

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

PRINTED: 12/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G178		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2024	
NAME OF PROVIDER OR SUPPLIER HOLLY STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 E HOLLY STREET GOLDSBORO, NC 27530			
(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
E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>			E 004			

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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E 004	Continued From page 1 * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedness (EP) plan was reviewed and/or updated as needed. The finding is: Review on 12/16/24 of the facility's EP plan revealed it was last reviewed on 2/28/24. Additional review of the plan did not include any information regarding one newly admitted client. Further review of the EP plan did not include names and contact information for newly hired direct care employees and administrative staff. Interview on 12/17/24 with the Facility Support Coordinator confirmed the EP plan should be updated as needed with current client and staff information.	E 004			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to address client #5's inappropriate behavior was included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:	W 288			

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W 288	<p>Continued From page 2</p> <p>During morning observations in the home on 12/17/24, client #5 prepared to take his shower by gathering a wash cloth, towel and his clothing. Before entering the bathroom, Staff C prompted the client to extend his wash cloth allowing the staff to pour body wash onto the cloth. Client #5 then entered the bathroom for his shower.</p> <p>Interview on 12/17/24 with Staff C revealed client #5 (and several other clients in the home) do not keep body wash, toothpaste, etc in their rooms because they will use too much and waste it. The staff further stated toothpaste is kept in the medication closet for this same reason. Additional interview indicated staff provide the necessary amount of tooth paste for each client to use for brushing after breakfast.</p> <p>Interview on 12/17/24 with Staff A also indicated client #5 will waste body wash and eat most of his tooth paste which is why these items are not kept in his bedroom.</p> <p>Review on 12/17/24 of client #5's Comprehensive Functional Assessment (CFA) dated 6/27/23 revealed he is independent with all bathing skills and remains reliant as it relates to most grooming tasks. Additional review of the Individual Program Plan (IPP) dated 7/2/24 did not reveal a need to remove grooming items from the client's possession due to inappropriate behaviors.</p> <p>Interview on 12/17/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she was not aware of any inappropriate behaviors exhibited by client #5 or that staff were not allowing him to maintain grooming items in his possession.</p>	W 288			

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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 review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 12/16/24 of client #5's Individual Program Plan (IPP) dated 7/2/24 revealed, "No key target behaviors." However, review of the record noted a BSP (signed 7/10/24). The BSP did not include a formal behavior objective and noted, "[Client #5] does not present any target behaviors at this time." Additional review of the client's physician's orders (signed 12/5/24) included orders for Luvox, Risperdal, and Geodon used for behavior control. Further review of the record revealed no formal BSP or objective incorporating the use of his behavior medications.</p> <p>Interview on 12/17/24 with the Director of Case Management confirmed client #5 does not have a formal behavior objective but continues to ingest behavior medications.</p>	W 312			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure client #5 was taught to use and make informed choices about the use of his eye glasses. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations throughout the survey on 12/16 - 12/17/24, client #5 did not wear eye glasses. The client was frequently noted to squint or hold his head close to papers or objects while viewing them.</p> <p>Interview on 12/17/24 with Staff A revealed client #5 wears eye glasses; however, he broke them about a week ago. She noted the client has broken several pairs of eye glasses in the past.</p> <p>Review on 12/16/24 of client #5's Individual Program Plan (IPP) dated 7/2/24 revealed he wears prescription eye glasses.</p> <p>Interview on 12/17/24 with the facility's nurse indicated client #5's eye glasses were broken and are currently out for repairs.</p> <p>Interview on 12/17/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she could not be sure if client #5 has had training to teach him to use his eye glasses appropriately and make informed choices about their use.</p>	W 436			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)	W 460			

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W 460	<p>Continued From page 5</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 received his specially prescribed diet as indicated. This affected 1 of 3 audit clients. The finding is:</p> <p>During 3 of 3 mealtime observations in the home on 12/16 - 12/17/24, client #6 served himself single servings/portions of all food items. The client was not assisted or prompted to serve himself larger portions.</p> <p>Interview on 12/17/24 with Staff A revealed client #6 usually does not eat more than a single serving and will waste the food if given more. Additional interview indicated they will give him second servings, if he wants more.</p> <p>Review on 12/17/24 of client #6's current physician's orders signed 12/5/24 and a client's diet list posted in the kitchen (no date) revealed he receives double portions at meals.</p> <p>Interview on 12/17/24 with the facility's nurse confirmed client #6 has an order for double portions.</p> <p>Additional interview on 12/17/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed double portions would mean client #6 should be served two servings of all foods at the meal.</p>			W 460			

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