PRINTED: 03/27/2025 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION    IDENTIFICATION NUMBER:   (X2) MOLTIFICE CONSTRUCTION     A. BUILDING	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(2/0) 1 11 11			INIB INC	<u>). 0938-0391</u>
STREET ADDRESS, CITY, STATE, 2IP CODE 235 FANJOY ROAD STATES/LILE, NC 28625	AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:					
FANJOY HOME #1  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  E 0.37  EPT Training Program CFR(s): 483.475(d)(1), \$416.54(d)(1), \$482.15(d)(1), \$483.475(d)(1), \$484.184(d)(1), \$485.542(d)(1), \$485.52(d)(1), \$485.542(d)(1), \$485.542(d)(1), \$485.542(d)(1), \$485.52(d)(1), \$485.542(d)(1), \$485.636(d)(1), \$485.6			34G055	B. WING			03	1/26/2025
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  E 037  EP Training Program  CFR(s): 483.475(d)(1)  §440.748(d)(1), §446.54(d)(1), §4818.113(d)(1), §481.184(d)(1), §482.15(d)(1), §482.45(d)(1), §482.45(d)(1), §482.45(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.727(d)(1), §485.542(d)(1), §485.69(d)(1), §485.727(d)(1), §485.542(d)(1), §485.69(d)(1), §485.727(d)(1), §485.542, "Organizations" under §485.727, OPOs at §486.360, RHC/FOHCs at §491.12:  (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures at saff knowledge of emergency preparedness training at least every 2 years. (ii) Maintain documentation of all emergency preparedness policies and procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures and procedures and procedures and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures and procedures to all new and existing hogpice employees, and individuals providing services under arrangement, consistent with their expected roles.  "[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hogpice employees, and individuals providing services under arrangement, consistent with their expected roles.  "[For Hospices and procedures to all new and existing hogpice employees, and individuals providing services under arrangement, consistent with their expected roles.  (ii) Maintain documentation of all emergency preparedness policies and procedures to all new and existing hogpice employees, and individuals providing services und					23	35 FANJOY ROAD	1 00	12012023
CFR(s): 483.475(d)(1)  §403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §446.84(d)(1), §448.2.15(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.68(d)(1), §485.920(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §481.12(d)(1).  *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, REHs at §485.642. "Organizations" under §485.727, OPOs at §486.360, RRICIF(DHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency proparedness training. (iv) Demonstrate staff knowledge of emergency procedures.  *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures are significantity updated, the [facility] must conduct training on the updated policies and procedures.  *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures.  *[For Hospices at §418.113(d):] (1) Training. The hospice employees, and individuals providing services under arrangement, and volunteers, consistent with their serves under arrangement, and volunteers are significantly updated, the [facility] must conduct training in emergency preparedness provides and procedures.  *[For Hospices at §418.113(d):] (1) Training. The hospice employees, and individuals providing services under arrangement, and volunteers are significantly updated.  *[For Hospices at §418.113(d):] (1) Training. The hospice employees, and individuals providing services under arrangement, and volunteers are significantly updated.  *[For Hospices at §418.113	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETION
ABORA ORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.475(d)  §403.748(d)(1), §418 §441.184(d)(1), §468 §483.73(d)(1), §488 §485.68(d)(1), §488 §485.727(d)(1).  *[For RNCHIs at §409 Hospitals at §482.18 at §484.102, REHs at §49 (1) Training program the following: (i) Initial training in expected roles.  (iii) Maintain docume preparedness training (iv) Demonstrate state procedures.  *[For Hospices at §44 hospice must do all of (i) Initial training in expolicies and procedure policies and procedures, services under arrangements are procedured roles.	6.54(d)(1), §418.113(d)(1), 80.84(d)(1), §482.15(d)(1), 8475(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), 86.360(d)(1), 86.360(d), 86.360			The Qualified Professional and Safety Chairperson will update the Emergency Preparedness Plan. To Qualified Professional will train all staff on the plan. The Regional Administrator will monitor the Emergency Preparedness Plan every 6 months to ensure it remai updated and staff are trained. The Program Manager and Safety Chairperson will organize and complete a tabletop exercise. The Safety Chairperson will monitor to ensure tabletop exercises are completed at least on an annual basis. In the future, the Regional Administrator will ensure tabletop exercises are completed on an annual basis. The Qualified Professional will ensure the Emergency Preparedness Plan is updated and staff are trained on the current plan and training conducted.	ns	5/25/25

DD Regional Administrator 3/31/25

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.

