PRINTED: 06/23/2025 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		
		34G062	B. WING _			06/18/2025	
NAME OF PI	ROVIDER OR SUPPLIER D ACRES			STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
E 004	S403.748(a), \$416.54 \$441.184(a), \$460.84 \$483.475(a), \$484.10 \$485.542(a), \$485.62 \$485.920(a), \$486.36 \$494.62(a). The [facility] must corredered evelop establish and emergency prepared requirements of this spreparedness program limited to, the followin (a) Emergency Plan. and maintain an emerthat must be [reviewed every 2 years. The plifollowing: * [For hospitals at \$48 \$485.625(a):] Emergency Plan. and maintain an emergency prepared requirements. The plifollowing: * [For hospitals at \$48 \$485.625(a):] Emergency Plan. The LTC facilities and local emergency prepared requirements of this sall-hazards approach. * [For LTC Facilities and Plan. The LTC facility	(a), §482.15(a), §483.73(a), 2(a), §485.68(a), 5(a), §485.727(a), 0(a), §491.12(a), Inply with all applicable cal emergency ments. The [facility] must I maintain a comprehensive ness program that meets the ection. The emergency must include, but not be g elements: The [facility] must develop regency preparedness plan d], and updated at least an must do all of the second comprehensive ness program that meets the ection. The [hospital or the all applicable Federal, gency preparedness ospital or CAH] must a comprehensive ness program that meets the ection, utilizing an the second comprehensive ness program that meets the ection, utilizing an edness plan that must be	EC	04			

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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E 004	Plan. The ESRD fact maintain an emerge must be [evaluated] years. This STANDARD is Based on record refailed to ensure that plan (EPP) was revievery two years relainformation. The find Review of facility do revealed an EPP dathe facility EPP did is specific information. Continued review of	es at §494.62(a):] Emergency cility must develop and ncy preparedness plan that and updated at least every 2 not met as evidenced by: view and interview, the facility the emergency preparedness ewed and updated at least titve to client specific	EO	04		
E 039	Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/25 verified that client specific information should be updated when new admissions and discharges occur. Further interview with the QIDP revealed client specific information for client #1 and #4 should have been added to the facility EPP in a timely manner after admission to the facility.		ΕO	39		

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NAME OF PE	ROVIDER OR SUPPLIER D ACRES			3	TREET ADDRESS, CITY, STATE, ZIP CODE 464 US HWY 601 SOUTH MOCKSVILLE, NC 27028		
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E 039	at §485.542, OPO, "C §485.727, CMHCs at §491.12, and ESRD F	4, CORFs at §485.68, REHs Organizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]:	E	039			
	(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.						

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E 039	exercises, and eme [facility's] emergence *[For Hospices at 4' (2) Testing for hosp patient's home. The exercises to test the annually. The hosp (i) Participate in a ficommunity based e (A) When a community based e (A) When a community based e (B) If the hospice eximan-made emerger the emergency planengaging in its next community-based efacility-based functionset of the emerge (ii) Conduct an add opposite the year the exercise under parais conducted, that more to the following: (A) A second full-secommunity-based of exercise; or (B) A mock disasted (C) A tabletop exercise a facilitator and inclusion and a set directed messages, designed to challenged.	ation of all drills, tabletop regency events, and revise the y plan, as needed. 18.113(d):] ices that provide care in the echospice must conduct emergency plan at least ice must do the following: ull-scale exercise that is every 2 years; or entity based exercise is not an individual facility based every 2 years; or experiences a natural or experiences a natural or experiences an activation of the hospital is exempt from required full scale exercise or individual exercise following the ency event. itional exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section may include, but is not limited eale exercise that is refacility based functional	E	039			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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E 039	year. The hospice m (i) Participate in an a is community-based; (A) When a commun accessible, conduct a facility-based functio (B) If the hospice exp man-made emergency the emergency plan, engaging in its next r based or facility-based following the onset o (ii) Conduct an addit may include, but is n (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exerc facilitator that include narrated, clinically-re and a set of problem messages, or prepar challenge an emerge (iii) Analyze the hosp maintain documental	espice must conduct emergency plan twice per fust do the following: annual full-scale exercise that or ity-based exercise is not an annual individual hal exercise; or beriences a natural or cy that requires activation of the hospice is exempt from required full-scale community ed functional exercise of the emergency event. ional annual exercise that ot limited to the following: ale exercise that is a facility based functional drill; or ise or workshop led by a ses a group discussion using a levant emergency scenario, statements, directed ed questions designed to ency plan. Dice's response to and dion of all drills, tabletop gency events and revise the	E 03	9			
	conduct exercises to						

