

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

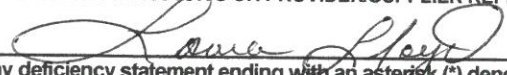
PRINTED: 02/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G299	WING A BUILDING  B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED  R 02/17/2020
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NAME OF PROVIDER OR SUPPLIER  HOLLIDAY'S PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAL-MEADOW DRIVE FAYETTEVILLE, NC 28314
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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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E 004	<p><b>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</b></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	<p>DHSR - Mental Health</p> <p>FEB 24 2020</p> <p>Lic. &amp; Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator/Dir	(X6) DATE 2/19/2020
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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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NAME OF PROVIDER OR SUPPLIER  HOLLIDAY'S PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAL-MEADOW DRIVE FAYETTEVILLE, NC 28314
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E 004	<p><b>Continued From page 1</b></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	<p>The facility will ensure updates to the Emergency Preparedness Plan (EPP) to include but not limited to potential hazards such as utility and/or equipment failures.</p> <p>The Director will provide updates to the EPP on equipment failures and power outages. The plan will address steps to be taken to fix the equipment failures, anticipated timelines for repair and alternative plans for evacuation if repairs cannot be completed timely – and with minimal impact on each client's routine in the home.</p> <p>The Home Manager and /or Director will in-service all applicable staff on the updates to the EPP.</p> <p>The Director and QP will monitor the EPP quarterly, assess any emerging hazards and update the EPP as necessary to ensure continued compliance.</p>	<p>4/17/20</p> <p>4/17/20</p> <p>4/17/20</p>
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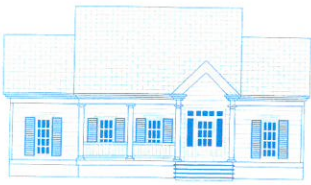
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NAME OF PROVIDER OR SUPPLIER  <b>HOLLIDAY'S PLACE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314</b>
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<p>E 004</p> <p>W 000</p>	<p>Continued From page 2 regarding the home's potential for equipment/utility failures.</p> <p><b>INITIAL COMMENTS</b></p> <p>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.</p>	<p>E 004</p> <p>W 000</p>		
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## D&L HealthCare Services, Inc.

1234 Hoke Loop Road, Fayetteville, NC 28314-6485

Phone: (910) 826-7648  
Fax: (910) 826-7649  
Email: dlhealthcare@aol.com

February 19, 2020

Ms. Kimberly McCaskill, MSW, 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: Follow-up Survey completed February 17, 2020  
Holliday's Place Group Home  
1108 Quail Meadow Drive  
Fayetteville, NC 28314  
MHL#026-851 Provider # 34G299

DHSR - Mental Health

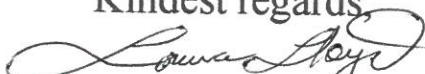
FEB 24 2020

Lic. & Cert. Section

Dear Ms. McCaskill:

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

Kindest regards,

  
Laura Lloyd, ICF Director