

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 441	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills with varied conditions. The finding is:</p> <p>Record review on 6/17/25 of the facility's annual fire drill log revealed drills were not conducted at varying times.</p> <p>Second Shift: On 7/8/24 at 8:30pm On 9/11/24 at 5:00pm On 11/27/24 at 8:24pm On 1/1/25 at 8:00pm On 4/9/25 at 5:00pm</p> <p>Third Shift: On 5/6/25 at 12:00am On 6/26/24 at 12:00am On 7/31/24 at 6:00am On 10/1/24 at 12:00am On 12/1/24 at 6:00am</p> <p>Interview on 6/17/25 with the Home Manager revealed he did not know he should vary the times the drills were practiced.</p> <p>Interview on 6/17/25 with the Qualified Intellectual Disabilities Professional revealed staff had been trained to hold drills for every shift per quarter but she did not realize the times of the drills should vary.</p>	W 441			

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

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.