

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DHSR - Mental Health APR 24 2019 (X3) DATE SURVEY COMPLETED 04/09/2019
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NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530
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(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
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W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 4 audit clients (#5) had the right to access his personal possessions. The finding is:</p> <p>Client #5 did not have access to his electric razor.</p> <p>During morning observations in the home on 4/8/19 at 11:08am, the Home Supervisor indicated to client #5 that he needed to shave. The client informed Staff B who unlocked the medication closet and retrieved client #5's electric razor from a box with his name on it. Client #5 took his razor to the bathroom and began shaving himself.</p> <p>Interview on 4/8/19 with Staff B revealed the electric razors have been kept locked in the medication closet so the clients won't mix them up. Staff B indicated clients were using razors which belonged to someone else.</p> <p>Additional review of client #5's "Bill of Rights" (signed by client #5 and expiring 7/9/19) noted he had been informed of his right to "retain and use appropriate personal possessions and clothing..."</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the</p>	W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility will train, evaluate, and ensure that clients have the right to retain and use appropriate personal possessions and clothing based on their abilities and limitations.</p> <p>The facility will evaluate Client #5 and his abilities and limitations relative to the utilization of the electric razor. The habilitation specialist will perform a functional assessment, evaluate, and make recommendations for his training needs.</p> <p>On a weekly basis, the RSS and QP will continue to monitor each consumer's abilities and limitations specific to each consumer's rights and make recommendations for training.</p> <p>Globally, upon each consumer's Annual Team meeting, the QP, Habilitation Specialist, and Consumer Affairs Coordinator will discuss each consumer's abilities regarding their client rights.</p> <p>Globally, QPs and RSSs, will monitor each consumer and ensure that clients have the rights to retain and use appropriate personal possessions and clothing, and make recommendations for training when limitations arise.</p> <p>On an annual basis, the QP will be responsible for in-servicing each group home on Nova, IC.'s policies and procedures relative to Consumer Rights and review each consumer's abilities and limitations.</p>	6-7-19
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		<p>Upon hire, the Consumer Affairs Coordinator will in-service all staff on Consumer Rights as well as their rights to choice and self-management.</p> <p>Persons Involved: <i>Habilitation Specialist, Day Services Manager, QP, Consumer Affairs Coordinator, Residential Services Supervisor.</i></p> <p>Frequency: <i>Initially, Weekly, Monthly, and Annually</i></p>	

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

Charles Hill *Program Director* *4-18-19*

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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HOLLY STREET HOME 1509 HOLLY STREET GOLDSBORO, NC 27530

Table with 5 columns: (X4) ID PREFIX TAG, SUMMARY STATEMENT OF DEFICIENCIES, ID PREFIX TAG, PROVIDER'S PLAN OF CORRECTION, (X5) COMPLETION DATE. Contains two rows of deficiency and correction details.

Summary table with 4 columns: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION, (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178, (X2) MULTIPLE CONSTRUCTION, (X3) DATE SURVEY COMPLETED: 04/09/2019.

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W 189	<p>Continued From page 2</p> <p>During this time, Staff A wore a single pair of latex gloves without changing them and the client was not prompted to rewash or sanitize his hands after initially washing them before beginning this task.</p> <p>b. During lunch observations in the home on 4/8/19 at 12:31pm, client #5 ate than more than half of his turkey sandwich with approximately a quarter of it remaining. As the client prepared to leave the table and discard his leftover food, client #1 asked him if he was going to finish his sandwich. Client #5 responded, "No, you can have it." Client #1 then retrieved the half-eaten sandwich from client #5 and consumed it.</p> <p>c. During dinner preparation observations in the home on 4/8/19 from 4:27pm - 4:48pm, Staff A wore a single pair of gloves and client #1 used his bare hands to wash raw chicken at the sink. After completing this task, Staff A continued to wear the same gloves and the client did not rewash his hands before both cut up an onion and added it to a pot of boiled potatoes. During this observation, the staff was also noted to reuse a pair of latex gloves.</p> <p>d. During breakfast preparation observations in the home on 4/9/19 from 6:30am - 6:55am, Staff D and client #6 wore a single pair of latex gloves while completing tasks such as making a pot of coffee, placing frozen pancakes on a pan, and placing raw bacon on a pan. Throughout the tasks, Staff D and client #6 consistently touched various items such as cabinet/drawer knobs, refrigerator door handle, faucet handle, or manipulated items from cabinets and/or the refrigerator and other kitchen surfaces. During this time, Staff D did not change the gloves and</p>	W 189	Frequency: Initially, Weekly, Monthly, Annually, and as needed.	