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E 039	is community-based (A) When a community-based function (B) If the [PRTF, Hoactual natural or marequires activation of [facility] is exempt for required full-scale of facility-based functionset of the emergen (ii) Conduct are and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mool (C) A tabletop of functional exercise; (B) A mool (C) A tabletop of functional exercise; (B) A mool (C) A tabletop of functional exercise; (B) A mool (C) A tabletop of functional exercise; (B) A mool (C) A tabletop of functional exercise; (B) A mool (C) A tabletop of functional exercises, and emergency scenarios statements, directed questions designed plan. (iii) Analyze the maintain documents exercises, and emergency is emergency. *[For PACE at §460 (2) Testing. The PACE exercises to test the	annual full-scale exercise that d; or nity-based exercise is not an 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. In [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or k disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant or, and a set of problem d messages, or prepared to challenge an emergency effacility's] response to and action of all drills, tabletop ergency events and revise the cy plan, as needed. 2.84(d):] CE organization must conduct the emergency plan at least	EO	39			
	[facility] is exempt for required full-scale of facility-based functionset of the emerge (ii) Conduct ar and that may include following: (A) A second full-scommunity-based of functional exercise; (B) A mocl (C) A tabletop of functional exercise; (C) A tabletop of functional exercise; (B) A mocl (C) A tabletop of functional exercise; (B) A mocl (C) A tabletop of functional exercise; (C) A tabletop of funct	rom engaging in its next community based or individual, conal exercise following the ency event. In [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or or or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant or, and a set of problem of messages, or prepared of to challenge an emergency or et [facility's] response to and action of all drills, tabletop orgency events and revise the or plan, as needed. 0.84(d):] CE organization must conduct					

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E 039	accessible, conduct facility-based function (B) If the PACE exposite man-made emerger the emergency planengaging in its next based or individual, exercise following the event. (ii) Conduct any ears opposite the yexercise under parais conducted that me the following: (A) A second full-second full-second functional exercise; (B) A mock disaste (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages, designed to challence (iii) Analyze the PAmaintain documentate exercises, and eme PACE's emergency *[For LTC Facilities (2) The [LTC facility test the emergency procedus ICF/IID] must do the control of the page of	nity-based exercise is not an annual individual, onal exercise; or eriences an actual natural or ney that requires activation of 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 graph (d)(2)(i) of this section ay include, but is not limited to eale exercise that is rindividual, a facility based or drill; or cise or workshop that is led by udes a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and ation of all drills, tabletop regency events and revise the plan, as needed. at §483.73(d):] must conduct exercises to plan at least twice per year, ced staff drills using the res. The [LTC facility, a following: annual full-scale exercise that	E 03	39			

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E 039	accessible, conduct a facility-based function (B) If the [LTC facility actual natural or man requires activation of LTC facility is exemply required a full-scale of individual, facility-base following the onset of (ii) Conduct an addit may include, but is not (A) A second full-scale community-based or functional exercise; of (B) A mock disaster (C) A tabletop exercial facilitator includes a narrated, clinically-reand a set of problem messages, or preparchallenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emergical [LTC facility] facility's *[For ICF/IIDs at §48 (2) Testing. The ICF/to test the emergency The ICF/IID must do (i) Participate in an ais community-based; (A) When a community-based; (A) When a community-based function (B) If the ICF/IID exp	ity-based exercise is not an annual individual, nal exercise.] facility experiences an in-made emergency that ithe emergency plan, the it from engaging its next community-based or sed functional exercise if the emergency event. It ional annual exercise that iot limited to the following: ale exercise that is an individual, facility based or drill; or ise or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed ed questions designed to ency plan. C facility] facility's response to centation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: IID must conduct exercises y plan at least twice per year. the following: innual full-scale exercise is not an annual individual,	E 03	9			

