedures. *[For CAHs at §48 The CAH must do (i) Initial training in policies and procereporting and extir and where necess personnel, and gurcooperation with fi authorities, to all nindividuals providir and volunteers, coroles. (ii) Provide emergeleast every 2 years (iii) Maintain docur (iv) Demonstrate sprocedures. (v) If the emerger procedures are signocedures are signocedures are signocedures are signocedures are signocedures are signocedures are signocedures.	ency preparedness training at a mentation of the training. It aff knowledge of emergency we personnel must be oriented being cresponsibilities regarding gency plan within 2 weeks of a training program must in the location and use of a signals and firefighting the preparedness policies and gnificantly updated, the CORF and the indicated policies and gnificantly updated policies and gnificantly updated policies and gnificantly updated policies and gnificantly updated policies and signals of the following: emergency preparedness dures, including prompt guishing of fires, protection, ary, evacuation of patients, ests, fire prevention, and refighting and disaster ew and existing staff, and services under arrangement, insistent with their expected ency preparedness training at	EO	37		

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E 037	*[For CMHCs at §4 CMHC must provid preparedness polic and existing staff, in under arrangement with their expected documentation of the demonstrate staff k procedures. There emergency prepare years. This STANDARD is Based on record refacility failed to ensithe facility's Emerge The finding is: Review on 3/3/25 or indicate all new and training and /or retributerview on 3/4/25. Facility Director contraining completed. EP Testing Require CFR(s): 483.475(d) §416.54(d)(2), §448. §483.475(d)(2), §488. §485.542(d)(2), §488. §485.542(d)(2), §488.	85.920(d):] (1) Training. The e initial training in emergency ies and procedures to all new ndividuals providing services, and volunteers, consistent roles, and maintain he training. The CMHC must nowledge of emergency after, the CMHC must provide edness training at least every 2 as not met as evidenced by: eview and interviews, the ture all staff were trained on ency Preparedness (EP) plan. If the facility's EP plan did not allor existing staff had received aining on the EP plan. with the Intermediate Care infirmed there had been no	EO	37		
	at §485.542, OPO, §485.727, CMHCs	.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G037	B. WING			03/0	04/2025
	PROVIDER OR SUPPLIER			1.	TREET ADDRESS, CITY, STATE, ZIP CODE 42 MALLARD LANE ROCKINGHAM, NC 28379		
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E 039	(2) Testing. The [far to test the emerger must do all of the formust do accessible, conduct exercise every 2 years (B) If the [facility natural or man-made activation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an add years, opposite the functional exercise this section is conduct imited to the formustional exercise; (B) A second full-soc community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise facilitator and inclusional exercises; (B) A mock disaster (C) A tabletop exercise facilitator and inclusional exercises, and a set directed messages designed to challer (iii) Analyze the [facility's] emergence *[For Hospices at 4]	cility] must conduct exercises acy plan annually. The [facility] bllowing: ull-scale exercise that is every 2 years; or unity-based exercise is not a facility-based functional ears; 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 itional 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 for or drill; or cise or workshop that is led by ludes a group discussion using y-relevant emergency of problem statements, or prepared questions age an emergency plan. Stility's] response to and action of all drills, tabletop ergency events, and revise the cy plan, as needed.	E	039			

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E 039	patient's home. Texercises to test the annually. The hose (i) Participate in a community based (A) When a community based (A) When a community based (B) If the hospice of the emergency playengaging in its necommunity-based facility-based functionset of the emergency playengaging in its necommunity-based facility-based functionset of the emergency playengaging in its necommunity-based facility-based functionset of the emergency playengaging in its necommunity-based facility-based functionset of the emergency playengaging in its necommunity-based exercise under pais conducted, that to the following: (A) A second full-community-based exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise a facilitator and incommunity-based designed to challed (3) Testing for hose care directly. The exercises to test the year. The hospice (i) Participate in a is community-based in a community-based to community-based to community-based directly.	the hospice must conduct the emergency plan at least spice must do the following: full-scale exercise that is every 2 years; or aunity based exercise is not cot 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 tional exercise following the gency event. Iditional exercise every 2 years, the full-scale or functional ragraph (d)(2)(i) of this section may include, but is not limited exercise or workshop that is led by cludes a group discussion using ally-relevant emergency et of problem statements, so, or prepared questions nge an emergency plan. Pices that provide inpatient hospice must conduct the emergency plan twice per emust do the following: n annual full-scale exercise that	EO	39		