STATEMEN	T OF DEFICIENCIES	(V4) BBO #BED # 100 F 10				DMR MC	). 0938-0391	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	34G055	B. WING			03	/26/2025	
FANJOY	HOME #1			235	REET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE	(X5) COMPLETION DATE	
	(iii) Provide emerge least every 2 years. (iv) Periodically reviemergency prepare employees (includin special emphasis pl procedures necessatothers. (v) Maintain docume preparedness trainin (vi) If the emergency procedures are sign must conduct trainin procedures.  *[For PRTFs at §442 program. The PRTF (i) Initial training in epolicies and procedustaff, individuals programangement, and vocation expected roles. (ii) After initial trainin preparedness trainin (iii) Demonstrate starprocedures. (iv) Maintain docume preparedness trainin (v) If the emergency procedures are signimust conduct training procedures.  *[For PACE at §460.8 organization must document of the conduct training procedures.]	and rehearse its does plan with hospice of normal power staff), with acced on carrying out the ary to protect patients and entation of all emergency on the updated, the hospice of on the updated policies and ifficantly updated, the hospice of on the updated policies and ifficantly updated, the hospice of on the updated policies and ifficantly updated, the PRTF on the updated policies and ifficantly updated, the PRTF on the updated policies and ifficantly updated policies and ifficantly updated policies and ifficantly updated policies and its property in the updated policies i	EO	37				

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G055	B. WING			03	/26/2025
	PROVIDER OR SUPPLIER  'HOME #1			235	EET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625	1 00	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 037	policies and proced staff, individuals pro arrangement, contr volunteers, consiste (ii) Provide emerge least every 2 years. (iii) Demonstrate st procedures, including what to do, where the case of an emerger (iv) Maintain docum (v) If the emergency procedures are sign must conduct training procedures.  *[For LTC Facilities Program. The LTC following: (i) Initial training in expolicies and proced staff, individuals pro arrangement, and vexpected role. (ii) Provide emerger least annually. (iii) Maintain docum preparedness traini (iv) Demonstrate staprocedures.  *[For CORFs at §48 CORF must do all of (i) Provide initial traingreparedness policiand existing staff, in	dures to all new and existing poviding on-site services under factors, 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 fact.  The entation of all training. The one of the one of the updated policies and on the updated policies and on the updated policies and on the updated policies and existing oviding services under colunteers, consistent with their ency preparedness training at the entation of all emergency one.  The entation of all emergency one of the following:  The of th	E	037			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		34G055	B. WING			0.2	126/202E
	PROVIDER OR SUPPLIER  'HOME #1			23	REET ADDRESS, CITY, STATE, ZIP CODE 55 FANJOY ROAD TATESVILLE, NC 28625	1 03/	/26/2025
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BF	(X5) COMPLETION DATE
E 037	(ii) Provide emerger least every 2 years. (iii) Maintain docum (iv) Demonstrate staprocedures. All new and assigned specithe CORF's emerger their first workday. Include instruction in alarm systems and equipment. (v) If the emergency procedures are sign must conduct training procedures.  *[For CAHs at §485 The CAH must do at (i) Initial training in expolicies and procedure and where necessary personnel, and guest cooperation with fire authorities, to all new individuals providing and volunteers, constroles. (ii) Provide emergency least every 2 years. (iii) Maintain docume (iv) Demonstrate staprocedures. (v) If the emergency procedures are significant in the significant	entation of the training.  aff knowledge of emergency of personnel must be oriented fic responsibilities regarding ency plan within 2 weeks of the training program must in the location and use of signals and firefighting by preparedness policies and ificantly updated, the CORF of on the updated policies and if of the following:  mergency preparedness ures, including prompt uishing of fires, protection, by, evacuation of patients, sits, fire prevention, and fighting and disaster	EC	037			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY
		34G055	B. WING		05	3/26/2025
	PROVIDER OR SUPPLIER  'HOME #1			STREET ADDRESS, CITY, STATE, ZIP CO. 235 FANJOY ROAD STATESVILLE, NC 28625	DE TO	512012023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION S  CROSS-REFERENCED TO THE AF  DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 037	*[For CMHCs at §44 CMHC must provide preparedness polici and existing staff, ir under arrangement, with their expected documentation of the demonstrate staff k procedures. There emergency prepare years.  This STANDARD is Based on record refailed to ensure direct the facility's Emerge (EPP) at least bient.	85.920(d):] (1) Training. The e initial training in emergency les and procedures to all new individuals providing services, and volunteers, consistent roles, and maintain he training. The CMHC must mowledge of emergency after, the CMHC must provide dness training at least every 2 and met as evidenced by: eview and interview, the facility let care staff were trained on ency Preparedness Plan	ΕO	37		
E 039	professional on 3/26 evidence of initial ar EPP. EP Testing Requirer CFR(s): 483.475(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48 §485.920(d)(2), §49 *[For ASCs at §416. at §485.542, OPO, "§485.727, CMHCs at §485.727, CMHCs at §485.7		E 03	E039 Cross Reference 037		5/25/25

