

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

PRINTED: 05/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G186		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/06/2025	
NAME OF PROVIDER OR SUPPLIER HOLLOWAY STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS			W 000			
W 263	<p>A revisit was conducted on 5/6/25 for all previous deficiencies cited on 2/18/25. All deficiencies were not corrected and no new non-compliance was found. The facility is not in compliance with all regulations surveyed.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During an interview on 2/19/25, management staff confirmed clients #2, #4 and #6 did not have</p>			W 263			

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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W 263	<p>Continued From page 1</p> <p>a current BSP consents signed by their legal guardians.</p> <p>A follow up visit was conducted on 5/6/25:</p> <p>Review on 5/6/25 of the facility's records revealed no evidence of BSP consents for clients #2, #4 and #6.</p> <p>During an interview on 5/6/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the BSP consents for clients #2, #4 and #6 have not been signed by their guardians.</p>	W 263			