

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

PRINTED: 08/19/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA COURT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 MISS GEORGIA COURT CARY, NC 27511</b>
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(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
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W 000  {W 255}	<p><b>INITIAL COMMENTS</b></p> <p>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.</p> <p><b>PROGRAM MONITORING &amp; CHANGE CFR(s): 483.440(f)(1)(i)</b></p> <p>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:</p> <p>Client #6's IPP was not revised after he had completed 1 of 2 behavior goals.</p> <p>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.</p> <p>Interview on 8/19/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective's criteria had been met; however, he</p>	W 000  {W 255}	<p>This deficiency will be corrected by the following actions:</p> <p>A. Clinical Supervisor will revise any ISP's that require revising to ensure all identified needs have goals/objectives documented for them. These revisions will include a focus on recommendations from consultants to include BSP's.</p> <p>B. Clinical Supervisor will train Direct Support Professionals on any ISP's that have had revisions to ensure they are trained on how to provide support to the consumer based on their goals/objectives.</p> <p>C. Direct Support Professionals will document their training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>D. Clinical Supervisor will maintain the ISP's for all consumers through monthly service notes and summaries.</p> <p>E. Program Manager will monitor these notes and summaries for completion and accuracy monthly.</p> <p style="text-align: center;"><b>DHSR-Mental Health</b></p> <p style="text-align: center;"><b>SEP 26 2019</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	10/15/2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Program Manager</i>	(X6) DATE  <i>9/24/19</i>
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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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NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA COURT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 MISS GEORGIA COURT CARY, NC 27511</b>		
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{W 255}	Continued From page 1 has not received a new behavior plan from the psychologist. <b>PROGRAM MONITORING &amp; CHANGE</b> 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 255}	This deficiency will be corrected by the following actions:  A. Clinical Supervisor will review all documentation requiring parent/guardian signatures/consents to ensure that they are completed properly. B. Clinical Supervisor will get any documentation that needs to be signed, but is not, signed by the appropriate parent/guardian. C. Clinical Supervisor will monitor these documents at a minimum of 1x/year at each consumers ISP meeting but will update as needed should changes need to be made.	10/15/2019	
{W 263}		{W 263}			

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{W 263}	Continued From page 2 informed consent had been obtained.	{W 263}		

DHSR-Mental Health

SEP 26 2019

Lic. & Cert. Section

August 22, 2019

Wilma Worsley-Diggs, M.Ed., QIDP  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Follow Up Survey Completed August 19, 2019  
Georgia Court, 107 Miss Georgia Court, Cary, NC 27511  
Provider Number: 34G061  
MHL Number: MHL-092-041

Dear Mrs. Worsley-Diggs,

Thank you for your time and the feedback given during the survey you completed on August 19, 2019. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,



Gary J. Ricci II, BA/QP  
Program Manager, CANC

Enclosures