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE (	CONSTRUCTION		TE SURVEY
	OF CONTROL	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
NAME OF		34G055	B. WING			03	/26/2025
_	PROVIDER OR SUPPLIER  'HOME #1			235	EET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625	1 00	12012023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) RF	(X5) COMPLETION DATE
E 039	Continued From pa	ge 5	ΕC	39			
	(2) Testing. The [factor to test the emergen must do all of the fo	cility] must conduct exercises cy plan annually. The [facility] llowing:					
	community-based e (A) When a community-based e accessible, conduct exercise every 2 years	unity-based exercise is not a facility-based functional					-
	natural or man-mad activation of the eme exempt from engagi community-based or	e emergency that requires ergency plan, the [facility] is ng in its next required rindividual, facility-based ollowing the onset of the					
	years, opposite the y functional exercise u this section is condu not limited to the foll (A) A second full-sca	inder paragraph (d)(2)(i) of cted, that may include, but is owing:					
	functional exercise; (B) A mock disaster (C) A tabletop exerci a facilitator and inclu a narrated, clinically-	or drill; or se or workshop that is led by des a group discussion using					
	directed messages, designed to challeng (iii) Analyze the [facil maintain documenta	or prepared questions e an emergency plan. ity's] response to and tion of all drills, tabletop gency events, and revise the					
	*[For Hospices at 41	8.113(d):]					

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) DAT	E SURVEY PLETED
NAMEOR		34G055	B. WING	i		03/	26/2025
NAME OF PROVIDER OR SUPPLIER  FANJOY HOME #1				23	REET ADDRESS, CITY, STATE, ZIP CODE 55 FANJOY ROAD TATESVILLE, NC 28625	1 00	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) RF	(X5) COMPLETION DATE
	(2) Testing for hosp patient's home. The exercises to test the annually. The hosp (i) Participate in a frommunity based et (A) When a community based et (A) When a community based et (B) If the hospice expansion of the emergency plantengaging in its next community-based et facility-based function onset of the emerge (ii) Conduct an add opposite the year the exercise under parais conducted, that must be the following:  (A) A second full-socommunity-based or exercise; or  (B) A mock disaster (C) A tabletop exercise a facilitator and inclusion an arrated, clinically-scenario, and a set of directed messages, designed to challenge (3) Testing for hospic care directly. The hospice must be the second for the position of the positio	pices that provide care in the e hospice must conduct e emergency plan at least pice must do the following: full-scale exercise that is exercise exercise is not exan individual facility based exercise a natural or experiences a natural or experiences a natural or exercise or individual exercise following the exercise or individual exercise following the ency event. It is exercise every 2 years, experiences a full-scale exercise following the ency event. It is not limited exercise that is exercise that is a facility based functional exercise that is a facility based functional exercise that is a facility based functional exercise or workshop that is led by exercise or workshop that is led by exercise that is a facility based functional exercise or workshop that is led by exercise or workshop that is led by exercise or workshop that is led by exercise exercise exercise exercise exercise exercise exercise that provide inpatient exercise exercise exercise that exercise that exercise exercise that exercise that exercise that exercise that exercise that exercise exercise that exercise that exercise exercise that exercise that exercise exercise exercise that exercise exercise exercise that exercise	E	039			

