STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G299	A. BUILDING _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLIDAY'S PLACE GROUP HOME	1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314

(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 247	**INDIVIDUAL PROGRAM PLAN** **CFR(s): 483.440(c)(6)(vi)** **The individual program plan must include opportunities for client choice and self-management.** **This STANDARD is not met as evidenced by:** **Based on observation, record review and interview, the facility failed to ensure the individual program plans (IPP's) for 2 of 3 audit clients in the group home (#3 and #6) included opportunities for client choice and self-management regarding meal preparation. The findings are:** **During observations in the facility on 7/12/22 at 4:05pm, staff A poured Puffed cheese snacks into 6 bowls on the kitchen counter without any participation from the clients.** **Staff A took the bowls into the sun porch which is utilized as a vocational area for the clients and handed each bowl to each individual in the home. No other snack choices were offered to the clients.** **Observation on 7/12/22 of the pantry revealed chips, popcorn, cheese puffs, crackers, apples and goldfish.** **Review on 7/12/22 of client #3's individual program plan (IPP) dated 6/20/22 revealed she has good communication skills and she can make choices when offered. Client #3 has a priority need to improve meal preparation skills.** **Review on 7/12/22 of client #3's adaptive behavior inventory (ABI) dated 5/6/22 revealed she needs assistance with meal preparation and can prepare sandwiches and beverages**	W 247	The facility will ensure opportunities are available throughout the home routine for client choice and self-management in activities of daily living when appropriate and supportive of the IPP for each individual served. The QP will in-service staff on allowing clients #3 and #6 as noted in the IPP on opportunities to participate in serving their snacks to include from large bulk bags. Staff will provide and facilitate client choice of snacks during the routine snack periods in the home. The QP and/or the Habilitation Coordinator will conduct observations of snack periods in the home weekly to ensure client choice and self-management to foster continued compliance.	9/12/22 9/12/22

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

Laura Lloyd / Director / Administrator — 7/20/2022

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 247	Continued From page 1 independently. Review on 7/12/22 of client #6's IPP dated 5/24/22 revealed she has good communication skills and that she can make choices about food items. Client #5 has a priority need to improve meal preparation skills. Review on 7/12/22 of client #6's ABI dated 4/5/22 revealed she can prepare beverages, sandwiches and convenience foods independently and can prepare convenience foods with assistance. Interview on 7/13/22 with the Program Director revealed both clients #3 and #6 can make choices about individual snacks and should be encouraged to incorporate this in their daily routines.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#3 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the	W 249		

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W 249	Continued From page 2 Individual Program Plan (IPP) in the area of meal preparation. The findings are: A. During observations on the facility on 7/12/22 at 4:05pm-5:10pm several pots were cooking on the stove and the Licensee frequently checked on the contents in each pot. Client #6 did not assist with the items cooking on the stove. Interview on 7/12/22 with the Licensee revealed they were serving spaghetti, squash, green salad, garlic bread, salad dressing and pear halves with beverages to drink. During this observation on 7/12/22 at 4:05-5:10pm, client #6 was in the den area of the facility playing Bingo with clients #1, #2, #3, #4 and #5. Review on 7/12/22 of client #6's individual program plan (IPP) dated 5/24/22 revealed she has a priority need to improve meal preparation skills and has a formal objective to prepare a side dish for supper with 100% correct responses for 12 consecutive response periods. Interview on 7/13/22 with the consulting qualified intellectual disabilities professional (QIDP) confirmed the IPP for client #6 is current and this formal objective to prepare a side item for supper should be integrated throughout the active treatment schedule. B. During observations on 7/13/22 at of meal preparation at 6:30am, during breakfast preparation staff E heated pancakes and bacon for the clients for breakfast. Client #3 did not assist with meal preparation.	W 249	The facility will ensure implementation of the IPP for clients when appropriate to their needs and training to include participation in meal preparation objective training and integration of meal preparation skills as appropriate across mealtimes in the group home. . The QP will in-service staff on implementation of clients #3 and #6 IPP to include objective training for meal preparation and opportunities for integration of this training during meal time periods in the home. The QP and/or the Habilitation Coordinator will conduct observations of mealtime intervals (morning and evening) in the home weekly to ensure continued compliance.	9/12/22 9/12/22 9/12/22

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W 249	Continued From page 3 During observations on 7/13/22 from 6:30am-7:00am, client #3 was in the den area of the facility working on a word find puzzle. Review on 7/13/22 of client #3's IPP dated 6/20/22 revealed she has a priority training need to improve meal preparation. Further review of the IPP revealed she has a training objective to prepare a breakfast item with 100% verbal prompts. Interview on 7/13/22 with the consulting QIDP revealed the IPP is current and client #3 should be given frequent opportunities to improve her meal preparation skills by implementing this formal training objective.	W 249		
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients:	W 508		

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W 508	Continued From page 4 (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;	W 508		

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W 508	Continued From page 5 (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and	W 508		

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W 508	Continued From page 6 secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to develop policies and procedures which include a process for tracking staff with temporary delays with obtaining their COVID-19 vaccination and contingency plans for staff who are not fully vaccinated for COVID-19. The findings are: A. During observations in the facility on 7/12/22 from 9:30am-11:30am direct care staff A and the Licensee were not wearing masks while working with clients #1, #2, #3, #4, #5 and #6. Interview on 7/12/22 with the Program Director revealed she was unaware of the NC Mask Mandate effective May 4, 2022 and current CDC	W 508	The facility will update its policies and procedures relative to its COVID-19 contingency plan and precautions to include but not limited to- tracking staff vaccination status, develop and implement procedures outlined for staff who are not fully vaccinated, implementation of facial covering requirements in the facility. The QP and/or Director will in-service staff on the updated policy to address its COVID-19 contingency plan and staff compliance to procedures outlined in the policy to include but not limited to vaccination status and facial coverings. The QP and/or Director will conduct observations of staff in the home and review the vaccination status of staff assignments in the facility on a weekly basis to ensure continued compliance.	9/12/22 9/12/22 9/12/22

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W 508	Continued From page 7 Guidelines which require all employees working in health care facilities wear masks when providing care for individuals in health care facilities. B. Review on 7/12/22 of the facility's COVID-19 vaccination policy for employees (effective April 2021) did not include information about the use of personal protective equipment (PPE) usage by direct care and professional staff inside the facility providing care to the clients. Interview on 7/13/22 with the Program Director confirmed the facility's current COVID-19 vaccination policy for employees did not include information about the use of personal protective equipment (PPE) usage by direct care and professional staff inside the facility providing care to the clients.	W 508		