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W 189	<p>Continued From page 3 client #6 was not prompted to change his gloves.</p> <p>Interview on 4/8/19 with Staff A revealed clients should be washing their hands when working in the kitchen. Additional interview indicated the gloves are worn to prevent "skin to skin" contact and they had been trained to wear them when working in the kitchen.</p> <p>Interview on 4/9/19 with Staff D indicated they had not been told why they needed to wear gloves in the kitchen; however, it was just "natural" to wear them. Additional interview revealed clients should also be wearing gloves during meal preparation and gloves should be changed when finished and then hands should be washed.</p> <p>Review on 4/9/19 of the facility's American Red Cross manual for First Aid/CPR/AED and Bloodborne Pathogens (participant and instructor's editions 2016) revealed, "Bloodborne pathogens are disease-causing agents present in blood and other potentially infectious materials. Other potentially infectious materials are human body materials other than blood that can carry bloodborne pathogens...saliva..." The manual further noted, "For infection to occur, blood or other potentially infectious materials from an infected person must enter another person's bloodstream via the eyes, the mucous membranes (such as those that line the mouth...)." </p> <p>Additional review of the facility's American Red Cross training manual also revealed, "Gloves are worn whenever there is the possibility of contacting blood or other potentially infectious materials." The manual noted, "When you are</p>	W 189		

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W 189	<p>Continued From page 4</p> <p>wearing gloves, try to limit how much you touch other surfaces with your gloved hands. Pathogens from your soiled gloves can transfer to other items or surfaces that you touch..." The manual indicated, "Hand washing is the single most effective way to prevent the spread of infection...an alcohol-based hand sanitizer can be used to decontaminate the hands if soap and water are not readily available." Further review of the manual noted, "Disposable gloves are meant to be worn once and then discarded. Never clean or reuse disposable gloves."</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not sure if latex gloves were needed for cooking but staff would likely need them if they are "handling food." Additional interview indicated staff and clients should be washing their hands while working in the kitchen. Further interview revealed gloves are considered contaminated if a person leaves the kitchen with them on or when they have manipulated raw meat with the gloves on. The QIDP acknowledged gloves would possibly be contaminated if worn while touching various items such as knobs, handles and other surface. The QIDP also indicated staff have not been specifically trained to wear gloves in the kitchen; however, the previous manager may have encouraged this practice.</p>	W 189		
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number</p>	W 249	<p>Program Implementation:</p> <p>The facility will ensure that knives will be provided during mealtimes and that staff understand when to prompt, assist, or encourage consumers to utilize knives during mealtimes.</p> <p>Globally and on an annual basis, the Habilitation Specialist will evaluate the consumer's needs regarding mealtimes and their abilities and limitations and make recommendations based on consumer's priority training needs.</p>	6-7-19