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		34G055	B. WING			03	/26/2025
100000000000000000000000000000000000000	PROVIDER OR SUPPLIER  / HOME #1			235	REET ADDRESS, CITY, STATE, ZIP CODE 5 FANJOY ROAD ATESVILLE, NC 28625	1 00	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) RF	(X5) COMPLETION DATE
	accessible, conduct facility-based function (B) If the hospice expansion and emergenthe emergency planengaging in its next based or facility-based following the onset of (ii) Conduct an add may include, but is read (A) A second full-socommunity-based of exercise; or (B) A mock disaster (C) A tabletop exercise; or (B) A mock disaster (C) A tabletop exercise (C) A t	unity-based exercise is not an annual individual conal exercise; or experiences a natural or ney that requires activation of a the hospice is exempt from required full-scale community sed functional exercise of the emergency event. itional annual exercise that not limited to the following: cale exercise that is r a facility based functional are drill; or cise or workshop led by a es a group discussion using a elevant emergency scenario, a statements, directed red questions designed to ency plan. pice's response to and ation of all drills, tabletop regency events and revise the explan, as needed.  184(d), Hospitals at \$485.625(d):] TF, Hospital, CAH] must of test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that is or nity-based exercise is not an annual individual,	E	039			

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE (	CONSTRUCTION		0. 0938-0391 TE SURVEY
		IDENTIFICATION NUMBER:					MPLETED
NAME OF	BB01//BB0	34G055	B. WING			03	/26/2025
	PROVIDER OR SUPPLIER  / HOME #1			235	EET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625	1 00	120/2023
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE	(X5) COMPLETION DATE
	requires activation of [facility] is exempt for required full-scale of facility-based function onset of the emerge (ii) Conduct an and that may include following:  (A) A second full-so community-based or functional exercise;  (B) A mock (C) A tabletop existed by a facilitator and discussion, using a remergency scenario statements, directed questions designed following:  (iii) Analyze the [maintain documenta exercises, and emer [facility's] emergency  *[For PACE at §460.3 (2) Testing. The PACE following: (i) Participate in an anis community-based; (A) When a community facility-based function (B) If the PACE expe	espital, CAH] experiences an an-made emergency that of the emergency plan, the comengaging in its next community based or individual, and exercise following the ency event.  [additional] annual exercise or e, but is not limited to the cale exercise that is individual, a facility-based or disaster drill; or exercise or workshop that is includes a group narrated, clinically-relevant, and a set of problem messages, or prepared to challenge an emergency and tion of all drills, tabletop gency events and revise the plan, as needed.  84(d):]  E organization must conduct emergency plan at least organization must do the annual full-scale exercise is not an annual individual,	EO	39			

