STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G342	A. BUILDING _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENCE PLACE	**295 AIRPORT ROAD ROCKINGHAM, NC 28379**

(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
E 000	Initial Comments A complaint survey was conducted on 10/30/25 for intakes #NC00233468 and #NC00234138. The allegations were substantiated without deficiency. However, a deficiency was cited related to the complaint.	E 000		
E 036	EP Training and Testing CFR(s): 483.475(d) §403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.542(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d). *[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, REHs at §485.542, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. *[For LTC facilities at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the	E 036		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E 036	Continued From page 1 emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. *[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i). *[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years. This STANDARD is not met as evidenced by: Based on policy review and interview, the facility failed to ensure that all staff received annual training on implementing the Emergency Preparedness (EP) policies and procedures. This	E 036		

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E 036	Continued From page 2	E 036		

affected 2 of 2 audit clients (#9 and former client #4). The findings are:

Review of the facility's EP plan on 10/30/25, revealed a Missing Person policy revised on 10/2024 that if there is more than one employee available, one employee should immediately begin searching the building or the last place the person was seen. Searches should include inside and outside the premises, rooms, bathrooms, closets, kitchen, basements, lobbies and offices. After employees have searched for 5 minutes and all possible areas of the program and any offsite possibilities, if the person cannot be located then 911 should be called.

Review of the Incident Response Improvement System (IRIS) on 10/30/25, revealed a report was filed by the facility regarding an elopement incident on 7/31/25 on former client #4 (FC #4). IRIS revealed FC #4 became upset with staff and walked away from the facility during the afternoon and walked to a neighboring convenient store. Former staff working during the shift, did not follow FC #4 out of the facility due to the rain and elected to call the police instead. The police found FC #4 at the store and returned her to the home.

Review of the IRIS on 10/30/25, revealed a report was filed by the facility regarding the elopement of newly admitted client #9. During a bed check, Staff F discovered on 10/22/25 at 9:00pm the bedroom window in client #9's room was opened and she was missing. Staff F notified the nurse on duty at the facility as well as Staff D. Together, they searched the backyard of the facility, leaving all 8 clients inside unsupervised, before deciding to make a police report. The police returned client

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E 036	Continued From page 3 #9 to the home at 9:45pm. Interview with the Vice President of Operations on 10/30/25 revealed there were many new staff working at the facility and he did not have evidence that staff received annual/initial orientation on their EP policies, nor had they practiced any drills on conducting an elopement search. The VP revealed that staff were expected to follow the behavior plans if a client eloped.	E 036		