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

PRINTED: 06/25/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GEORGIA COURT (PA1)D (PA1)D (PA2)D (PA3)D (STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
107 MISS GEORGIA COURT CARY, NC 27511			34G061	B. WING _			06	20/2018
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 1 of 4 audit clients (#1) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of adaptive equipment use. The finding is: Client #1's adaptive clothing protector was not used as indicated. During lunch observations on 6/19/18 at the day program, client #1 consumed his meal without					107 MISS (GEORGIA COURT		
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 1 of 4 audit clients (#1) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of adaptive equipment use. The finding is: Client #1's adaptive clothing protector was not used as indicated. During lunch observations on 6/19/18 at the day program, client #1 consumed his meal without	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
clothing protector. Spillage was noted on client clothing. During dinner observations on 6/19/18 at the home, client #1 consumed his meal without clothing protector. Spillage was noted on client clothing. Review on 6/20/18 of client #1's IPP dated 3/8/18 revealed, "Adaptive equipment:clothing protector."	W 249	CFR(s): 483.440(d)(1 As soon as the interdiformulated a client's in each client must rece treatment program conterventions and servand frequency to supply objectives identified in plan. This STANDARD is replaned and servation interviews, the facility clients (#1) received a treatment plan consist and services as identified in program plan (IPP) in equipment use. The service as indicated. During lunch observation program, client #1 conclothing protector. Speciothing. During dinner observation home, client #1 consicution interviews, the facility clients (#1) received a treatment plan consist and services as identified in program plan (IPP) in equipment use. The service is a client #1 consicution in the program, client #1 consicution in the program is a client #1 consicution	disciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the inthe individual program. The second reviews and failed to ensure 1 of 4 audit a continuous active ting of needed interventions iffied in the individual the areas of adaptive finding is: Inothing protector was not It ions on 6/19/18 at the day insumed his meal without illage was noted on client actions on 6/19/18 at the umed his meal without illage was noted on client Client #1's IPP dated 3/8/18	W 2	49			

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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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	, ,	OATE SURVEY OMPLETED	
		34G061	B. WING _			06/20/2018	
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT				STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		00/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 249 W 322	Continued From page Interview on 6/20/18 client #1 should use a indicated in the IPP. PHYSICIAN SERVIC	with the QIDP revealed a clothing protector as	W 2				
W 022	CFR(s): 483.460(a)(3	ide or obtain preventive and					
	Based on record revi failed to ensure 1 of 4	not met as evidenced by: iew and interview, the facility audit clients (#5) received sysical examination. The					
	Client #5 did not have	e a complete physical.					
	Review on 6/20/18 of assessment dated 2/1 not allow."	client #5's physical 19/19 revealed "genitals: will					
W 324	intellectual disabilities confirmed the the ger indicated by the phys	nitals were not assessed as ician. Further interview now exactly when client #5's sed.	W 3	24			
	examinations of each includes immunization recommendations of Advisory Committee	ide or obtain annual physical client that at a minimum ns, using as a guide the the Public Health Service on Immunization Practices on the Control of Infectious					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G061	B. WING			06/	20/2018
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT			1	TREET ADDRESS, CITY, STATE, ZIP CODE 07 MISS GEORGIA COURT CARY, NC 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 324	Continued From page Diseases of the Amer	e 2 rican Academy of Pediatrics.	W	324			
	Based on record revi	not met as evidenced by: iews and interviews, the e immunization records for 1 been obtained. The finding					
	Clients #5's records of immunization history.	lid not include his past					
	he had been admitted Additional review of the had received annual i						
W 382	intellectual disabilities confirmed client #5's not current.	immunization history was	w:	382			
	The facility must keep locked except when be administration.	o all drugs and biologicals being prepared for					
	Based on observatio interview, the facility f biologicals remained preparation and admi	not met as evidenced by: ns, record review, and staff failed to ensure all drugs and locked until the point of inistration. This affected all the home. The findings are:					

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PRINTED: 06/25/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G061	B. WING_			06/	20/2018
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT				1	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 382	Continued From page	: 3	w:	382			
W 454	on the table. During observations i approximately 6:20 at medication in a bin in unsupervised on 3 se allowed anyone to gastaff had retrieved meseparate occasions froleft the computer room. During an interview of the medication bin shimedication room During an interview of intellectual disabilities revealed the medication until the point of preparation of the properties of the prope	n the home on 6/20/18 at m to 6:32 am, the the computer room was parate occasions. This in access to the area. The edication bins on the 3 om medication room, then m unsupervised n 6/20/18, the staff revealed ould have been returned to n 6/5/17, the qualified a professional (QUID) on should remain locked aration and administration DL	W	454			
	This STANDARD is r Based on observatio failed to ensure a san provided to avoid tran prevent possible cros potentially affected al home. The finding is:	not met as evidenced by: ns and interview, the facility itary environment was ismission of infections and s-contamination. This					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED			
		34G061	B. WING _			06/20/2018		
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT				STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		1 00/20/2010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIVE)		SHOULD BE	(X5) COMPLETION DATE		
W 454	health/safety and pre cross-contamination. During observations is approximately 7:30 a gloves when he obtain the staff at the back of opened the trash barriash bag. Further observed went back to the house bucket, went to the tastaff used a cooking ploor with water. The pot in a pile of the cle client #1 or the staff vocalient #1 and the staff hands before proceed. During an interview of intellectual disabilities.	in the home on 6/20/18 at m, client #1 was not wearing ined the trash in a bag from door. While outside, the staff rel as the client dumped the servation revealed the staff se obtained a mop in a ap opened the water. The pot to fill the bucket on the staff then put the cooking ean dishes. At no time did wash their hands. on 6/20/18, the staff revealed if should have washed their ding to another activity. on 6/20/18, the qualified is professional (QIDP) did the staff should have	W 4	54				