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E 039	accessible, conduct facility-based functi (B) If the hospice eman-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an addinay include, but is (A) A second full-s community-based exercise; or (B) A mock disaste (C) A tabletop exert facilitator that including narrated, clinically-land a set of problem messages, or preparation of the community in the comm	t an annual individual conal exercise; or experiences a natural or ency that requires activation of an, the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. Sitional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or roise or workshop led by a des a group discussion using a relevant emergency scenario, an statements, directed ared questions designed to	E 03	9		
	§482.15(d), CAHs at (2) Testing. The [Pf conduct exercises that twice per year. The do the following: (i) Participate in an is community-base (A) When a community-based facility-based function	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 t an annual individual,				

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E 039	actual natural or ma requires activation [facility] is exempt for required full-scale of facility-based functionset of the emerginant that may include following: (A) A second full-scommunity-based of functional exercises: (B) A mock (C) A tabletop of functional exercises: (B) A mock (C) A tabletop of functional exercises discussion, using a emergency scenari statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergency facility's] emergency. *[For PACE at §460 (2) Testing. The PACE exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a community-based function (B) If the PACE exercises for exercises for exercises for exercises function (B) If the PACE exercises function (B) If the PACE exercises for exercises function (B) If the PACE exercises function (B) If	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 disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency [facility's] response to and ation of all drills, tabletop ergency events and revise the exp plan, as needed. 2.84(d):] CE organization must conduct the emergency plan at least E organization must do the annual full-scale exercise that di; or unity-based exercise is not that an annual individual,	E 03	39		

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E 039	based or individual, exercise following to event. (ii) Conduct anyears opposite the exercise under parais conducted that make following: (A) A second full-s community-based of functional exercise; (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, clusing a narrated, clu	trequired full-scale community facility-based functional he onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section hay include, but is not limited to cale exercise that is or individual, a facility based for er 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 ation of all drills, tabletop ergency events and revise the plan, as needed. at §483.73(d):] If must conduct exercises to plan at least twice per year, need staff drills using the cures. The [LTC facility, efollowing: annual full-scale exercise that d; or unity-based exercise is not tan annual individual,	E 03	9		

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E 039	LTC facility is exemined a full-scale individual, facility-be following the onset (ii) Conduct an additional exercises (A) A second full-scommunity-based of functional exercises (B) A mock disasts (C) A tabletop exercise a facilitator includes narrated, clinically-and a set of problemessages, or preportiallenge an emergial (iii) Analyze the [LT] and maintain docur exercises, and emergial [LTC facility] facility (2) Testing. The ICI to test the emerger The ICF/IID must document (i) Participate in an is community-base (A) When a community-based functional emergency planengaging in its next community-based of functional exercise emergency event.	are trong engaging its next are community-based or ased functional exercise of the emergency event. Additional annual exercise that not limited to the following: cale exercise that is or an individual, facility based for are drill; or excise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed ared questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop ergency events, and revise the ergency events, and revise the ergency events, and revise the ergency plan at least twice per year. To the following: annual full-scale exercise that d; or unity-based exercise is not an annual individual, onal exercise; or. Experiences an actual natural or not that requires activation of a, the ICF/IID is exempt from	E 03	39		

