

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

PRINTED: 10/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/21/2019
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 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	{W 000}			
{W 255}	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</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 10/21/19 of client #6's IPP dated 3/27/19 revealed an behavior 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 via cell phone on 10/21/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective's criteria had</p>	{W 255}			

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 255}	Continued From page 1 been met; however, he has been able to reach the psychologist to discuss a new behavior plan for client #6.	{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 10/21/19 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 via cell phone on 10/21/19 with the	{W 263}		

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{W 263}	Continued From page 2 Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's consent had expired and no current written informed consent had been obtained.	{W 263}			