PRINTED: 02/02/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 34G186 B. WING 02/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4786 STANLEY ROAD HOLLOWAY STREET HOME DURHAM, NC 27704 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY PROTECTION OF CLIENTS RIGHTS W 126 W 126 CFR(s): 483.420(a)(4) The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients A. A Team meetingwill be held to discuss client #2 4/1/22 skills relevent to Money-Management. The Habilitation Specialist will in-service staff on results of team meeting. The Qualified Professional will to manage their financial affairs and teach them to do so to the extent of their capabilities. revise the Person Centered Plan with results of the This STANDARD is not met as evidenced by: team meeting. The Clinical Team will monitor client #2 Money Management objective through Interaction Assessment 2 times per week for 1 Based on record review and interview, the facility failed to ensure 2 of 3 audit clients (#2 anc #4) month and then on a rountine basis. In the future were taught to manage their financial affairs to the Qualified Professional will ensure the Person Centered Plans include intervention to address the extent of their capabilities. The findings are: client needs. 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. 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. 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

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 80 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.

with which he requires assistance from staff.

B. Review on 1/31/22 of client #4's IPP dated
5/11/21 revealed she requires assistance v/ith

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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		34G186	B. WNG		02	/01/2022
NAME OF PROVIDER OR SUPPLIER HOLLOWAY STREET HOME			4	TREET ADDRESS, CITY, STATE, ZIP CODE 795 STANLEY ROAD DURHAM, NC 27704		
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W 252	ABI dated 4/16/21 revindependence in the facther, depositing many savings. She requires recognize a half dollar up with her money ovweek. Review on 1/31/22 of objectives revealed the information about Fluct medication administrations and preparing many managements of money managements identified several area with which she required PROGRAM DOCUME CFR(s): 483.440(e)(1). Data relative to accomplications must be dotterms. This STANDARD is in Based on record revision terview with staff, the data as prescribed by	Review on 1/31/22 of her realed she has no following areas: completing oney into checking or assistance from staff to remark the course of a day or a client #4's current training e following: providing exetine in the area of the cition, identifying hazard neat in dishes in the civen. The qualified intellectual all (QIDP) revealed the teaming for client #4 in the area on, although her ABI is in money management as assistance from staff. ENTATION Inplishment of the criteria vidual program plan cumented in measurable of met as evidenced by: ew and confirmed by e facility did not provide 2 of 3 audit clients (#2 and rograms. The findings are:	W 252	B. A Team meetingwill be held to di skills relevent to Money-Manageme Habilitation Specialist will in-service of team meeting. The Qualified Prof revise the Person Centered Plan witeam meeting. The Clinical Team witeam meeting. The Clinical Team witeam meeting. The Clinical Team witeam meeting and the clinical Team witeam meeting. The Clinical Team witeam meeting and the clinical Team witeam meeting and the clinical Team witeam meeting. The Clinical Team witeam witea	ent. The staff on res essional will h results of ll monitor tive through week for 1 In the futur e the Perso	ults the