			<p>Staff within assigned facility will be trained on functional skill plans.</p> <p>On a weekly basis, the QP & RSS will review the consumer's abilities and limitations regarding meal time and make recommendations for each individual consumer's training needs.</p> <p>Persons Involved: <i>Habilitation Specialist, Day Services Manager, Residential Services Supervisor, and QP.</i></p> <p>Frequency: <i>Initially, Weekly, Monthly, and Annually.</i></p>
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<p>W 249</p>	<p>Continued From page 5 and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 audit clients (#1, #2) received a continuous active treatment plan consisting of needed interventions as services as identified in the individual program plan (IPP) in the area of dining skills. The finding is:</p> <p>Clients were not prompted, assisted or encouraged to use knives at meals.</p> <p>During dinner observations in the home on 4/8/19 at 5:45pm, clients served themselves a 3 - 4 oz whole chicken breast, green beans, stewed potatoes and rolls. Client #2 used his left hand to stabilize his chicken breast on his plate while using his fork to pull apart pieces of the chicken. Client #1 picked up his chicken breast using his hands. At the meal, no knives were observed on the table and no clients were prompted or encouraged to use a knife to cut their chicken.</p> <p>During breakfast observations in the home on 4/9/19 at 7:28am, clients served themselves 2 - 3 whole pancakes, 1 - 2 slices of turkey bacon, and yogurt. Client #2 used his spoon to break apart the pancakes and consume them. Client #1 used the edge of his fork to break the pancakes into smaller pieces before consuming them. At the meal, no knives were observed on the table and no clients were prompted or encouraged to use a knife to cut pancakes.</p>	<p>W 249</p>		<p>6-7-19</p>
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<p>W 249</p>	<p>Continued From page 6</p> <p>Interview on 4/9/19 with the Home Supervisor revealed she was "not sure why" no knives were used at the meal. Additional interview indicated the clients cannot use knives very well and are "afraid of them".</p> <p>Review on 4/9/19 of client #1's IPP dated 6/14/18 revealed he "requires various levels of assistance and/or prompting" to cut his food.</p> <p>Review on 4/9/19 of client #2's IPP dated 5/9/18 revealed, "[Client #2] demonstrates independence with eating with spoon/fork...All other dining skills require assistance in the form of monitoring, gestures and physical."</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 is "pretty much independent" with using a knife while client #2 "may or may not" use a knife independently. The QIDP indicated knives should have been available for each client's use at meals.</p>	<p>W 249</p>		<p>6-7-19</p>
<p>W 383</p>	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure only authorized persons have access to keys to the medication closet. The finding is:</p> <p>Keys to the medication closet were accessible to</p>	<p>W 383</p>	<p>Drug Storage and Recordkeeping Staff will continue to comply with Nova policy and procedure as it relates to assuring that only authorized persons have access to keys to the medication closet.</p> <p>Globally, all staff will be re-in-serviced on Nova procedures regarding drug storage and recordkeeping initially, as needed, and annually.</p> <p>On a weekly basis, the QP and RSS will monitor staff's consistency and ensure that staff are complying with policy and make recommendations for further training in this area as deemed necessary.</p>	<p>6-7-19</p>

		<p>Persons Involved: Nursing, QP, and RSS</p> <p>Frequency: <i>Initially, Weekly, and Annually.</i></p>
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W 383	<p>Continued From page 7 unauthorized person.</p> <p>During evening observations in the home on 4/8/19 from 4:40pm - 4:55pm, the keys to the medication closet were left on a table in a sitting area of the home. During this time, a client was seated in the area watching television while the medication technician and several other clients were outside on the back porch. The keys to the medication closet were accessible to anyone in the home.</p> <p>Review on 4/9/19 of the facility's Medication Administration Class Agenda (dated 7/22/08) revealed, "ONLY ONE PERSON CAN HAVE ACCESS TO MED CLOSET DURING SHIFT - THAT PERSON SHOULD BE MED-CERTIFIED AND ASSIGNED TO GIVE MEDS."</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication technician should keep the keys to the medication closet on their person during their shift.</p>	W 383		6-7-19

