STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345311	A. BUILDING _____ B. WING _____	R-C 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROXBORO HEALTHCARE & REHAB CENTER	901 RIDGE ROAD ROXBORO, NC 27573

(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 001} SS=C	Establishment of the Emergency Program (EP) CFR(s): 483.73 The [facility, except for Transplant Center] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements: *[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. *[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to have a comprehensive emergency preparedness (EP) plan. The EP manual failed to include emergency prep testing requirements to include an annual testing date and any additional testing dates. The facility had not conducted any exercises with staff to test their EP plan. Findings included:	{E 001}		

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

Electronically Signed

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 001}	Continued From page 1 Record review of the EP manual provided by the facility revealed EP manual did not include dates when the facility conducted exercises to test the emergency prep plan including annual drills and unannounced staff drill. During an interview on 6/20/18 at 12:40 PM, Nurse #1 indicated that she had not received any direct training on how to implement the emergency preparedness plan. Nurse #1 stated she attended the recent in-service discussion which provided information on the content of the manual and how to find information, but the direct training on the facility ' s emergency preparedness plan had not been provided. During an interview on 6/20/18 at 12:50 PM, Nurse #2 indicated the recent in-service on the emergency preparedness plan discussed the information in the book and how to find the information. Nurse #2 stated she had not had any direct training or drills on how to implement the emergency plan. During an interview on 6/20/18 at 1:04 PM, Nurse #3 stated he was recently hired and had not received direct training/drills on how to implement the facility emergency preparedness plan. During an interview on 6/20/18 at 1:30 PM, with the Maintenance Director indicated he was responsible for overseeing the facility ' s Emergency Plan, He was unable to present any dates when the facility conducted an exercise to test the emergency prep plan. He indicated he had recently completed his training on the emergency preparedness program with a hospital system and was awaiting approval from management of when to start the direct training	{E 001}		

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{E 001}	Continued From page 2 with facility staff and families. During an interview on 6/20/18 at 1:40 PM, the Administrator Consultant stated the expectation was for all the direct hands on EP training to be completed by 5/31/18. However, the previous administrator left the facility prior to scheduling and completing all the EP training with the staff. The Administrator Consultant stated the staff had table top training on the facility ' s EP. During an interview on 6/20/18 at 4:10 PM, Nurse Aide #4 indicated she an in-service was held to discuss the emergency preparedness plan, but she had not received any direct training/drill on how to implement the plan. During an interview on 6/20/18 at 4:30 PM, Nurse Aide #8 indicated at a recent meeting the standard EP drills were discussed and some of the information in the emergency book was discussed, but he had not participated in any drills/training on how to implement the emergency preparedness plan.	{E 001}		