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E 039	may include, but is (A) A second full-so community-based of functional exercise; (B) A mock disaste; (C) A tabletop exercise a facilitator and inclusing a narrated, clusted messages designed to challent; (iii) Analyze the ICF maintain document exercises, and emet ICF/IID's emergence *[For HHAs at §484 (d)(2) Testing. The to test the emergence least annually. The (i) Participate in a frommunity-based; (A) When a conaccessible, conduct facility-based function. (B) If the HHA or man-made emerof the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an add opposite the year the exercise under paragency event.	not limited to the following: cale exercise that is or an individual, facility-based or or drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, , or prepared questions age an emergency plan. [FIID's response to and ation of all drills, tabletop ergency events, and revise the explan, as needed. [FIID] HHA must conduct exercises acy plan at HHA must do the following: ull-scale exercise that is or mmunity-based exercise is not at an annual individual, onal exercise every 2 years; experiences an actual natural regency that requires activation of an individual, facility based following the onset of the itional exercise every 2 years, ne full-scale or functional agraph (d)(2)(i) of this section at may include, but is not	EO	39		

[`` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	(A) A second frommunity-based functional exercise (B) A mock dis (C) A tabletop led by a facilitator a discussion, using a emergency scenar statements, directed questions designed plan. (iii) Analyze the Hidocumentation of a emergency events emergency plan, a *[For OPOs at §48 (d)(2) Testing. The to test the emergency following: (i) Conduct a pape workshop at least a led by a facilitator a discussion, using a emergency scenar statements, directed questions designed plan. If the OPO examples of the emergency platengaging in its nexamples of the conduction of a second communication o	ull-scale exercise that is or an individual, facility-based; or aster drill; or exercise or workshop that is and includes a group a narrated, clinically-relevant io, and a set of problem ed messages, or prepared d to challenge an emergency (AA's response to and maintain all drills, tabletop exercises, and and revise the HHA's seneded. 6.360] OPO must conduct exercises and the includes a group an arrated, clinically relevant io, and a set of problem and includes a group an arrated, clinically relevant io, and a set of problem and messages, or prepared do to challenge an emergency experiences an actual natural or ency that requires activation of an the OPO is exempt from the opolise exempt fro	E	039			

