PRINTED: 05/13/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G278	B. WING			05/	05/13/2025	
	PROVIDER OR SUPPLIER			90	TREET ADDRESS, CITY, STATE, ZIP CODE 04 AVENT FERRY ROAD IOLLY SPRINGS, NC 27540			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	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 §491.12, and ESRE  (2) Testing. The [facto test the emergen must do all of the formulate of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of the emergen must do all of the following of t	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] belowing:  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	EO	039	TITLE		(X6) DATE	
LABUKATUK'		JER/OUPPLIER REPRESENTATIVE'S SIGN	NALUKE		IIILE		(AO) 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.

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NAME OF PROVIDER OR SUPPLIER  AVENT FERRY HOME				STREET ADDRESS, CITY, STATE, ZIP C 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540			
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E 039	a facilitator and incla a narrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facility analyze the analyze the analyze the the annually. The hosp (i) Participate in a scommunity based of (A) When a community based of (A) When a community accessible, conduct functional exercise (B) If the hospice of the analyze the emergency plarengaging in its next community-based of facility-based functionset of the emergency (ii) Conduct an addopposite the year the exercise under part is conducted, that it to the following:  (A) A second full-scommunity-based of exercise; or  (B) A mock disaste (C) A tabletop exercise	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 poice must conduct energency plan at least poice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not an individual facility based every 2 years; or experiences a natural or experiences a natural or exercise or individual onal exercise following the exercise or individual onal exercise following the ency event. Sitional exercise every 2 years, the full-scale or functional eagraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	E 03	39			

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E 039	scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The hexercises to test theyear. The hospice (i) Participate in an is community-based (A) When a community-based function (B) If the hospice eman-made emergency plarengaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based dexercise; or (B) A mock disasted (C) A tabletop exert facilitator that including and a set of problem messages, or preparent in the problem in the	y-relevant emergency of problem statements, , or prepared questions ige an emergency plan.  sices that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual onal exercise; or experiences a natural or ency that requires activation of ent, the hospice is exempt from to required full-scale community sed functional exercise of the emergency event. ditional annual exercise that ent limited to the following: cale exercise that is or a facility based functional er drill; or recise or workshop led by a des a group discussion using a relevant emergency scenario, en statements, directed ared questions designed to	E 03	39			

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E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The dothe 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-based functionset of the emergency (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator at discussion, using a emergency scenari statements, directed questions designed plan.  (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or unity-based exercise is not annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event.  I [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or individual, a facility-based or includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared I to challenge an emergency effacility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E 03	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(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-based (A) When a community-based (A) When a community-based function (B) If the PACE expressible, conduct facility-based function (B) If the PACE expressible, conducted that make the emergency plarengaging in its next based or individual, exercise following the exercise under participate to the exercise under participate (A) A second full-scommunity-based of functional exercises (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages designed to challer (iii) Analyze the PA maintain document exercises, and emerpace's emergency	CE organization must conduct be emergency plan at least a corganization must do the annual full-scale exercise that do containity-based exercise is not an annual individual, conal 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 may include, but is not limited to cale exercise that is or individual, a facility based or ear drill; or rocise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, or prepared questions age an emergency plan. CE's response to and cation of all drills, tabletop ergency events and revise the plan, as needed.	E 03	9		

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	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP OF 904 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540			
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E 039	test the emergency including unannousemergency proced ICF/IID] must do to the community-based (A) When a community-based function (B) If the [LTC facility-based function actual natural or requires activation LTC facility is exert required a full-scaindividual, facility-following the onse (ii) Conduct an actual natural or requires activation LTC facility is exert required a full-scaindividual, facility-following the onse (ii) Conduct an actual natural exercises (B) A mock disast (C) A tabletop exert a facilitator includent naturated, clinically and a set of problemessages, or prephallenge an eme (iii) Analyze the [Land maintain docuexercises, and eme [LTC facility] facility is the context the emergent the ICF/IID sat § (2) Testing. The IC to test the emergent including the context is the emergent including the context is set to the emergent including the context in the cont	by plan at least twice per year, inced staff drills using the dures. The [LTC facility, he following: In annual full-scale exercise that ed; or inunity-based exercise is not ct an annual individual, tional exercise. Ility] facility experiences an inan-made emergency that it of the emergency plan, the input from engaging its next le community-based or based functional exercise to fith emergency event. Inditional annual exercise that is not limited to the following: is cale exercise that is or an individual, facility based exercise or workshop that is led by its a group discussion, using a perelevant emergency scenario, it is a group discussion, using a perelevant emergency scenario, it is a group discussion in the precise of the discussion in the precise of the emergency scenario, it is a group discussion in the precise of the precise	EC	139			

