PRINTED: 07/25/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G299	B. WING			07/	/16/2024
	PROVIDER OR SUPPLIER AY'S PLACE GROUP	номе		1108 QUAIL	RESS, CITY, STATE, ZIP CO -MEADOW DRIVE /ILLE, NC 28314		
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	S403.748(b)(4), §4841.184(b)(4), §485.73(b)(4), §485.542(b)(4), §485.920(b)(3), §485.920(b)(4), §485.920(b)(4)	16.54(b)(3), §418.113(b)(6)(i), 60.84(b)(5), §482.15(b)(4), 3.475(b)(4), §485.68(b)(2), 85.625(b)(4), §485.727(b)(2), 91.12(b)(2), §494.62(b)(3). Decedures. The [facilities] must ment emergency preparedness dures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must odated at least every 2 years acilities]. At a minimum, the dures must address the 1) A means to shelter in place and volunteers who remain in pices at §418.113(b):] Policies are additional requirements for additional requirements for a patient care facilities only. To ocedures must address the serion place for patients, as who remain in the hospice. It is not met as evidenced by: eview and interview, the facility olicy and procedures for	E 0	22	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.

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G299	B. WING		07/	16/2024
	PROVIDER OR SUPPLIER	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314	-	
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E 022	Continued From pa	ge 1	E 0	22		
	6/1/24 revealed the place, in the event of Interview on 7/16/24 she was unaware it	/15/24 of the EP revised on re was no policy for shelter in of an emergency. 4 with the Director revealed was a requirement for their				
E 039	EP. EP Testing Require CFR(s): 483.475(d)		E 0	39		
	§460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §485.727(d)(2), 91.12(d)(2), §494.62(d)(2).				
	at §485.542, OPO, §485.727, CMHCs	.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at Facilities at §494.62]:				
		cility] must conduct exercises cy plan annually. The [facility] ollowing:				
	community-based et (A) When a community-based et (A) When a community-based exercise every 2 ye (B) If the [facilit natural or man-madactivation of the emexempt from engage community-based of the community-based exempt from engage community-based exempt from engage exempt from e	unity-based exercise is not t a facility-based functional				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 039	years, opposite the functional exercise this section is cond not limited to the form (A) A second full-so community-based of functional exercises (B) A mock disaste (C) A tabletop exercise a facilitator and inclusive an anarrated, clinically scenario, and a set directed messages designed to challen (iii) Analyze the [facility's] emergency [fa	itional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: cale exercise that is or individual, facility-based or drill; or cise or workshop that is led by ludes a group discussion using y-relevant emergency of problem statements, or prepared questions age an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] pices that provide care in the e hospice must conduct emergency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not that individual facility based every 2 years; or experiences a natural or ency that requires activation of the hospital is exempt from the required full scale exercise or individual onal exercise following the	E	039			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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E 039	exercise under pa is conducted, that to the following: (A) A second full- community-based exercise; or (B) A mock disast (C) A tabletop exe a facilitator and ind a narrated, clinical scenario, and a se directed message designed to challe (3) Testing for hos care directly. The exercises to test the year. The hospices (i) Participate in a is community-based (A) When a community-based (B) If the hospices (B) If the hospices man-made emergency placents of the emergency placents of t	the full-scale or functional ragraph (d)(2)(i) of this section may include, but is not limited scale exercise that is or a facility based functional ere drill; or ercise or workshop that is led by cludes a group discussion using ly-relevant emergency of problem statements, as, or prepared questions ange an emergency plan. pices that provide inpatient hospice must conduct the emergency plan twice per emust do the following: In annual full-scale exercise that ed; or experiences a natural or ency that requires activation of an, the hospice is exempt from act required full-scale community ased functional exercise that is not limited to the following: scale exercise that is or a facility based functional	EO	39		

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narrated, clinically-rand a set of problet messages, or prepachallenge an emergical (iii) Analyze the homaintain document exercises, and emerged hospice's emergent *[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [Product exercises to twice per year. The dothe following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Homeonic exercises for the emerging of the emerging (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercises (B) A mock (C) A tabletop exercises (C) A tabletop (C) A tablet	relevant emergency scenario, in statements, directed ared questions designed to gency plan. spice's response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed. 1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must annual full-scale exercise that d; or unity-based exercise is not an annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is	E 03	9		
