STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G178	A. BUILDING _____ B. WING _____	R 12/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY STREET HOME	**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 000	INITIAL COMMENTS A revisit was conducted on 12/18/2020, for all previous deficiencies cited on 9/22/2020. All the deficiencies have been corrected, and new noncompliance was found. The facility is still out compliance.	W 000		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained in wearing face masks. This potentially effected all the clients residing in the home. The finding is: Throughout the observations in the home during the survey on 12/18/20 from approximately 12:00pm- 1:00PM, various staff at the home were helping the client and maintaining the furniture. All of the staff and the clients were not wearing mask and no temperature check to both the staff and the surveyor upon entering the house. Interviews on 12/18/20 with Staff A revealed since COVID-19 outbreak they have been told mask wearing is not mandatory when working with clients. She added they should make sure they wash their hands often and ensure client's hands	W 340		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY STREET HOME	**1509 HOLLY STREET GOLDSBORO, NC 27530**

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W 340	Continued From page 1 are washed. Staff A noted checking temperature was not required when entering the facility. Review on 12/18/20 of various memo provided by the facility revealed the following: "Staff and visitors should check temperature complete COVID-91 SCREENING ASSESSMENT TOOL before reporting to work daily." Interview on 12/18/20 with the program director (PD) indicated the staff are given the option of wearing the mask but checking temperature, completing screening assessment tool and routine hand washing and sanitizing is required. She further added the home had a thermometer issued for temperature check upon staff and visitor entry. The PD acknowledged staff need more training to work effectively in reducing/preventing the spread of COVID-19.	W 340		