<p>W 436</p>	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record</p>	<p>W 436</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The Habilitation Specialist will perform a functional assessment regarding Client #1 and Client #5's ability to utilize assistive devices and make recommendations for their training needs.</p> <p>The QP and RSS will monitor on a weekly basis to ensure that consumers are utilizing the assistive devices according to their abilities and all limitations are referred to Habilitation Specialist and prioritized according to consumer's needs.</p> <p>Staff will be trained on all consumer Functional Skill Plans on an as needed basis.</p> <p>QP, Habilitation Specialist, and RSS will meet monthly to review consumer's training needs.</p> <p>Persons Involved: QP, RSS, and Habilitation Specialist</p> <p>Frequency: Initially, Weekly, and Monthly.</p>	<p>6-7-19</p>
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W 436	<p>Continued From page 8</p> <p>reviews, the facility failed to ensure 2 of 4 audit clients (#1, #5) were taught to use assistive devices and other necessary devices appropriately and make informed choices about their use.</p> <p>1. Client #1 was not taught to use his eyeglasses appropriately.</p> <p>During observations throughout the survey in the home on 4/8 - 4/9/19, client #1 did not wear eye glasses. The client was not prompted or encouraged to wear eye glasses.</p> <p>Review on 4/9/19 of client #1's Individual Program Plan (IPP) dated 6/14/18 revealed, "Eye exam: ...3/1/18 Glasses to be worn full time..." The plan did not include any training to address client #1's inappropriate use of his eye glasses.</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 wears eye glasses; however, they were broken about a week ago. Additional interview indicated the client has a history of breaking his eye glasses but she was not aware of any current or past training to teach him to use his glasses appropriately.</p> <p>2. Client #5 was not taught to use his electric razor appropriately.</p> <p>During morning observations in the home on 4/8/19 at 11:08am, the Home Supervisor indicated to client #5 that he needed to shave. The client informed Staff B who unlocked the medication closet and retrieved client #5's electric razor from a box with his name on it. Client #5 took his razor to the bathroom and began shaving</p>	W 436		6-7-19
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<p>W 436</p>	<p>Continued From page 9 himself.</p> <p>Interview on 4/8/19 with Staff B revealed the electric razors have been kept locked in the medication closet so the clients won't mix them up. Staff B indicated clients were using razors which belonged to someone else.</p> <p>Review on 4/9/19 of client #5's IPP dated 1/10/19 revealed the client "understands the concept of personal belongings/possessions and can identify and store them independently." Additional review of client #5's "Bill of Rights" (signed by client #5 and expiring 7/9/19) noted he had been informed of his right to "retain and use appropriate personal possessions and clothing..."</p> <p>Interview on 4/9/19 with the QIDP revealed the electric razors for all clients had been locked in the medication closet because the clients "don't keep up with them well...or keep them charged." Additional interview indicated no training had been implemented to address client #5's issues with the use of his electric razor.</p>	<p>W 436</p>	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p>	<p>6-7-19</p>
<p>W 454</p>	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a sanitary environment was provided to avoid transmission of infection and to prevent possible cross-contamination. This potentially affected all clients residing in the home. The findings are:</p>	<p>W 454</p>	<p>The facility will continue to provide each employee with initial and annual training specific to maintaining a sanitary environment inclusive of first aid, blood-borne pathogens, protective equipment, and infection control.</p> <p>Globally, annually and/or on an as needed basis, the facility will ensure that staff receives training specific to infection control.</p> <p>QP and RSS will monitor on a weekly basis to ensure compliance with first-aid, bloodborne pathogens, protective equipment, and infection control, and also make recommendations for staff and consumer training needs.</p>	<p>6-7-19</p>

		<p>Persons Involved: <i>CRP/First Aid & Bloodborne Pathogens Instructors, QPs, Habilitation Specialist, Day Services Manager, and RSSs</i></p> <p>Frequency: <i>Initially, Weekly, and Annually.</i></p>	
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W 454	<p>Continued From page 10</p> <p>Precaution was not taken to promote a healthy and safe environment and prevent possible cross-contamination.</p> <p>a. During lunch preparation observations in the home on 4/8/19 from 11:42am - 12:17pm, Staff A and client #1 prepared sliced turkey and cheese sandwiches with tomatoes, lettuce and mayonnaise. Client #1 and Staff A continued with meal preparation tasks while touching various surfaces such as cabinet/drawer knobs, opening the refrigerator door, touching the faucet handle, repositioning kitchen chairs, manipulating various items in the cabinets and refrigerator as well as eating utensils and other kitchen surfaces. During this time, Staff A wore a single pair of latex gloves without changing them and the client was not prompted to rewash or sanitize his hands after initially washing them before beginning this task.</p> <p>b. During lunch observations in the home on 4/8/19 at 12:31pm, client #5 ate more than half of his turkey sandwich with approximately a quarter of it remaining. As the client prepared to leave the table and discard his leftover food, client #1 asked him if he was going to finish his sandwich. Client #5 responded, "No, you can have it." Client #1 then retrieved the half-eaten sandwich from client #5 and consumed it.</p> <p>c. During dinner preparation observations in the home on 4/8/19 from 4:27pm - 4:48pm, Staff A wore a single pair of gloves and client #1 used his bare hands to wash raw chicken at the sink. After completing this task, Staff A continued to wear the same gloves and the client did not rewash his hands before both cut up an onion</p>	W 454		6-7-19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530	
(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