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E 039	exercises to test the must do the followin (i) Conduct a paper least annually. A tall discussion led by a clinically-relevant error of problem statemed prepared questions emergency plan. (ii) Analyze the RNH maintain document and emergency ever emergency plan, as This STANDARD is Based on document facility failed to ensign community/facility-babletop exercise to	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: not review and interviews, the	E 03	9		
W 125	2/13/25) did not inc community/facility-k tabletop exercise. Interview on 3/4/25 Facility Director cor completed. PROTECTION OF CFR(s): 483.420(a) The facility must en Therefore, the facili individual clients to of the facility, and a	with the Intermediate Care of irmed no facility exercise was CLIENTS RIGHTS	W 12:	5		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		34G037	B. WING		03	3/04/2025
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH COROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 125	to due process. This STANDARD is Based on observation the right to dignity a of adult clothing process. Observations in the on 3/3/25-3/4/25, clan adult clothing process from a grocery storthroughout the survobservation staff plate neck of client # clothing protector. Fat 6:30am client #1 clothing protector owatching television. Record review on 3 Centered Plan date	s not met as evidenced by: tions, record review and ity failed to ensure clients' had and respect regarding the use otector for 1 of 3 audit clients home throughout the survey ient #1 was observed wearing otector entering the home e outing, and continuously rey. During the dinner aced a paper apron around 1 without removing the adult -further observation on 3/4/25 was dressed with the adult n while sitting in the living area	W 1	25		
W 340	#1's guardian reque all times. Interview on 3/4/25 director revealed cl worn at mealtimes NURSING SERVIC CFR(s): 483.460(c)	(5)(i) ust include implementing with	W 3	40		
	Nursing services mother members of t	. , , ,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		34G037	B. WING		03/	04/2025	
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 342	training clients and health and hygiene This STANDARD is Based on observatinterviews, the facili sufficiently trained thealth and hygiene audit clients (#3 and A. Observations in survey on 3/3/25-3/were noted to be verification recontribution of February on 3/3/25-3/were noted to be verification in the survey on 3/3/25-3/were noted to be verification recontribution of February on 3/3/25-3/were noted to be verification recontribution of February on 3/4/25 are to be be cut we documented on the Interview on 3/4/25 Facility director contribution of February on 3/4/25 Facility director contribution of February on 3/4/25 Facility director contribution of February on 3/4/25 Facility director contributions of February on 3/4/25 Facility director co	ide, but are not limited to staff as needed in appropriate methods. In not met as evidenced by: ion, record review and ity failed to ensure staff were of implement appropriate methods. This affected 2 of 4 df #5). The findings are: Ithe home throughout the 4/25, client #3's fingernails ery long. If the was no documentation for ary 2025. In home throughout the 4/25, client #5's fingernails ery long. If the home throughout the 4/25, client #5's fingernails ery long. If the was no documentation for ary 2025. In home throughout the 4/25, client #5's medical red (MAR) revealed nails to be here was no documentation for ary 2025. With staff A revealed that nails ekly and should be MAR. With the Intermediate Care firmed clients nails should be written on the MAR. ES	W 3				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		34G037	B. WING		03/0	04/2025
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 142 MALLARD LANE ROCKINGHAM, NC 28379	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 342	Nursing services mother members of tappropriate protect measures that inclutraining direct care symptoms of illness accidents or illness meet the health ner This STANDARD is Based on observatialed to ensure me proficiently trained procedures. This at The finding is: Observation of the the home on 3/4/25 polyethylene glycol water. The mixture into the water, there medication in the b finished drinking the lateral without a recup. FOOD AND NUTR CFR(s): 483.480(a) Each client must record survey to the medical must record and the services of the services	inust include implementing with the interdisciplinary team, ive and preventive health ade, but are not limited to staff in detecting signs and so or dysfunction, first aid for and basic skills required to eds of the clients. Is not met as evidenced by: tions and interviews, the facility edication techs were in medication administration administration at 7:05am, staff C poured the powder into client #5 cup of was not stirred when poured as was noticeable residue of the ottom of the cup after client #5 and with the facility nurse revealed a should have stirred the he client drank what was residue in the bottom of the cup after client #5 and in the bottom of the cup after client #5 and in the bottom of the cup after client #5 and in the bottom of the cup after client #5 and in the bottom of the cup after client #5 and in the bottom of the cup after client #5 and in the bottom of the cup after client drank what was residue in the bottom of the cup after client drank what was residue in the bottom of the cup after client drank what was residue in the bottom of the cup after client and in the bottom of the cup after client drank what was residue in the bottom of the cup after client and in the bottom of the cup after client and in the bottom of the cup after client and in the bottom of the cup after client and in the bottom of the cup after client and in the bottom of the cup after client and in the cup and in the cup after client and in the cup and in the cup and in	W 343			
	specially-prescribed This STANDARD i	ncluding modified and diets. s not met as evidenced by: tions, record review and				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		34G037	B. WING		03	03/04/2025	
NAME OF PROVIDER OR SUPPLIER MALLARD LANE CENTER				STREET ADDRESS, CITY, STATE, ZIP C 142 MALLARD LANE ROCKINGHAM, NC 28379			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 460	interviews, the facil clients (#1 and #3) prescribed diet as i Observations in the 7:00am, client #1 w something to drink. water from the sink Record review on 3 evaluation dated 2/liquids. Interview on 3/4/25 client #1 should onl B. Observations in breakfast, client #3 and sausage. Record review on 3 evaluation dated 2/received a regular of the received a regular of the received and the rece	ity failed to ensure 2 of 4 audit received their specially indicated. The findings are: shome on 3/4/35 during ras at the kitchen table for Client #1 received a cup of The water was not modified. i/3/25 of client #1's nutritional 11/25 revealed nectar think with the facility nurse revealed y receive nectar thick liquids. the home on 3/4/25 during received chopped pancakes i/4/25 of client #3's nutritional 11/25 revealed client #3 diet. with staff B revealed client #3 pped diet sometimes he will with the Intermediate Care ealed client #3 should received	W 4	60			