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E 039	engaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an additional include, but is not (A) A second full-scal community-based or functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, clin scenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/I maintain documentate exercises, and emergical ICF/IID's emergency to test the emergency least annually. The H (i) Participate in a full community-based; or (A) When a community-based function or. (B) If the HHA e or man-made emergency pla engaging in its next recommunity-based or community-based or community-base	the ICF/IID is exempt from equired full-scale individual, facility-based illowing the onset of the conal annual exercise that of limited to the following: le exercise that is an individual, facility-based or directly for the end of the constant of the co	E	039				

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E 039	opposite the year the exercise under paragis conducted, that limited to the followin (A) A second ful community-based or functional exercise; (B) A mock disa (C) A tabletop expension of the following and the following are emergency scenario statements, directed questions designed to plan. (iii) Analyze the HHA documentation of all emergency events, as emergency plan, as to test the emergency following: (i) Conduct a paper-loworkshop at least and led by a facilitator and discussion, using a remergency scenario statements, directed questions designed to plan. If the OPO expensions designed to plan. If the OPO expensions in the emergency plan, engaging in its next to the following:	onal exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section at may include, but is not ag: I-scale exercise that is an individual, facility-based or ster drill; or exercise or workshop that is d includes a group farrated, clinically-relevant and a set of problem messages, or prepared o challenge an emergency is response to and maintain drills, tabletop exercises, and and revise the HHA's needed. 360] PO must conduct exercises by plan. The OPO must do the coased, tabletop exercise or nually. A tabletop exercise is	E 039		

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E 039	documentation of all the mergency events, and OPO's] emergency plots at §403.74 (d)(2) Testing. The Rivexercises to test the emust do the following (i) Conduct a paper-bleast annually. A table discussion led by a factinically-relevant emorgancy plan. (ii) Analyze the RNHO maintain documentati and emergency plan, as in This STANDARD is in Based on record revifacility failed to show verify testing of the emplan (EPP). The finding Review of facility documentation and the facility's EPP did anock drill, tabletop excommunity-based except. Interview with the quaprofessional (QIDP) of evidence of a tabletop full-scale exercise controls.	s response to and maintain abletop exercises, and and revise the [RNHCl's and an, as needed. 18]: NHCl must conduct emergency plan. The RNHCl: ased, tabletop exercise at etop exercise is a group acilitator, using a narrated, ergency scenario, and a set is, directed messages, or esigned to challenge an an acilitation of all tabletop exercises, its, and revise the RNHCl's leeded. The met as evidenced by: we and interviews, the evidence of exercises to mergency preparednessing is: umentation on 6/18/25 and 4/25/25. Further review of the reveal evidence of a sercise, or full-scale ercise to test the facility's alified intellectual disabilities on 6/18/25 revealed that the exercise, mock drill, or alid not be found during the iew with the QIDP revealed	E	0339				

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E 039	Continued From page	∍ 11	E	039				
W 104	interview with the QIE management should	not be found. Continued DP verified that staff and complete all emergency ses to test the EPP as	W ·	104				
	CFR(s): 483.410(a)(1)						
	budget, and operating This STANDARD is r Based on observatio interviews, the govern failed to exercise gen direction over the faci	must exercise general policy, g direction over the facility. not met as evidenced by: n, record review and ning body and management eral policy and operating ility by failing to assure onducted timely. The finding						
	survey period from 6/ following items on the chair, two 5-foot plast portable standing toile standing towel stand.	roup home during the 17/25 - 6/18/25 revealed the e patio: a broken wooden tic LED light covers, a et seat and metal free Continued observations york orders submitted for						
		6/18/25 of the facility's work ders for the items to be						
		alified intellectual disabilities on 6/10/25 revealed she is						

