STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G061	A. BUILDING _____ B. WING _____	R 08/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGIA COURT	**107 MISS GEORGIA COURT CARY, NC 27511**

(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 A revisit was conducted on 8/19/19 for all previous deficiencies cited on 6/11/19. Two of the deficiencies were recited and no new area of noncompliance was found. The facility remains out of compliance.	W 000		
{W 255}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #6's Individual Program Plan (IPP) was reviewed and/or revised after he had completed an objective. This affected 1 of 2 audit clients. The finding is: Client #6's IPP was not revised after he had completed 1 of 2 behavior goals. Review on 8/19/19 of client #6's IPP dated 3/27/19 revealed an objective to exhibit 0 episodes of non-compliance/failure to cooperate per month for one year. The objective was dated 3/9/17. Additional review of progress notes for the objective from June '17 - February '19 revealed client #6 had exhibited 0 noncompliance/failure to cooperate behaviors over the past 30 months. Interview on 8/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective's criteria had been met; however, he	{W 255}		

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

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{W 255}	Continued From page 1 has not received a new behavior plan from the psychologist.	{W 255}		
{W 263}	PROGRAM MONITORING & CHANGE 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 review and interview, the facility failed to ensure a restrictive Behavior Support Program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 1 of 2 audit clients (#6). The finding is: Client #6's BSP did not include a current written informed consent from his legal guardian. Review on 8/19/19 of client #6's record revealed a BSP dated 3/9/17. The BSP addressed physical aggression and noncompliance/failure to cooperate. Additional review of the BSP identified the use of Ability, Paxil, Ativan and Melatonin. Further review of the record revealed the guardian had signed a consent dated 3/9/18. The consent also indicated, "I understand that this authorization will expire on 3/8/19 and will not exceed one year from the date of my original authorization. The record did not include a current written informed consent signed by the guardian. Interview on 8/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's consent had expired and no current written	{W 263}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{W 263}	Continued From page 2 informed consent had been obtained.	{W 263}		