

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

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2019
NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #5 had the right to a legally sanctioned decision maker. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #5 was not afforded the right to legal guardianship.</p> <p>Review on 12/2/19 of client #5's IPP dated 4/12/19 revealed her previous foster mother serves as her legal guardian and attended her IPP meeting. Further review of client #5's IPP reveals a diagnosis of depression, oppositional defiant disorder, hypothyroidism, GERD, tachycardia and type II diabetes. She takes metformin for the diabetes.</p> <p>Observation of client #5 on 12/3/19 at 6:55am during the administration of her medications revealed she was able to identify very few of the pills she was taking and some of the reasons for taking the medications.</p> <p>Additional review on 12/3/19 of client #5's record revealed the foster mother has given consent for placement, release of information, etc. Further review of client #5's record revealed that no guardianship paperwork could be located.</p> <p>Interview on 12/3/19 with the facilities ICF director</p>	W 125			

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.

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W 125	Continued From page 1 revealed that she had recently requested copies of the guardianship paperwork. After calling the facilities office to obtain copies, it was revealed that the paperwork on file for client #5 was for a power of attorney for finances.	W 125			
W 189	Interview on 12/3/19 with the qualified intellectual disabilities professional (QIDP) revealed that client #5 does not have a legal guardian, but a power of attorney. The QIDP stated that he felt that client #5 would benefit from a legal guardian. STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to perform their duties. The finding is: The medication technician (MT) was not effectively trained to perform their duties. During observations of medication administration in the home on 12/3/19 from 6:35am - 6:55am, the MT assisted three clients with the administration of their medications. After the client's punched their pills onto a napkin, the MT identified the medications and immediately signed the Medication Administration Record (MAR) for each pill. Afterwards, the clients ingested their medications with water.	W 189			

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W 189	Continued From page 2 Immediate interview with the MT revealed they do not sign off on the MAR at the time medications are dispensed because "you don't know if they are going to take it." Review on 12/3/19 of the MT's Medication Pass Review sheet (dated 1/30/17) revealed, "Document MAR after giving meds - initials..." Interview on 12/3/19 with the Director confirmed medication technicians have been trained to ensure medications are ingested before signing the MAR.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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 and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of program implementation. This affected 2 of 3 audit clients (#3, #5). The findings are:	W 249			

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W 249	<p>Continued From page 3</p> <p>Clients #3 and #5 were not afforded the opportunity to assist with meal preparation.</p> <p>During observations in the home on 12/3/19 at 6:22am, all five clients were seated in the living area watching television. In the kitchen, there was a pot of eggs boiling on the stove and the microwave was beeping "end." This continued until 7:01am. At 6:33am, client #1 asked Staff D what was for breakfast. Staff D stated "I don't know, [Staff A] cooked the breakfast. It's a surprise."</p> <p>Further observations at 7:16am revealed Staff A in the kitchen making lunches for clients #3 and #5. Staff A was slicing boiled eggs, mixing with mayo and spreading on bread to make sandwiches. She was then observed to place the sandwiches in Ziploc bags. The clients were not prompted or encourage to participate in making the sandwiches.</p> <p>Review on 12/2/19 of client #5's IPP dated 4/12/19 revealed the need to improve her meal preparation skills and a priority need to increase meal preparation. The IPP also included an objective to prepare a side dish with 100% independent responses for 10 consecutive months. Additional review of client #5's adaptive behavior inventory (ABI) dated 4/10/19 revealed that client #5 is partially to totally independent in the areas of meal preparation.</p> <p>Review on 12/3/19 of client #3's IPP dated 6/4/19 revealed a need to improve meal preparation skills. The IPP also included an objective to assist with preparing a breakfast food item with 100% verbal prompts or less for 10 consecutive review periods (implemented 9/1/19). Additional</p>	W 249			

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W 249	Continued From page 4 review of the client's ABI dated 6/3/19 noted she requires partial assistance to prepare combination dishes, make salads and desserts, operate the oven/burners and boil/bake basic foods. Interview on 12/3/19 with Staff A revealed that some of the clients could have assisted with meal preparation. When asked who assisted with cooking breakfast, Staff A stated "they did." When asked who "they" were, Staff A stated "ask her." However, after repeating what was previously stated about Staff A cooking the breakfast and it being a surprise, Staff A stated "Oh." Further interview with Staff A revealed that clients #3 or #5 could have been helping prepare the lunch.	W 249			
W 436	Interview on 12/2/19 with the qualified intellectual disabilities professional (QIDP) revealed that at least one to two of the clients should have been assisting with meal preparation. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 audit clients (#5) were taught to use assistive devices	W 436			

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W 436	<p>Continued From page 5</p> <p>appropriately and make informed choices about their use. The finding is:</p> <p>Client #5 was not taught to use her eyeglasses appropriately.</p> <p>During observations throughout the survey in the home and vocational program on 12/2/19, client #5 was not wearing eyeglasses. The client was not prompted or encouraged to wear eyeglasses.</p> <p>Additional observations in the home on 12/3/19 revealed client #5 sitting in the living area watching television. At 6:28am, Staff D asked client #5 where her eyeglasses were. Client #5 stated that the screw fell out. Staff D asked client #5 to go get her glasses to see if he could fix them. Client #5 went to her bedroom and returned with her glasses. One arm of the glasses was broken off and the glasses had a piece of tape down the middle between the lenses. Client #5 stated "I'm not wearing them like this." Staff D told client #5 to take them to Staff A to be locked in the medication closet.</p> <p>Review of client #5's individual program plan (IPP) dated 4/12/19 revealed that client #5 has impaired vision and requires glasses.</p> <p>Interview on 12/3/19 with the ICF director revealed that client #5 does wear glasses but she breaks them. The ICF director stated that staff had informed her that client #5 had broken the glasses in half on 12/2/19 and then broke the leg off the glasses on 12/3/19. The ICF director revealed that this is the third time client #5 had broken her glasses and she does this on purpose because she does not want to wear them. The ICF director confirmed that client #5 has not</p>	W 436			

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W 436	Continued From page 6	W 436			
W 473	<p>received any type of training on the appropriateness of her glasses and keeping her from breaking them.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all foods were served at an appropriate temperature. This potentially affected all clients residing in the home. The finding is:</p> <p>Food temperatures were not checked.</p> <p>During observations in the home on 12/3/19 at 6:22am, all five clients were seated in the living area watching television. In the kitchen, there was a pot of eggs boiling on the stove and the microwave was beeping "end." At 6:51am, the home manager arrived to the home. At 7:01am, the home manager removed a bowl of grits from the microwave and gave them to a client to put on the table. The temperature of the grits was not checked prior to being served.</p> <p>Interview on 12/3/19 with the ICF director revealed that the temperature of the food should be checked and reheated as needed. The ICF director stated that staff in the home have been trained on checking the temperature of foods.</p>	W 473			