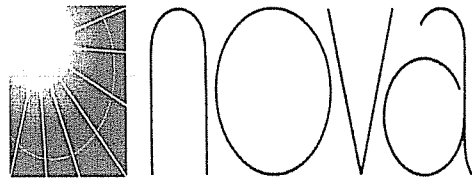
W 454	<p>Continued From page 11 and added it to a pot of boiled potatoes. During this observation, Staff A was also noted to reuse a pair of latex gloves.</p> <p>d. During breakfast preparation observations in the home on 4/9/19 from 6:30am - 6:55am, Staff D and client #6 wore a single pair of latex gloves while completing tasks such as making a pot of coffee, placing frozen pancakes on a pan, and placing raw bacon on a pan. Throughout the tasks, Staff D and client #6 consistently touched various items such as cabinet/drawer knobs, refrigerator door handle, faucet handle, or manipulated items from cabinets and/or the refrigerator and other kitchen surfaces. During this time, Staff D did not change the gloves and client #6 was not prompted to change his gloves.</p> <p>Interview on 4/8/19 with Staff A revealed clients should be washing their hands when working in the kitchen. Additional interview indicated the gloves are worn to prevent "skin to skin" contact and they had been trained to wear them when working in the kitchen.</p> <p>Interview on 4/9/19 with Staff D indicated they had not been told why they needed to wear gloves in the kitchen; however, it was just "natural" to wear them. Additional interview revealed clients should also be wearing gloves during meal preparation and gloves should be changed when finished and then hands should be washed.</p> <p>Review on 4/9/19 of the facility's American Red Cross manual for First Aid/CPR/AED and Bloodborne Pathogens (participant and instructor's editions 2016) revealed, "Bloodborne pathogens are disease-causing agents present in</p>	W 454		6-7-19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530		
(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 454	<p>Continued From page 12 blood and other potentially infectious materials. Other potentially infectious materials are human body materials other than blood that can carry bloodborne pathogens...saliva..." The manual further noted, "For infection to occur, blood or other potentially infectious materials from an infected person must enter another person's bloodstream via the eyes, the mucous membranes (such as those that line the mouth...)." <p>Additional review of the facility's American Red Cross training manual also revealed, "Gloves are worn whenever there is the possibility of contacting blood or other potentially infectious materials." The manual noted, "When you are wearing gloves, try to limit how much you touch other surfaces with your gloved hands. Pathogens from your soiled gloves can transfer to other items or surfaces that you touch..." The manual indicated, "Hand washing is the single most effective way to prevent the spread of infection...an alcohol-based hand sanitizer can be used to decontaminate the hands if soap and water are not readily available." Further review of the manual noted, "Disposable gloves are meant to be worn once and then discarded. Never clean or reuse disposable gloves."</p> <p>Interview on 4/9/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not sure if latex gloves were needed for cooking, but staff would likely need them if they are "handling food." Additional interview indicated staff and clients should be washing their hands while working in the kitchen. Further interview revealed gloves are considered contaminated if a person leaves the kitchen with them on or when they have manipulated raw meat with the gloves</p> </p>	W 454		6-7-19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HOLLY STREET GOLDSBORO, NC 27530		
(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 454	Continued From page 13 on. The QIDP acknowledged gloves would possibly be contaminated if worn while touching various items such as knobs, handles and other surfaces.	W 454		6-7-19
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BEHAVIORAL HEALTHCARE CORPORATION
.....lighting the way to new beginnings

April 18th, 2019

Wilma Worsley-Diggs, M.Ed., QIDP
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Recertification Survey
Facility: Holly St.
MHL: MHL096-114

DHSR - Mental Health

APR 24 2019

Lic. & Cert. Section

Dear Ms. Worsley-Digg,

We, Nova, IC., truly appreciate you for conducting our annual survey at our Holly St. Home located in Goldsboro, NC. We appreciate your input, patience, and knowledge. We always take surveys as an opportunity to learn, grow, and make improvements for the wellbeing of the population we serve. Thank you for all that you do to ensure efficiency, quality, and growth.

Furthermore, I, Candra Hill, Program Director, received a copy of the Statement of Deficiencies via e-mail. I have attached the Plan of Correction for Nova, IC.'s Holly St. group home located at 1509 Holly Street, Goldsboro, NC 27534. There is a total of 18 pages attached.

Should you have questions, comments, or concerns, please feel free to contact me at your earliest convenience.

Very Respectfully,


Candra Hill
Program Director, MSW, LCSW-A
Nova, IC.

Thursday, April 18th, 2019