STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G186	A. BUILDING _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLOWAY STREET HOME	4795 STANLEY ROAD DURHAM, NC 27704

(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 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 3 of 4 audit clients (#2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The findings are: A. During evening observations in the home on 2/18/25 at 4:23pm, the Home Manager was observed preparing mashed potatoes, which were for the clients' dinner. Further observations revealed the HM putting the cabbage in a serving bowl and then the mashed potatoes in a serving bowl at 4:48pm. The HM put the meatloaf into a serving dish at 4:52pm. At no time were clients #2, #3 or #4 asked to participate in the meal preparation of their dinner. B. During morning observations in the home on 2/19/25 at 6:40am, Staff A was observed putting a pan of sausage patties into the oven. Further observations revealed Staff B opening the oven and checking the sausage patties. At 6:52am, Staff B was observed making a pitcher of juice.	W 249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G186	A. BUILDING _____ B. WING _____	02/18/2025

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W 249	Continued From page 1 Staff B opened packets of instant oatmeal and emptying the contents into bowls at 7:09am. Staff B then poured hot water into the bowls of instant oatmeal. Staff B was observed putting slices of bread into the toaster at 7:15am and then removing the toast and putting jam on the toast. At no time where clients #2, #3 and #4 asked to participate in the meal preparation of their breakfast. During an interview on 2/19/25, Staff B stated that the clients were not allowed to touch the appliances in the home. Staff B stated he has been working in the home for six months. Review on 2/19/25 of client #2's Adaptive Behavior Inventory (ABI) dated 9/17/24 revealed he is independent with preparing a beverage that requires mixing, preparing a supper meal and preparing meat dishes in a oven. Review on 2/19/25 of client #3's ABI dated 2/20/24 revealed he has needs in the following areas: preparing a beverage that requires mixing, preparing a sandwich and preparing meat dishes in the oven. Review on 2/19/25 of client #4's ABI dated 1/21/25 revealed he is totally independent in making a sandwich, preparing meat dishes in the oven and preparing a beverage that requires mixing. During an interview on 2/19/25, the Qualified Intellectual Disabilities Professional (QIDP) stated clients #2, #3 and #4 should have been given the opportunity to participate in meal preparation.	W 249		
W 263	PROGRAM MONITORING & CHANGE	W 263		

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	34G186	A. BUILDING _____ B. WING _____	02/18/2025

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W 263	Continued From page 2 CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 of 4 audit clients (#2, #4 and #6). The findings are: A. Review on 2/18/25 of client #2's Behavior Support Plan (BSP) dated 1/1/25, revealed he did not have a current BSP consent in his chart. Further review revealed client #2 has behavior medications. B. Review on 2/18/25 of client #4's BSP dated 11/16/24, revealed he did not have a current BSP consent in his chart. Further review revealed client #4 has behavior medications. C. Review on 2/18/25 of client #6's BSP dated 12/16/24, revealed he did not have a current BSP consent in his chart. Further review revealed client #6 has behavior medications. During an interview on 2/19/25, management staff confirmed clients #2, #4 and #6 did not have a current BSP consents signed by their legal guardians.	W 263		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by:	W 441		

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W 441	Continued From page 3 Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is: Review on 2/18/25 of the facility's fire drills revealed the fire drills were not conducted during the following months: February, March, April, May, June, July and August of 2024. During an interview on 2/18/25, the Home Manager (HM) revealed she is unable to locate the missing fire drills.	W 441		