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E 039	is community-based (A) When a community-based functional emergency plarengaging in its next community-based of functional exercise emergency event.  (ii) Conduct an add may include, but is (A) A second full-socommunity-based of functional exercise; (B) A mock disaste (C) A tabletop exercia facilitator and inclusing a narrated, clusing a narrate	d; or unity-based exercise is not t an annual individual, onal exercise; or. experiences an actual natural or ncy that requires activation of n, the ICF/IID is exempt from a 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 or an individual, facility-based or ar drill; or cise or workshop that is led by ludes a group discussion, inically-relevant emergency of problem statements, or prepared questions and emergency plan. E/IID's response to and ation of all drills, tabletop ergency events, and revise the explan, as needed.  1.102] HHA must conduct exercises any plan at HHA must do the following: ull-scale exercise that is	E 03	39			

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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 add opposite the year the exercise under parais conducted, that limited to the follow (A) A second functional exercise; (B) A mock disa (C) A tabletop of fun	experiences an actual natural regency that requires activation lan, the HHA is exempt from a required full-scale or individual, facility based following the onset of the ditional 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 o, and a set of problem d messages, or prepared to challenge an emergency.  A's response to and maintain II drills, tabletop exercises, and and revise the HHA's is needed.	E 039				

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E 039	questions designed plan. If the OPO exman-made emerge the emergency platengaging in its next following the onset (ii) Analyze the OP documentation of a emergency events OPO's] emergency events OPO's] emergency exercises to test through the exerci	d to challenge an emergency operiences an actual natural or ency that requires activation of an, the OPO is exempt from at required testing exercise of the emergency event.  O's response to and maintain all tabletop exercises, and and revise the [RNHCI's and plan, as needed.  748]:  RNHCI must conduct the emergency plan. The RNHCI and a facilitator, using a narrated, emergency scenario, and a set ents, directed messages, or a designed to challenge an ents, and revise the RNHCI's response to and tation of all tabletop exercises, ents, and revise the RNHCI's is needed.  Is not met as evidenced by: ent review and interviews, the sure a full scale exercise, mock abletop activity was conducted a facility's Emergency in (EP). The finding is:  there was no evidence of a all scale exercise or mock drill with in the past year.	EC	139			

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E 039	documentation deta plan. Interview on 5/13/29	ge 9 ailing any exercises to test EP 5, the qualified intellectual confirmed the facility was	ΕC	)39			
W 340	unable to show documentation detailing any exercises to test their EP plan.		W 3	340			
	other members of the appropriate protection measures that including training clients and health and hygiene This STANDARD is Based on observational failed to ensure states.	s not met as evidenced by: ions and interviews, the facility ff were sufficiently trained in tration for 3 of 4 audit clients					
	the home on 5/12/2 client #2 a small me	medication administration in 5 at 4:26pm, staff A handed edication cup and water and pills and drink the water. 2 walked out of the					
	administration obse 5/13/25, Client #2 a mediation up and a	of the morning medication ervations in the home on t 7:20am was handed a cup of water. The client #2 nd drank the water then exited					
		medication administration home on 5/13/25, Client #1 at					

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W 340	water. The clients # and drank the water area.  C. During morning robservations in the 7:30am was handed water. Client #3 ingwater then exited the Interview on 3/12/25 confirmed she show were in the room be medication cups an each client of what and why they were Interview on 3/13/25 disabilities profession have been informed given.  EVACUATION DRIL CFR(s): 483.470(i)(  at least quarterly for This STANDARD is Based on record refacility failed to ensure quarterly for each sall clients residing in #4). The finding is:  Review on 5/12/25 revealed documents	and a mediation up and a cup of 2 and #3 ingested the pills of then exited the mediation medication administration home on 5/13/25, Client #3 at d a mediation up and a cup of ested the pills and drank the de mediation area.  To the program manager all have waited to the clients affore medications in the d she should have informed medication they were taking taking the medication.  To the qualified intellectual confirmed clients should at of the medications they were taking the medications they are taking the medication they are taking them they are taking the medication they are taking them.	W 3			

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W 440	disabilities profession	ge 11 5 with qualified intellectual confirmed the facility was umentation of fire drills	W 4	40			
W 460	completed. FOOD AND NUTRI CFR(s): 483.480(a)	TION SERVICES	W 4	60			
	Each client must re- well-balanced diet in specially-prescribed	ncluding modified and					
	Based on observat interviews, the facili	s not met as evidenced by: ions. record review and ity failed to ensure 1 of 4 audit d his specially prescribed diet nding is:					
	client #3 was at the	home on 5/12//25 at 5:30pm, table to begin dinner. Client pasta (whole noodles), mixed ble dinner rolls.					
	#3 received oatmea	on 5/13/25 at 7:00am client al regular consistency, whole s and chunks of cut up					
	evaluation dated 6/	/12/25 of client #3 nutritional 18/24 revealed regular diet red meat or chocolate.					
		5 the program manager as regular and was unaware of ped.					
		5 the qualified intellectual onal confirmed the diet was					

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W 460	Continued From particles finely chopped.	age 12	W 4	60			