

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

PRINTED: 02/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLIDAY'S PLACE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1108 QUAIL-MEADOW DRIVE</b> <b>FAYETTEVILLE, NC 28314</b>		
(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 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.</p> <p>The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p>	E 004			

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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E 004	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the Emergency Preparedness (EP) plan was reviewed and updated as needed to include all potential hazards. The finding is:</p> <p>The facility's EP plan was not reviewed and/or updated to include equipment and utility failures.</p> <p>Observations in the home on 2/14/20 revealed the home's electrical panel was broken and certain appliances in the facility were currently under the power of a generator.</p> <p>Interviews on 2/17/20 with Staff A and Staff B revealed the home had experienced a power outage a few days ago and they were currently using a generator for several lights, the refrigerator and the microwave.</p> <p>Review on 2/17/20 of the facility's EP plan revealed the facility had also experienced "partial power outages" on 11/10/19 and 11/18/19 due to issues with the electrical breaker. Additional review of the plan indicated guidelines to address potential hazards of fire, explosions, floods, tornadoes, thunderstorms, hurricanes, bomb threats and natural disasters. Although, the facility had three power failures within the last four months, the current EP plan did not address equipment and utility failures as a potential hazard.</p> <p>Interview on 2/17/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the electrical panel was broken and being repaired today. The QIDP acknowledged the EP plan needed to be updated to include information</p>	E 004			

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E 004  W 000	Continued From page 2 regarding the home's potential for equipment/utility failures.  INITIAL COMMENTS  A revisit was conducted on 2/17/20 for all previous deficiencies cited on 12/3/19. All previously cited deficiencies have been corrected, however, one new area of noncompliance was found. The facility remains out of compliance.	E 004  W 000			