discussion, using a	narrated, clinically-relevant				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa narrated, clinically-rand a set of probler messages, or prepa challenge an emerg (iii) Analyze the homaintain document exercises, and emerg (iii) Analyze the homaintain document exercises, and emerg (iii) Analyze the homaintain document exercises, and emerg (iii) Participate in an is community-based functi (B) If the [PRTF, Homacument or marequires activation of facility-based functi (B) If the [PRTF, Homacument or marequires activation of facility-based functionset of the emerge (ii) Conduct an and that may include following: (A) A second full-secommunity-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator and summarity of led by a facilitator and summa	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d);] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based, or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency plan, the [facility] is exempt from engaging in its next requires activation of the emergency plan, the [facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group	A BUILDING 34G299 ROVIDER OR SUPPLIER N'S PLACE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 A BUILDING COntinued From page 4 A BUILDING COntinued From page 4 A BUILDING CONTINUED FROW MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 4 A BUILDING PREVIDE RESULT OR SUBJECT (EACH CORRECTIVE ACTIONS TAG CROSS-REFERENCED TO THE A DEFICIENCY) E 039 B 039 CONTINUED FROM THE A DEFICIENCY CONTINUED FROM THE A DEFICIENCY CONTINUED FROM THE A DEFICIENCY E 039 E 039 FROWIDER'S PLAN OF CORR (EACH CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY) E 039 FROWIDER'S PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY) E 039 FROWIDER'S PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY) E 039 FROWIDER'S PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY) E 039 FROWIDER'S PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY) E 039 FROWIDER'S PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE, HOS PLAN OF CORRECTIVE ACTIONS OR CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE ALL OF CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE ALL OF CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE ALL OF CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE ALL OF CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE PRETE ALL OF CROSS-REFERENCED TO THE A DEFICIENCY TAG TO SUBJECT THE ADDRESS OF THE ADDRESS OF THE ADRESS OF THE ADDRESS OF TH	RECORRECTION 34G299 B. 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The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual individual, acality-based functional exercise; or (B) if the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility)-is exempt from engaging in its next required full-scale community based or individual, a facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise or and that may include, but is not limited to the following: (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group

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E 039	statements, directed questions designed plan. (iii) Analyze the maintain document exercises, and emergencises, and emergencises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a community-based (B) If the PACE expressible, conduct facility-based function (B) If the PACE expressible, conduct facility-based or individual exercise following the exercise following the exercise under parais conducted that materials the following: (A) A second full-scommunity-based of functional exercises (B) A mock disasted (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conducted that materials (C) A tabletop exerting facilitator and included the conduct	o, and a set of problem d messages, or prepared l to challenge an emergency [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed. 0.84(d):] CE organization must conduct e emergency plan at least corganization must do the annual full-scale exercise that d; or unity-based exercise is not than annual individual, onal exercise; or periences an actual natural or noty that requires activation of the pack is exempt from a required full-scale community facility-based functional the onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited to cale exercise that is or individual, a facility based or	E 03			

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E 039	and maintain docur exercises, and emerger [LTC facility] facility *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must d (i) Participate in an is community-based (A) When a community-based functional exercise the emergency plar engaging in its next community-based of functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-socommunity-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, cl scenario, and a set directed messages designed to challen (iii) Analyze the ICF maintain document	TC facility] facility's response to mentation of all drills, tabletop ergency events, and revise the semergency plan, as needed. 183.475(d)]: F/IID must conduct exercises to the following: annual full-scale exercise that d; or unity-based exercise is not to an annual individual, onal exercise; or. Experiences an actual natural or noty that requires activation of the ICF/IID is exempt from the required full-scale or individual, facility-based following the onset of the set of the exercise that the individual, facility-based following the onset of the set or an individual, facility-based	E	039			

