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 10/21/2019

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 10/21/19 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 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. Interview via cell phone on 10/21/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objective's criteria had	{W 255}	This deficiency will be corrected by the following actions: A. Clinical Supervisor will revise client #6's ISP to reflect the updated BSP recommendations. B. Clinical Supervisor will train Direct Support Professionals on client #6's revised ISP and BSP to ensure understanding and adherence to those documents. C. Direct Support Professionals will document t heir training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. D. Clinical Supervisor will maintain the ISP's for all consumers through monthly service notes and summaries. E. Program Manager will monitor these notes and summaries for completion and accuracy monthly.	11/20/2019

DHSR-Mental Health
NOV 01 2019
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Program Manager — (X6) DATE: 10/23/19

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.

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 10/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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}	Please see Page 1.	
{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}	This deficiency will be corrected by the following actions: A. Clinical Supervisor will ensure that the parent/guardian of client #6 reviews and approves of the updated ISP and BSP. B. Clinical Supervisor will ensure that the parent/guardian of client #6 signs Form F7.1 Behavior Support Plan Consent and places the signed form in client #6's medical chart. 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.	11/20/2019

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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}	Please see Page 2.	

October 23, 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 October 21, 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 October 21, 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