

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

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0 938-03 91

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G299	<input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> A BLDG: _____ <input type="checkbox"/> B WIN: _____	CONSTRUCTION _____ _____12/03/2019	(X3) DATE SURVEY COMPLETED
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 18 9	<p>Cont1nued From page 2</p> <p>Immed1ate 1nterv1ew w1th the MT revealed they do not s1gn off on the MAR at the t1me med1cat1ons are d1spensed because "you don't know 1f they are go1ng to take 1t."</p> <p>Rev1ew on 12/3/1 9 of the MT's Med1cat1on Pass Rev1ew sheet (dated 1/30/17) revealed: "Document MAR after g1v1ng meds - 1n1t1als..."</p> <p>Interv1ew on 12/3/1 9 w1th the D1rector conf1rmed med1cat1on techn1c1ans have been tra1ned to ensure med1cat1ons are 1ngested before s1gn1ng the MAR.</p>	W 189	<p>For all clients, the facility will ensure the implementation of individual program plan (IPP) interventions to promote participation in meal preparation tasks.</p>	1/31/20	
W 24 9	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the 1nterd1sc1pl1nary team has formulated a cl1ent's 1nd1v1dual program plan each cl1ent must receive a cont1nuous act1ve treatment program cons1st1ng of needed 1ntervent1ons and serv1ces 1n suff1c1ent number and frequency to support the ach1evement of the obJect1ves 1dent1f1ed 1n the 1nd1v1dual program plan.</p> <p>Th1s STANDARD 1s not met as ev1denced by: Based on observat1ons, 1nterv1ews and record rev1ews, the fac1l1ty fa1led to ensure cl1ents received a cont1nuous act1ve treatment program cons1st1ng of needed 1ntervent1ons and serv1ces as 1dent1f1ed 1n the 1nd1v1dual Program Plan (IPP) 1n the area of program 1mplementat1on. Th1s affected 2 of 3 aud1t cl1ents (#3 #5). The f1nd1ngs are:</p>	W 249	<p>For clients' #3 and #5 the Habilitation Specialist will provide in-service training to all staff on the IPP to address client involvement in meal preparation tasks. Staff will be instructed to direct these clients to participate in meal preparation tasks and the implementation of meal preparation goal training for breakfast, lunch and dinner meals.</p> <p>Participation in meal preparation will be promoted to some degree for all clients in the home per their IPPs.</p> <p>The program manager and/or QP will provide weekly observations of meals in the home to ensure continued compliance.</p>	1/31/20	

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W 24 9	<p>Cont1nued From page 4</p> <p>rev1ew of the cl1ent's ABI dated 6/3/1 9 noted she requ1res part1al ass1stance to prepare comb1nat1on d1shes make salads and desserts operate the oven/burners and bo1l/bake bas1c foods.</p> <p>Interv1ew on 12/3/1 9 w1th Staff A revealed that some of the cl1ents could have ass1sted w1th meal preparat1on. When asked who ass1sted w1th cook1ng breakfast Staff A stated "they d1d." When asked who "they" were Staff A stated, "ask her." However, after repeat1ng what was prev1ously stated about Staff A cook1ng the breakfast and 1t be1ng a surpr1se Staff A stated "Oh." Further 1nterv1ew w1th Staff A revealed that cl1ents #3 or #5 could have been help1ng prepare the lunch.</p> <p>Interv1ew on 12/2/1 9 w1th the qual1f1ed 1ntellectual d1sab1l1t1es profess1onal (QIDP) revealed that at least one to two of the cl1ents should have been ass1st1ng w1th meal preparat1on.</p>	W 249			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The fac1l1ty must furn1sh ma1nta1n 1n good repa1r and teach cl1ents to use and to make 1nformed cho1ces about the use of dentures eyeglasses hear1ng and other commun1cat1ons a1ds braces and other dev1ces 1dent1f1ed by the 1nterd1sc1pl1nary team as needed by the cl1ent.</p> <p>Th1s STANDARD 1s not met as ev1denced by: Based on observat1ons 1nterv1ews and record rev1ews the fac1l1ty fa1led to ensure 1 of 3 aud1t cl1ents (#5) were taught to use ass1st1ve dev1ces</p>	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	<p>The facility will ensure that clients are taught to use and maintain in good repair their assistive devices to include but not limited to eyeglasses.</p> <p>The QP will convene a team to address the development and implementation of training for Client #5 on the appropriate care of her eyeglasses. The team will address Client #5's personal property destruction of her eyeglasses. The QP will document results of the team meeting.</p> <p>The QP will review the IPPs on a quarterly basis for all clients to ensure each client is taught to use and care for assistive devices to include but not limited to eyeglasses.</p>	<p>1/31/20</p> <p>1/31/20</p>
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D&L HealthCare Services, Inc.

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December 9, 2019

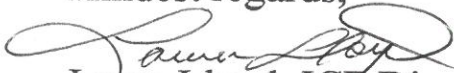
Ms. Wilma Worsley-Diggs, M.Ed., QIDP
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Recertification Survey completed December 3, 2019
Holliday's Place Group Home
1108 Quail Meadows Drive, Fayetteville, NC 28314
MHL#026-851, Provider # 34G299

Dear Ms. Worsley-Diggs:

See attached hard copy of the plan of correction (POC) for the Holliday's Place Group Home survey. We look forward to your follow-up on or after January 31, 2020. We hope that you will find the attached POC acceptable. If you have questions, please feel free to contact me directly or James Harris, QP. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,


Laura Lloyd, ICF Director