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E 039	*[For OPOs at §46 (d)(2) Testing. The to test the emerge following: (i) Conduct a pape workshop at least led by a facilitator discussion, using emergency scena statements, direct questions designe plan. If the OPO eman-made emergency plangaging in its net following the onse (ii) Analyze the OPO documentation of emergency events OPO's] emergency *[RNCHIs at §403 (d)(2) Testing. The exercises to test the must do the follow (i) Conduct a paper least annually. A to discussion led by clinically-relevant of problem statem prepared question emergency plan. (iii) Analyze the RN maintain documer and emergency events of problem statem prepared question emergency plan. (iii) Analyze the RN maintain documer and emergency events of problem statem prepared question emergency plan. (iii) Analyze the RN maintain documer and emergency events of problem statem prepared question emergency plan. (iii) Analyze the RN maintain documer and emergency plan, and emergency plan	and revise the [RNHCl's and y plan, as needed. B. RNHCl must conduct exercise at abletop exercise is and revise the emergency plan, as needed. B. RNHCl must conduct exercise at abletop exercise is and includes a group a narrated, clinically relevant rio, and a set of problem ed messages, or prepared and to challenge an emergency experiences an actual natural or ency that requires activation of an, the OPO is exempt from ext required testing exercise at of the emergency event. B. RNHCl must conduct the emergency plan. The RNHCl ring: B. RNHCl must conduct the emergency plan. The RNHCl ring: B. RNHCl must conduct the emergency plan and a set abletop exercise is a group a facilitator, using a narrated, emergency scenario, and a set abletop exercise is a group a facilitator, using a narrated, emergency scenario, and a set abletop exercise is a group a facilitator of all tabletop exercises, or as designed to challenge an all tabletop exercises, events, and revise the RNHCl's	E	039			

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		34G299	B. WING_		07/	/16/2024	
	PROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
E 039	disaster drills to tespreparedness (EP) affect all of the client finding is: Review on 7/15/24 6/1/24 revealed a Formulated on 12/5/evidence that a tab hurricane, power fastaff. Interview on 7/16/2 she was unaware that tabletop exercise. It staff have not been outside of fire drills.	t their emergency plan. This had the potential to nts (#1, #2, #3 and #4). The of the facility's EP revised on full-Scale exercise was 23. There was no other letop or mock drills (tornado, illure, etc) were done with 4 with the Director revealed here was a requirement for a The Director acknowledged, trained to do any mock drills, ERAM PLAN	E 03				
	include nutritional some This STANDARD in Based on observation the facility clients (#2) received evaluation. The find Observation on 7/1 #2 received an unmaketchup that she ad also received 2 smalles and the first the first the facility of the first the f	s not met as evidenced by: iions, record review and y failed to ensure 1 of 3 audit d an annual nutritional					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G299	B. WING			07/	16/2024	
	PROVIDER OR SUPPLIER AY'S PLACE GROUP I	HOME		1108	ET ADDRESS, CITY, STATE, ZIP CODE QUAIL-MEADOW DRIVE ETTEVILLE, NC 28314	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
W 217	Record review on 7 nutritional evaluation on 11/17/17. The refulction of 11/17/17 should be reported to the imposituation of 11/17/17/17 should be reported to 11/17/17/17/17/17/17/17/17/17/17/17/17/1	7/15/24 revealed the last on completed on client #2 was egistered dietician recorded aggles with sneaking food and meal times. Caregiver high sugar food items. Trance of consistent balanced a five years UNLESS drastic status noted. Limit sugar to one per day, replacing other er alternatives. Limit to one time per day. Healthy nended to "lose 0.5-1 pound at weight is reached. Estimated calories." 7/15/24 revealed client #2 had port on 11/14/23. The doctor for refer client #2 to see a 7/15/24 revealed a laboratory and Hgb A1c test result was high an's response was to prescribe client #2 for diabetes and to lood sugar levels before meals approached by the following data was appeared by the following data was	W 2	17				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G299	B. WING			07/	16/2024
NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME				STREET ADDRESS, 1108 QUAIL-MEAD FAYETTEVILLE,	_	, ,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 217	Interview on 7/16/24 they were not requirevaluation and the to request it. The D blood test was initial client #2 was sleep client #2 checked for response to food redinner, revealed the cupcakes were okawith them monitorind Director acknowled target range for client NURSING SERVIC CFR(s): 483.460(c) Nursing services mother members of the appropriate protection measures that inclutraining direct care symptoms of illness accidents or illness meet the health need that in the service of the close of the closet, without the proceeded to remove packet and placed in medication admining the closet, without the proceeded to remove packet and placed in the close of the	4 with the Director revealed red to do an annual nutritional doctor did not find it necessary irector revealed the Hgb A1c atted because she had noticed and too much and wanted or diabetes. The Director's actived during last night's at ketchup and the 2 minity for a diabetic to consume and client #2's blood sugar. The aged she did not know the ideal and #2's blood sugar levels. ES (5)(iii) ust include implementing with the interdisciplinary team, we and preventive health and proventive health and proventive health and provention, first aid for and basic skills required to	W 2				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G299	B. WING _		07/	/16/2024
NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
7:21am. Client #3 in discarded the trash sign off on a medic (MAR} that client #3 Observation of Staff the medication roomed her med pass for client med pass for client medication roomed her med pass for client medication roomed her med pass for client medication roomed her med pass for client medication of 7/16/2 was aware that she the counter when so Staff B revealed she was a the room at the tab and she intended to the room at the tab and she intended to the room at the self-administration okay to do it without Director also reveat medications in the leaving the room archart. DRUG ADMINISTE CFR(s): 483.460(k) The system for drugthat all drugs are act the physician's order the staff on observational failed to ensure the	ngested the medication and Staff B was not observed to ation administration record to atook his medication. If B at 8:02am, she returned to me to get the MAR to document ient #3. 4 with Staff B revealed she left client #3's medication on the left the room to get him. If a did not document in the surveyor and director were in the where the MAR was kept to come back later to record. If with the Director who an urse, acknowledged Staff B the clients to participate in the of their medications but it was to the clients present. The led staff should document the MAR when given, instead of the needing to come back to the clients to participate in the clients of the staff should document the staff should document the did needing to come back to the clients are graphs. In the clients are graphs as the clients of the staff should document the staff should document the did needing to come back to the clients are graphs. In the staff should needing to come back to the staff should need in compliance with the staff should need				
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	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa 7:21am. Client #3 in discarded the trash sign off on a medica (MAR} that client #3 Observation of Staft the medication roor her med pass for cl Interview on 7/16/2 was aware that she the counter when s Staff B revealed she MAR because the s the room at the tabl and she intended to Interview on 7/16/2 revealed she was a should encourage t self-administration okay to do it withou Director also reveal medications in the I leaving the room ar chart. DRUG ADMINISTR CFR(s): 483.460(k) The system for drug that all drugs are ac the physician's orde This STANDARD is Based on observat failed to ensure the administered as pre audit clients (#2). T	AY'S PLACE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 7:21am. Client #3 ingested the medication and discarded the trash. Staff B was not observed to sign off on a medication administration record (MAR} that client #3 took his medication. Observation of Staff B at 8:02am, she returned to the medication room to get the MAR to document her med pass for client #3. Interview on 7/16/24 with Staff B revealed she was aware that she left client #3's medication on the counter when she left the room to get him. Staff B revealed she did not document in the MAR because the surveyor and director were in the room at the table where the MAR was kept and she intended to come back later to record. Interview on 7/16/24 with the Director who revealed she was a nurse, acknowledged Staff B should encourage the clients to participate in self-administration of their medications but it was okay to do it without the clients present. The Director also revealed staff should document medications in the MAR when given, instead of leaving the room and needing to come back to	ROVIDER OR SUPPLIER W'S PLACE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 7.21am. Client #3 ingested the medication and discarded the trash. Staff B was not observed to sign off on a medication administration record (MAR} that client #3 took his medication. Observation of Staff B at 8:02am, she returned to the medication room to get the MAR to document her med pass for client #3. Interview on 7/16/24 with Staff B revealed she was aware that she left client #3's medication on the counter when she left the room to get him. Staff B revealed she did not document in the MAR because the surveyor and director were in the room at the table where the MAR was kept and she intended to come back later to record. 