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W 252	30 minutes and displator property destruction months. Review on 1/31/22 in data for these programedata for the month of client #2's written training Interview on 1/31/22 (RM) revealed the hall put the new data sheet	revealed the following: mask in public, exercising for aying no physical aggression in for 12 consecutive The facility for the current ms revealed there was no January 2022 for any of ming programs. With residential manager collitation specialist has not est in client #2's training not training sheets for the	W 29	The QP will in-service the Habilitati regarding tracking and monitoring in review of all formal programing gospeople in the home with be comple to being monitored and changes at QP will go into the home 1x week a data sheets for all objectives are in Monitoring will occure through Conthe Chart Review process. In the functioning will accure through continued or modified as progress.	of habilitation goals. A als for client #2 and all ited to ensure progress e taking place as needed and monitor to ensure place. e Team Meatings and fure, the all goals are helpe	4/1/22	
	5/11/21 revealed the f objectives: providing Fluoxetine in the area administration, identify preparing meat in dish. Review on 1/31/22 in data for these program data for the month of client #4's written train. Interview on 1/31/22 v (RM) revealed the hall put the new data shee book and there were a current month of Februnterview on 2/1/22 will disabilities profession.	of medication ying hazard signs and nes in the oven. the facility for the current ns revealed there was no January 2022 for any of ning programs. vith residential manager bilitation specialist has not ets in client #4's training not training sheets for the uary 2022. th the qualified intellectual al (QIDP) revealed there		8. The QP will in-service the Habilitar regarding tracking and monitoring of review of all formal programing goals people in the home with be complete is being monitored and changes are to QP will go into the home 1x week and data sheets for all objectives are in pin Monitoring will occure through Core the Chart Review process. In the futurity interdisciplinary Team will ensure all discontinued or modified as progress	reals are being goals are being	4/1/22	
		a for clients #2 and #4 for					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIEF/CLIA (DENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HOLLOWAY STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704	· Callo Water	
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W 254	CFR(s): 483.440(e) The facility must do contribute to an over client's engoing lever This STANDARD is Based on record in Qualified Profession written training program (#2 and #4). The firm A. Review on 1/31/program plan (IPP) following formal obwearing a mask in minutes and displat property destruction. Review on 1/31/22 summaries for these not been reviewed determine if client is objectives.	ocument significant events that events that events that events and understanding of the event and quality of functioning. It is not met as evidenced by: eview and interview the eview the grams for 2 of 3 audit clients	W 254	A. The QP will in-service the Habilitation Specialist regarding tracking and maniforing of habilitation goals. A review of all formal programing goals for client #2 and all people in the home with be completed to ensure progress is being monitored and changes are taking place as near QP will go into the home to week and monitor to ensure data sheets for all objectives pare in place. Monitoring will occure through Core Team Meetings and the Chart Review process. In the future, the Interdisciplinary Team will ensure all goals are being discontinued or modified as progress is made.	4/1/22 **d.	
	B. Review on 1/31/5/11/21 revealed the training objectives: Fluoxetine in the administration, idea preparing meat in CReview on 1/31/22 summaries for these	22 of client #4's IPP dated he following written formal providing information about rea of medication htifylng hazard signs and		The QP will in-service the Habilitation Specialist regarding tracking and monitoring of habilitation of review of all farmal programing goals for client #4 people in the home with be completed to ensure its being monitored and changes are taking place. QP will go into the home 1x week and monitor to data eheets for all objectives are in place. Monitoring will occure through Core Team Meeting the Chart Review process. In the future, the Interdisciplinary Team will ensure all goals are be discontinued or modified as progress is made.	and all progress as needad. ensure	

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		34G186	B. WING		02/0	1/2022
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W 254 W 262	her objectives. Interview on 2/1/22 w disabilities profession	was making progress on ith the qualified intellectual al (QIDP) revealed there of client #4's programs 1. RING & CHANGE	W 254 W 262			
	monitor individual pro inappropriate behavior in the opinion of the collection and rather STANDARD is rather standard in the standa	not met as evidenced by: ew and interviews, the committee, known as the iftee (HRC), failed to monitor programs designed ate behavior for 2 of 3 nd #4). The findings are: of client #2's individual ated 11/9/21 revealed has I incompetent and that his d as his legal guardians. client #2's behavior support 1/29/21 revealed this		A. The QP will obtain all consents with all necessa guardian & HRC signatures and dates for client #2 Team will monitor to ensure all proper signatures a each consent through regular Peer Chart Reviews conducted at least quarterly review. In the future, to Qualified Professional will ensure that all restrictive have written informed consent.	ile i	al <i>4/1/</i> 22
	program was develop target behaviors of ph property destruction. program revealed it in 12.5 mg. daily.	red to address client #2's hysical aggression and Further review of this hopporated the use of Abilify client #2's BSP consent				

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Interdisa was been B. F 5/11 inco guar Furti clien for 6 inco Tegr was There prog Interdisa was clien com W 263 PRC CFR The are constrained this Bas faile conc	bilities profession not documentation reviewed by the Review on 1/31/22/21 revealed she impetent and that rdians. The review on 1/3 that that a BSP to consecutive more rector. Review of the signed by her legare was no review layram. The work of the signed by her legare was no review layram. The work of the signed by her legare was no review layram. The work of the signed by her legare was no review layram. The work of the signed by her legare was no review layram. The work of the signed by the signed by her legare was no review layram. The work of the signed by the signed by her legare was no review layram. The work of the signed by the signed by the signed by her legare was no reconstructed. It is not signed by the signed by	th the qualified intellectual al (QIDP) revealed there in that this program had HRC committee. I of client #4's IPP dated has been adjudicated her parents are her legal in the program of Seroquel, Prozac and the BSP consent revealed it all guardians on 11/18/21, by the HRC for this in the qualified intellectual all (QIDP) revealed there in that this program for riewed by the HRC in the written informed the parents (if the client is a series in the writ	W 26	B. The QP will obtain all consents with all necesse guardian & HRC signatures and dates for client #4 Team will monitor to ensure all proper signatures a each consent through regular Peer Chart Reviews conducted at least quarterly review, in the future, to Qualified Professional will ensure that all restrictive have written informed consent.	ry . The Clinic ira on he 1 BSP	al 4/1/22

