

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

PRINTED: 07/30/2025
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 07/29/2025	
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 206	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(1)</p> <p>Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to:</p> <ul style="list-style-type: none"> (i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and (ii) Designing programs that meet the client's needs. <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audit clients' (#1 and #3) behavior support plans (BSP) were developed by a qualified psychologist who represents the discipline or service area in relations to behavioral needs. The findings are:</p> <p>A. Record review on 7/28/25 of client #1's BSP dated 6/27/25 revealed the plan was developed and signed by the Qualified Intellectual Disabilities Professional (QIDP). Continued review did not reveal evidence of the plan being developed or monitored by a qualified psychologist.</p> <p>Further review on 7/28/25 of client #1's BSP revealed the client ingest Seroquel 100mg three times daily for behavior control and Celexa 40 mg daily for schizophrenia and behavior control</p> <p>B. Record review on 7/28/25 of client #3's BSP dated 6/12/25 revealed the plan was developed and signed by the Qualified Intellectual Disabilities Professional (QIDP). Continued review did not reveal evidence of the plan being</p>			W 206			

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 206	<p>Continued From page 1 developed or monitored by a qualified psychologist.</p> <p>Further review on 7/28/25 of client #3's BSP revealed the client ingest Sertraline 10mg behavior altering medication.</p> <p>Interview on 7/29/25 with the QIDP confirmed he developed the behavior support plans. The QIDP also revealed he was unaware that the BSP needed to be developed by a psychologist.</p>	W 206			