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The finding is:	A BUILDING 34G299 STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUALI-MEADOW DRIVE FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 13 7:21am. Client #3 ingested the medication and discarded the trash. Staff B was not observed to sign off on a medication administration record (MAR) that client #3 took his medication. Observation of Staff B at 8:02am, she returned to the medication room to get the MAR to document her med pass for client #3: medication on the counter when she left the room to get him. Staff B revealed she did not document in the MAR because the surveyor and director were in the room at the table where the MAR was kept and she intended to come back later to record. 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WING TOTAL STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 7:21am, Client #3 ingested the medication and discarded the trash. Staff B was not observed to sign off on a medication administration record (MAR) that client #3 took his medication. Observation of Staff B at 6:02am, she returned to the medication room to get the MAR to document her med pass for client #3. Interview on 7/16/24 with Staff B revealed she was aware that she left client #3's medication on the counter when she left the room to get him. Staff B revealed she did not document in the MAR because the surveyor and director were in the room at the table where the MAR was kept and she intended to come back later to record. 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	PROVIDER OR SUPPLIER	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314	<u>, </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE	
W 368	additional observati #2 was given 2 pills by Staff A, without for Review on 7/16/24 Orders from 5/29/2 received Divalproex Interview on 7/16/25 she was a nurse an administration police Director revealed the crackers or pudding need to be taken we DRUG STORAGE CFR(s): 483.460(l) to The facility must keel locked except when administration. This STANDARD is Based on observatified to ensure melocked cabinet, when the finding is: Observations in the 7:20 am to 8:02 am, in and out of the memoral ditional observations in the redications, even additional observations in the redications of the memoral ditional observations in the redications of the memoral ditional observations in the redicational observations in the redicational observations in the redicational observational ditional observations in the redicational observational observational dispersions of the redicational observational observational dispersions of the redicational dispersions of the redicational observational dispersions of the redicational dispersions of the redica	plete meal for dinner. An ion at 6:40pm, revealed client of Divalproex SOD 500mg ood. of client #2's Physician's 4 revealed client #2 should a SOD with food at 7:00pm. 4 with the Director revealed ad did not have a medication by available for review. The nat staff were trained to use g to offer with medications that ith food. AND RECORDKEEPING	W 368	3			
	lead person and pa person."	ssed to oncoming lead ´ 4 with Staff B, revealed she					

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W 382	when she left the ro Interview on 7/16/24 Habilitation Coordin	cation closet was left unlocked from to get the next client. 4 with the Director and the lator, revealed staff should	W 3	32		
W 440	keep the medication EVACUATION DRII CFR(s): 483.470(i)(LLS	W 44	40		
	This STANDARD is Based on record re failed to ensure fire every shift, each qu	s not met as evidenced by: eview and interview, the facility drills were conducted on arter. The finding is:				
	revealed the following. A. There was no dri	of fire drills conducted ng details: ill performed on 2nd shift er (January-March) of 2024.				
	during the 3rd quart	rills performed on 3rd shift ter (July-September) 2023 quarter (April-June) 2024.				
W 460			W 4	60		
	Each client must re	ceive a nourishing, ncluding modified and				
		s not met as evidenced by: ion, record review and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HOLLIDAY'S PLACE GROUP HOME				1108	EET ADDRESS, CITY, STATE, ZIP CODE B QUAIL-MEADOW DRIVE (ETTEVILLE, NC 28314		
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W 460	interview, the facilit clients (#1) receive the prescribed diet. Observation on 7/1 manager supervise Client #1 was obse sandwich (approxinconsumed along with half. Client #1 was without incident. Review on 7/15/24 program plan (IPP) dietary order of 150 no seconds, in bite-Interview on 7/16/2 revealed she thoug squares was considered.	y failed to ensure 1 of 3 audit d the correct modifications for The finding is: 5/24 at 1:00pm, the home d the clients eating lunch. rved holding a large piece of nately 2"x2"), which she ith a banana that was cut in observed ingesting the food, of client #1's individual from 11/1/23 revealed a 20 calories, regular diet, with	W 4	60			