

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

PRINTED: 02/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/01/2022
NAME OF PROVIDER OR SUPPLIER HOLLOWAY STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704		
(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 126	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audit clients (#2 and #4) were taught to manage their financial affairs to the extent of their capabilities. The findings are:</p> <p>A. Review on 1/31/22 of client #2's individual program plan (IPP) dated 11/9/21 revealed he needs assistance managing his finances and that he has been adjudicated incompetent and appointed a legal guardian to act on his behalf. Review of his adaptive behavior inventory (ABI) dated 10/6/21 revealed client #2 has no independence in the following areas: depositing money into checking or savings. He requires assistance making change.</p> <p>Review on 1/31/22 of his current training objectives revealed he has training identified in wearing a mask out in public, exercising for 30 minutes and a behavior support program (BSP) to decrease property destruction and physical aggression.</p> <p>Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed the team has not identified training for client #2 in the area of money management, although his ABI identified several areas in money management with which he requires assistance from staff.</p> <p>B. Review on 1/31/22 of client #4's IPP dated 5/11/21 revealed she requires assistance with</p>	W 126			
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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W 126	Continued From page 1 money management. Review on 1/31/22 of her ABI dated 4/16/21 revealed she has no independence in the following areas: completing a check, depositing money into checking or savings. She requires assistance from staff to recognize a half dollar, making change keeping up with her money over the course of a day or a week. Review on 1/31/22 of client #4's current training objectives revealed the following: providing information about Fluoxetine in the area of medication administration, identifying hazard signs and preparing meat in dishes in the oven. Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed the team has not identified training for client #4 in the area of money management, although her ABI identified several areas in money management with which she requires assistance from staff.	W 126			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and confirmed by interview with staff, the facility did not provide data as prescribed by 2 of 3 audit clients (#2 and #4) formal objective programs. The findings are: A. Review on 1/31/22 of client #2's formal	W 252			

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W 252	<p>Continued From page 2</p> <p>objective programs revealed the following: tolerating wearing a mask in public, exercising for 30 minutes and displaying no physical aggression or property destruction for 12 consecutive months.</p> <p>Review on 1/31/22 in the facility for the current data for these programs revealed there was no data for the month of January 2022 for any of client #2's written training programs.</p> <p>Interview on 1/31/22 with residential manager (RM) revealed the habilitation specialist has not put the new data sheets in client #2's training book and there were not training sheets for the current month of February 2022.</p> <p>B. Review on 1/31/22 of client #4's IPP dated 5/11/21 revealed the following current training objectives: providing information about Fluoxetine in the area of medication administration, identifying hazard signs and preparing meat in dishes in the oven.</p> <p>Review on 1/31/22 in the facility for the current data for these programs revealed there was no data for the month of January 2022 for any of client #4's written training programs.</p> <p>Interview on 1/31/22 with residential manager (RM) revealed the habilitation specialist has not put the new data sheets in client #4's training book and there were not training sheets for the current month of February 2022.</p> <p>Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there was not available data for clients #2 and #4 for January 2022.</p>	W 252			

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W 254	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2)</p> <p>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the Qualified Professional (QP) failed to review the written training programs for 2 of 3 audit clients (#2 and #4). The findings are:</p> <p>A. Review on 1/31/22 of client #2's individual program plan (IPP) dated 11/9/21 revealed the following formal objective programs: tolerating wearing a mask in public, exercising for 30 minutes and displaying no physical aggression or property destruction for 12 consecutive months.</p> <p>Review on 1/31/22 of the program progress summaries for these programs revealed they had not been reviewed since September 2021 to determine if client #2 was making progress on his objectives.</p> <p>Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there had not been reviews of client #2's programs since September 2021.</p> <p>B. Review on 1/31/22 of client #4's IPP dated 5/11/21 revealed the following written formal training objectives: providing information about Fluoxetine in the area of medication administration, identifying hazard signs and preparing meat in dishes in the oven.</p> <p>Review on 1/31/22 of the program progress summaries for these programs revealed they had not been reviewed since September 2021 to</p>	W 254			

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W 254	Continued From page 4 determine if client #4 was making progress on her objectives.	W 254			
W 262	Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there had not been reviews of client #4's programs since September 2021. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interviews, the specially constituted committee, known as the Human Rights Committee (HRC), failed to review, approve and monitor programs designed to manage inappropriate behavior for 2 of 3 sampled clients (#2 and #4). The findings are: A. Review on 1/31/22 of client #2's individual program plan (IPP) dated 11/9/21 revealed has had been adjudicated incompetent and that his parents were assigned as his legal guardians. Review on 1/31/22 of client #2's behavior support program(BSP) dated 1/29/21 revealed this program was developed to address client #2's target behaviors of physical aggression and property destruction. Further review of this program revealed it incorporated the use of Abilify 12.5 mg. daily. Review on 1/31/22 of client #2's BSP consent revealed there was no HRC review of this	W 262			

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W 262	Continued From page 5 program. Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there was not documentation that this program had been reviewed by the HRC committee. B. Review on 1/31/22 of client #4's IPP dated 5/11/21 revealed she has been adjudicated incompetent and that her parents are her legal guardians. Further review on 1/31/22 of the IPP revealed client #4 has a BSP to not issue negative remarks for 6 consecutive months. This program incorporated the use of Seroquel, Prozac and Tegretol. Review of the BSP consent revealed it was signed by her legal guardians on 11/18/21. There was no review by the HRC for this program. Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there was not documentation that this program for client #4 had been reviewed by the HRC committee.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients	W 263			

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W 263	Continued From page 6 (#2). The finding is: Review on 1/31/22 of client #2's individual program plan (IPP) dated 11/9/21 revealed has had been adjudicated incompetent and that his parents were assigned as his legal guardians. Review on 1/31/22 of client #2's behavior support program(BSP) dated 1/29/21 revealed this program was developed to address client #2's target behaviors of physical aggression and property destruction. Further review of this program revealed it incorporated the use of Abilify 12.5 mg. daily. Review on 1/31/22 of client #2's BSP consent revealed the last written consent for client #2's previous BSP was on 3/26/18 with a written note on the consent that it expired twelve months from the time it was signed. Interview on 2/1/22 with the qualified intellectual disabilities professional (QIDP) revealed there was not written informed consent from the legal guardian for his BSP.	W 263			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on observation, record review and confirmed by interviews with staff, the facility failed to show evidence fire drills were conducted quarterly for each shift of personnel. The findings are: Review on 1/31/22 of the facility fire drills revealed from May 2021-October 2021 there was	W 440			

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W 440	<p>Continued From page 7</p> <p>only one fire drill held on 8/6/21 at 10:42am.</p> <p>Observations on 1/31/22 revealed the facility has an installed sprinkler system.</p> <p>Interview on 1/31/22 with the residential manager revealed the computer system was down that linked the fire alarm to the Durham County Fire Department so the facility went to a fire watch system during May-October 2021 where the facility direct care staff walked the hallways of the facility every hour and documented whether or not they smelled smoke. The RM also provided documentation of this fire watch system where the direct care staff documented their observations hourly from May 2021-October 2021. Further interview revealed there were no fire drills from May-October 2021 except for the drill that was located on 8/6/21 at 10:42am. Additional interview revealed the computer system is currently working..</p>	W 440		