PRINTED: 03/27/2025 FORM APPROVED

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	). 0938-0391 TE SURVEY MPLETED
NAME OF		34G055	B. WING			03	/26/2025
FANJOY	PROVIDER OR SUPPLIER  / HOME #1			235	REET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625	1 03	120/2025
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE	(X5) COMPLETION DATE
	engaging in its next based or individual, exercise following the event.  (ii) Conduct an a years opposite the yexercise under parais conducted that me the following:  (A) A second full-so community-based of functional exercise;  (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, cliris scenario, and a set of directed messages, designed to challeng (iii) Analyze the PAC maintain documenta exercises, and emer PACE's emergency procedur [CF/ID] must do the (i) Participate in an ais community-based;  (A) When a community-based function (B) If the [LTC facility]	n, the PACE is exempt from required full-scale community facility-based functional ne onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section ay include, but is not limited to cale exercise that is r individual, a facility based or r drill; or cise or workshop that is led by ides a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed.  at §483.73(d):] must conduct exercises to plan at least twice per year, led staff drills using the res. The [LTC facility, following: annual full-scale exercise that or lity-based exercise is not an annual individual.	EC	939			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	501 1 1041.0		CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		34G055	B. WING	i		03/	26/2025
	PROVIDER OR SUPPLIER  HOME #1			235	EET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD TESVILLE, NC 28625		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	LTC facility is exemply required a full-scale individual, facility-based conditions following the onset (ii) Conduct an additional exercise; (A) A second full-secommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exerta facilitator includes narrated, clinically-rand a set of problem messages, or preparable fulling and maintain documexercises, and emerged (iii) Analyze the [LT and maintain documexercises, and emerged (ITC facility)] facility (ITC facility) facility facility-based function (B) If the ICF/IID exemply facility-based function (B) ITM (B)	of the emergency plan, the apt from engaging its next accommunity-based or ased functional exercise of the emergency event. Attional annual exercise that not limited to the following: cale exercise that is an individual, facility based or ar drill; or cise or workshop that is led by a group discussion, using a relevant emergency scenario, an statements, directed ared questions designed to gency plan.  C facility] facility's response to mentation of all drills, tabletop argency events, and revise the semergency plan, as needed.  83.475(d)]:  F/IID must conduct exercises cy plan at least twice per year. To the following: annual full-scale exercise that at; or an annual individual, conal exercise; or. periences an actual natural or noty that requires activation of a, the ICF/IID is exempt from	E	039			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 33	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING			03/26/2025		
	PROVIDER OR SUPPLIER  HOME #1			STREET ADDRESS, CITY, STATE, Z 235 FANJOY ROAD STATESVILLE, NC 28625	IP CODE	00.20.20	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD B		
E 039	may include, but is (A) A second full-socommunity-based of functional exercise (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, clusted messages designed to challer (iii) Analyze the ICF maintain document exercises, and emet ICF/IID's emergency *[For HHAs at §484 (d)(2) Testing. The to test the emergency least annually. The (i) Participate in a focommunity-based; (A) When a corraccessible, conduct facility-based function.  (B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addi opposite the year the exercise under para	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, linically-relevant emergency of problem statements, or prepared questions age an emergency plan.  F/IID's response to and lation of all drills, tabletop ergency events, and revise the exp plan, as needed.  J.102]  HHA must conduct exercises and the must do the following: lull-scale exercise that is or mmunity-based exercise is not an annual individual, onal exercise every 2 years; experiences an actual natural gency that requires activation lan, the HHA is exempt from	EC	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G055	B. WING			03	/26/2025	
NAME OF PROVIDER OR SUPPLIER  FANJOY HOME #1				235	REET ADDRESS, CITY, STATE, ZIP CODE FANJOY ROAD ATESVILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTICENCY)	D BE	(X5) COMPLETION DATE	
E 039			E	039				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G055	B. WING			03/26/2025	
NAME OF PROVIDER OR SUPPLIER  FANJOY HOME #1				STREET ADDRESS 235 FANJOY RO. STATESVILLE,		1 03/	120/2025
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					D.BE COMPLETION	
E 039	*[RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct biennial testing of the facility's Emergency Preparedness Plan (EPP). The finding is:		EC	39			
	table top exercise da review revealed no e full-scale community. Interview with the qua	s EPP on 3/25/25 revealed a ted 3/15/24. Continued vidence of an additional facility-based exercise.  alified intellectual disability 25 confirmed the facility has ditional full-scale					
W 382	DRUG STORAGE AN CFR(s): 483.460(I)(2) The facility must keep locked except when be administration. This STANDARD is r	ND RECORDKEEPING  o all drugs and biologicals	W 38	2			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	FIDI E CONSTRUCTION		OMB NO. 0938-0391	
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF	PP-01//P	34G055	B. WING		03	12612025	
	PROVIDER OR SUPPLIER  / HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 235 FANJOY ROAD STATESVILLE, NC 28625		3/26/2025	
(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	OULD BE	(X5) COMPLETION DATE	
W 382	Continued From page 14 interview, the facility failed to keep all drugs and biologicals locked except when being prepared for administration for 2 of 6 clients (#1 and #2). The findings is:  Observations in the group home throughout the 3/25-26/25 survey revealed a prescription for Desitin Cream 13% present in client #1's toiletry tote located in his bedroom. Continued observations throughout the 3/25-26/25 survey revealed a prescription for Nystatin Topical Powder present in client #2's toiletry tote located in his bedroom.  Review of client #1 and client #2's physician's orders on 3/26/25 and substantiated by the facility nurse revealed the medications to be current prescriptions for both clients. Continued interview with facility nurse confirmed staff should ensure all medications are kept locked except when being prepared for administration.		W 38	The nurse will in-service all sproper medication storage. Telinical team will monitor thromedication pass assessment week for a period of 30 days then on a routine basis. In the the nurse will ensure all staff trained on proper medication storage.	the bugh as 2x a and and are		