

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 06/09/2021
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NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-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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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 2 of 4 audit clients (#2 and #4). The findings are:</p> <p>A. During observations during personal care on 6/9/21 at 6:51am, staff A verbally cued client #4 to come out of the bathroom after his shower and walk to his bedroom. Staff A held the bathroom door as a barrier, as client #4 walked to his room, however he could be seen walking from the bathroom to his bedroom in only a towel.</p> <p>After client #4 was dressed and his bedroom door was open, the surveyor asked his permission to look into his closet. A brand new bathrobe, with the tags still on it, hung in client #4's closet.</p> <p>Immediate interview with staff F revealed staff are to assist client #4 with dressing in his bathrobe in the mornings when he needs to leave the bedroom or the bathroom. Staff A was not interviewed as she was assisting another client with a shower.</p> <p>Review on 6/9/21 of client #4's individual program plan (IPP) dated 4/20/21 revealed, "Since he lives in a co-ed home, [client #4] does not knock on the bathroom door before entering and requires prompting to close the bathroom door for privacy. Training is being developed to knock on the</p>	W 130		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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

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W 130	Continued From page 1 bathroom door." Review on 6/9/21 of client #4's adaptive behavior inventory (ABI) dated 4/13/21 revealed no information regarding client #4's ability to protect his own privacy. B. During observations on 6/9/21 at 6:55am, staff F asked client #2 to remove his shirt and make certain the tag was in the back of his shirt. His bedroom door was open. Client #2 removed his shirt leaving his chest exposed to several of his housemates who are female. Review on 6/9/21 of client #2's IPP dated 9/21/20 revealed no specific information about client #2's ability to protect his privacy. Review on 6/9/21 of client #2's ABI dated 8/20/20 revealed he is independent in dressing and grooming. No specific information was given about privacy. Interview on 6/9/21 with the consulting qualified intellectual disabilities professional (QIDP) revealed staff should assist clients #2 and #4 with closing the door for privacy and making certain bathrobes are worn when they are not completely dressed during bathing and grooming.	W 130			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.	W 137			

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W 137	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#2) had access to items in his grooming kit. The finding is:</p> <p>During evening observations in the home on 6/8/21 at 5:40pm, client #2 started to the bathroom to brush his teeth and then stopped and asked staff B about toothpaste. Staff B retrieved a container of toothpaste from a hallway closet and gave it to client #2.</p> <p>Interview on 5/14/19 with staff B revealed client #2's toothpaste is kept in the closet because he eats his toothpaste at intervals.</p> <p>Review on 6/8/21 of client #2's individual program plan (IPP) dated 9/21/20 revealed he is independent in completing grooming tasks. There is no information in his IPP regarding the restricted access of grooming supplies.</p> <p>Review on 6/9/21 of client #2's adaptive behavior inventory (ABI) dated 8/20/20 revealed he is independent and has access to all grooming supplies.</p> <p>Interview on 6/9/21 with the consulting qualified intellectual disabilities professional (QIDP) revealed he had not been made aware by staff that client #2's access to his toothpaste was restricted.</p>	W 137			
W 268	<p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the</p>	W 268			

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W 268	<p>Continued From page 3 client.</p> <p>This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility did not implement policies that promoted the growth and independence of 1 of 4 audit clients (#4). The finding is:</p> <p>During observations in the facility on 6/8/21 at 3:41pm, the residential manager (RM) had client #4 in the bathroom with the door cracked. The RM could be overheard telling client #4, "If you have diarrhea like that, you need to go the bathroom not just poop in your clothes. I told you the first time to go get cleaned up. Why did you stand there and poop in your clothes?" The RM closed the door and then walked down the hallway and told another staff, through an open door, about client #4's toileting accident. The second staff was not visible.</p> <p>The RM then walked back to the bathroom and told client #4, "You are going to definitely clean all of that up. Get in the shower and clean yourself up."</p> <p>Immediate interview on 6/8/21 with the RM after this incident revealed she did not consider client #4 could be experiencing gastrointestinal upset or loose stools. Additional interview confirmed that she had not considered that client #4 may be embarrassed about the toileting accident and therefore hesitant to let anyone know what happened.</p> <p>Interview on 6/9/21 with the administrator and the consulting qualified intellectual disabilities</p>	W 268			

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W 268	Continued From page 4 professional (QIDP) revealed all staff are inserviced on the facility's policies regarding client rights and dignity. Additional interview revealed client #4's dignity was compromised by the RM's actions and further inservicing and training was needed.	W 268			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure specially-prescribed diets for 1 of 4 audit clients (#6) were followed as indicated. The finding is: During observation of breakfast on 6/9/21 at 7:35am, the administrator and staff B assisted client #6 in serving a scoop of Frosted Flakes cereal into a bowl with milk. Client #6 had two servings of Frosted Flakes cereal. Review on 6/9/21 of the Frosted Flakes cereal box indicated that 1 serving (1 scoop) had 10 grams of sugar. Review on 6/9/21 of client #6's Nursing assessment dated 3/23/21 revealed she is on a diabetic diet. Review on 6/9/21 of client #6's individual program plan (IPP) dated 5/7/21 revealed client #6 is to have a sugar free low carbohydrate, diabetic diet.	W 460			

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W 460	Continued From page 5 Interview on 6/9/21 with the consulting qualified intellectual disabilities professional (QIDP) revealed staff should not provide high sugar concentrated cereals to client #6, but offer choices of cereals with no concentrated sweets.	W 460		