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W 263	(#2). The finding is: Review on 1/31/22 of program plan (IPP) do had been adjudicated		W 26	The QP will obtain all consents with all neces guardian & HRC signatures and dates for cile Team will monitor to ensure all proper signature each consent through regular Peer Chart Rev conducted at least quarterly review. In the full Qualified Professional will ensure that all rest have written informed consent.	ary nt #2. The Clink res are on lews re, the ictive BSP	al 4/1/22
W 440	program(BSP) dated program was develop target behaviors of phyproperty destruction. program revealed it in 12.5 mg. daily. Review on 1/31/22 of revealed the last writt previous BSP was on on the consent that it the time it was signed. Interview on 2/1/22 w disabilities profession was not written inform guardian for his BSP. EVACUATION DRILL CFR(s): 483.470(i)(1) at least quarterly for each shi fare:	ed to address client #2's cysical aggression and Further review of this accorporated the use of Abilify client #2's BSP consent en consent for client #2's 3/26/18 with a written note expired twelve months from the qualified intellectual al (QIDP) revealed there are consent from the legal Seach shift of personnel. Seach shift of personnel, not met as evidenced by: not met as evidenced by: not met as evidenced by: the facility ce fire drills were conducted for personnel. The findings	₩ 4-	40		
	Review on 1/31/22 o revealed from May 20	f the facility fire drills 21-October 2021 there was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED (X4) IDENTIFICATION NUMBER: STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704 (X4) ID PREFIX (EACH DEFICIENCY MUST 8E PRECEDED BY FULL TAGS REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED (X4) IDENTIFYING INFORMATION A. BUILDING (X5) DATE SURVEY COMPLETED (X6) MULTIPLE CONSTRUCTION A. BUILDING (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X9) DATE SURVEY COMPLETED (X9) DATE SURVEY COMPLETED (X1) DATE SURVEY COMPLETED (X2) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) D			O HUMAN SERVICES			PRINTE FOR	ED: 02/02 <mark>/202</mark> 2 RM APPROVED
NAME OF PROVIDER OR SUPPLIER HOLLOWAY STREET HOME STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704 DURHAM, NC 27704 PREPIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR USC IDENTIFYING INFORMATION) W 440 Continued From page 7 only one fire drill held on 8/6/21 at 10:42xm. Observations on 1/31/22 revealed the facility has an installed sprinkler system. Interview on 1/31/22 with the residential roanager 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 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 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-Octotier 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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:						
HOLLOWAY STREET HOME (A4) to PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) W 440 Continued From page 7 only one fire drill held on 8/8/21 at 10:42sim. Under the provided occurrence of the facility 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 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 the computer of the drill from May-October 2021 except for the drill that was located on 8/6/21 at 10:42sim. STREET ADDRESS, CITY, STATE, ZIP CODE 4795 STANLEY ROAD DURHAM, NC 27704 ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD BE CONSERVED TO COMPUTE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 440 Continued From page 7 only one fire drill held on 8/8/21 at 10:42sim. W 440 Observations on 1/31/22 revealed the facility has an installed sprinkler system. Interview on 1/31/22 with the residential manager revealed the facility when the residential manager revealed th			34G186	B, WING_			V# 4 I&
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only one fire drill held on 8/6/21 at 10:42am. Observations on 1/31/22 revealed the facility has an installed sprinkler system. Interview on 1/31/22 with the residential rnanager 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 previded 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	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FILL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP) AF	(X6) COMPLETION DATE
		Observations on 1/31/22 was installed sprinkler standard the computer linked the fire alarm to Department so the fact system during May-Octacility direct care staff facility every hour and not they smelled smok documentation of this fact the direct care staff documentations hourly from 2021. Further interview fire drills from May-Oct drill that was located of Additional interview revisions.	on 8/6/21 at 10:42am. /22 revealed the facility has system. vith the residential manager of residential manager of residential manager of the Durham County Fire sility went to a fire watch etober 2021 where the fewalked the hallways of the documented whether or the The RM also provided fire watch system where cumented their om May 2021-October of revealed there were no tober 2021 except for the next 8/6/21 at 10:42am, realed the computer	W 44		ger to ensure in each e Manager the home. v of Fire a future the sure they 5.	4/1/22

DEPARTMENT OF HEALTH AND HUMAN SERVICES