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W 104	Continued From page	e 12	W	04				
W 125	Further interview the should be placing ord hauled away.		W	25				
	The facility must ensi Therefore, the facility individual clients to e of the facility, and as including the right to to due process. This STANDARD is Based on observation	ure the rights of all clients. must allow and encourage xercise their rights as clients citizens of the United States, file complaints, and the right not met as evidenced by: n, record reviews and refailed to ensure 1 of 6 xercise rights as clients and						
	for client #1 revealed stand while staff G pl love seat underneath return to her seated pobservation for client her stomach hurt. Fu #1 revealed staff G to bathroom. Subseque revealed her to return	staff G to instruct her to acced a green pad on the her; then instructed her to position. Continued #1 revealed her to indicate of the observation for client of instruct her to go to the ent observation of client #1 to the living room and that she felt better from her						
	12/17/24. Continued revealed goals to tak wash hand and use a	ntered plan (PCP) dated review of client 1's PCP e trash out, replace bag and						

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NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES			·	3464 L	ET ADDRESS, CITY, STATE, ZIP CODE US HWY 601 SOUTH KSVILLE, NC 27028			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE	
W 125	behaviors of physical aggression, refusal, parea without notice nudity, fecal smearing. Interview on 6/18/25 disabilities profession client #1 can let staff the restroom. Contin revealed two words the indicate when she net movement or urinate. Iisted strategies staff reinforcement proced communication with the Subsequent interview client #1 would benefobjective focused on strategies. PROTECTION OF C CFR(s): 483.420(a)(7) The facility must ensurance the facility with the opportunity for the standard procedure of the procedure	an dated 4/2/24 with target aggression, verbal property destruction, leave (LAWN), food obsession, g, pacing and parnola. with the qualified intellectual hal (QIDP) confirmed that know when they need to use used interview with the QIDP that staff and client #1 use to be seeds to have a bowel. Further review of the BSP could use for preventive and lures to further foster the toleting success. With the QIDP confirmed fit from a new learning the use of her behavioral LIENTS RIGHTS The confirmed fit from a new learning the use of her behavioral fit from a new learning the use of her behav	W					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G062	B. WING	B. WING		06/18/2025	
NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES				3	TREET ADDRESS, CITY, STATE, ZIP CODE 464 US HWY 601 SOUTH MOCKSVILLE, NC 27028		
PREFIX (EACH DE	FICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION SHOULD FREFIX TAG CROSS-REFERENCED TO THE APPROPRIES.			(X5) COMPLETION DATE
his room to the Additional observational exit the bathrod and toileting wo observations a monitor to rempersonal care observations of privacy during. Interview with professional (Covideo monitor of during awake of QIDP revealed night due to the diagnosis. Correvealed staff of clients' privacy. W 249 PROGRAM IMC CFR(s): 483.44 As soon as the formulated a coeach client must reatment proginterventions a and frequency objectives identification. This STANDAF Based on obsinterviews, the	ed staff to bathroomervation and door the doct of the vide of the doct of the vide of the doct of the	to transfer client #4 from an without any pants. at 7:19AM revealed staff to leaving client #4 exposed for open. Subsequent if revealed the video will be client #4 was receiving from. At no point during the insure client #4 received if care. If it is a comparison of the insure client if it is a comparison of the insure clie		129			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G062	B. WING _			06/18/2025
NAME OF PI	ROVIDER OR SUPPLIER D ACRES			STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028	•	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 15	W 2	49		
	implemented as ide plan (PCP) for 1 of finding is: Observations through from 6/17/25 - 6/18, attempt to commun Portuguese language revealed client #1 to activities to include administration, persuctivities while attern various staff. Conticlient #1 to become to staff and surveyor Portuguese. At no did staff provide client.	al interventions were entified in the person-centered 3 audited clients (#1). The ghout the recertification survey (25 revealed client #1 to icate with staff speaking in the ge. Further observations o participate in various mealtimes, medication conal care, chores, and other entiting to communicate with nued observations revealed agitated and raise her voice ors while communicating in point during the observation ent #1 with a digital translation in translation from Portuguese				
