

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

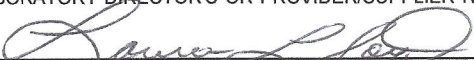
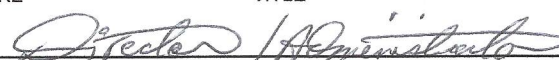
PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

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 07/18/2023
NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications used to address behaviors for 1 of 3 audit clients (#1) were included in a formal active treatment program. The finding is:</p> <p>Review on 7/18/23 of client #1's current physician's orders dated May 2023 revealed orders for Risperdal and Depakote. Additional review of the client's record did not include a formal active treatment plan incorporating the use of Risperdal and Depakote to address inappropriate behaviors.</p> <p>Interview on 7/18/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) indicated client #1 takes Risperdal and Depakote to address inappropriate behaviors; however, these medications were not included in a formal active treatment program.</p>	W 312	<p>The facility will ensure that behavior altering medications are incorporated into formal active treatment plans such as the outlined behavior support plan (BSP) for each applicable client.</p> <p>For Client #1, the team met on 7/25/23 to update the behavior support plan. The BSP was updated to include Risperdal and Depakote.</p> <p>The QP will review all clients' BSPs and crosswalk to the physician's orders to ensure that all prescribed behavior altering medications are incorporated into the behavior support plans as applicable.</p> <p>The QP and/or ICF Director will monitor monthly to ensure compliance.</p>	9/16/23 9/16/23 9/16/23
W 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure only authorized persons have access to the keys to the medication closet. The finding is:</p>	W 383		

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

TITLE

(X6) DATE

7/28/2023

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 383	Continued From page 1 During morning observations in the home on 7/18/23 at 7:16am, the keys to the medication closet were in an unlocked drawer next to the medication closet and accessible to any one in the home. Immediate interview with Staff B, the Medication Technician (MT), revealed she routinely places the keys to the medication closet in the drawer until the next MT comes in. Review on 7/18/23 of a note posted next to the medication closet revealed the keys to the medication closet are to be kept on the person. Interview on 7/18/23 with the Director revealed staff are trained to keep the keys to the medication closet on their person and not in a drawer.	W 383	The facility will ensure that the medication keys are always with personnel authorized to administer medications and not left out and accessible to others. The QP will provide in-service training for all staff on the importance of access to the medication key for authorized staff. Such access is only for staff who have completed medication administration training. The key will not be left in the medication room drawer, instead will be maintained on the person of the authorized staff. The program manager and/or QP will monitor during the morning and evening routines in the home to ensure continued compliance.	9/16/23	9/16/23 9/16/23