	revealed a PCP data support plan dated should be aware the barrier. Further revindicated client #1 kmay yell/scream/regate feels she is not Additional review of staff should offer clicommunicate with that does not alway confusion or agitatic Interview with the q professional (QIDP) have been trained to	d for client #1 on 6/18/25 ded 12/17/24 and behavior 1/10/25 which indicated staff de client has a language diew of the 1/2025 BSP decomes easily frustrated and detitively say a phrase when dening heard or understood. If the 1/10/2025 BSP indicated dent #1 a digital translator to the client more effectively, "but as help and can cause more don". ualified intellectual disabilities on 6/18/25 revealed staff o use a digital translation denslator" application if the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG	(X	(X3) DATE SURVEY COMPLETED	
	34G062	B. WING _			06/18/2025	
NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES			STREET ADDRESS, CITY, STATE, ZIP CO 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028)DE		
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
Continued From page 16 client refuses to use the the Further interview with the #1 has a communication short phrases to use to in between staff and the clie with the QIDP revealed short provided the communicate indicated in client #1's BS SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, and teach clients to use a choices about the use of hearing and other communicate interdisciplinary team as interdisciplinary team as interdisciplinary team as interdisciplinary team as interviews, the facility failst adaptive equipment was of 6 audited client (#3) dufinding is: Afternoon observations on revealed client #3 to be putable to prepare for the dinding the equipment: shirt protector dycem mat. At no point dinding observations on revealed client #3 provided a the dinner meal. Morning observations on revealed client #3 to partime meal without a maroon specific particular to the dinner meal.	ranslation device. QIDP verified that client book with keywords and aprove communication ent. Continued interview taff should have ion interventions as SP as prescribed. IT maintain in good repair, and to make informed dentures, eyeglasses, unications aids, braces, ed by the needed by the client. The met as evidenced by: record review and ed to ensure that used appropriately for 1 uring mealtimes. The met #3 to participate in efollowing adaptive re, high sided dish, and uring the observation maroon spoon during 6/18/25 at 6:50AM cipate in the breakfast	W 2				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G062	B. WING			06/	18/2025
NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES				346	REET ADDRESS, CITY, STATE, ZIP CODE 64 US HWY 601 SOUTH DCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 436	Review of the record for client #3 on 6/18/25 revealed a physician's order dated 6/11/25 which indicated the client has the following adaptive equipment to be used during mealtimes: maroon spoon, straw (PRN), non-skid mat, high sided dish, and shirt protector. Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/25 verified client #3 should have been provided a maroon spoon during mealtimes. Interview with the QIDP revealed staff have been trained to provide client #3 with adaptive equipment as prescribed.		W 436				
	CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure food was served in a form consistent with the developmental level for 2 of 6 audit clients (#4 and #6). The findings are: A. The facility failed to assure food was served in the right consistency for client #4. prescribed. For example: During observations in the home on 6/18/24 at 7:57 AM, client #4 was observed eating breakfast which consisted of 1 small muffin, 6 oz yogurt, 1/4 cup diced strawberries, 8 oz orange juice, 8 oz -2% milk, and water. The small muffin served in chunks with client #4 eating all in that form. Review on 6/18/25 of client 4#'s nutritional assessment (NA) dated 11/17/23 revealed a diet						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G062	B. WING		06/18/2025	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028	1 00.10.2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
W 474	order consisting of 3 B. The facility failed the right consistence example: During observations 5:00 PM, client #6 v divided plate which of the following: 3 or potato salad, ½ cup and 8 oz - milk. Corclient #6's dish to ha mixed in with his grobservation reveale and beverages but containing some grotto ground consistent Review on 6/18/25 consisting of ¼ consisting of ¼ consisting of ½ consisting of 1/4 consistent's NAs are current.	to assure food was served at y for client #6. prescribed. For in the home on 6/10/25 at was observed with a deep dish consisted of his dinner meal z baked chicken, ½ cup of collard greens, 8 oz water national observation revealed ave some chunks of chicken bund chicken. Further did client #6 to refuse his meal staff A presented his meal bund portions not processed acy as prescribed. of client 6#'s physician's order revealed a diet order sistency diet. with the qualified intellectual onal (QIDP) confirmed both rent. Further interview with I both clients' diet orders	W 47	4		