

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

PRINTED: 12/18/2019
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 12/18/2019
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 263}	<p>A revisit was conducted on 12/18/19 for all previous deficiencies cited on 6/11/19. One of the deficiencies was recited and no new area of noncompliance was found. The facility remains out of compliance.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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 2 of 2 audit clients (#5, #6). The finding is:</p> <p>Clients (#5, #6) behavior plans did not include a current written informed consent from his legal guardian.</p> <p>a. Review on 12/18/19 of client #6's record revealed a BSP dated 11/1/19. 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 did not include a current written informed consent for the BSP signed by the guardian.</p> <p>b. Review on 12/18/19 of client #5's record revealed a BSP dated 11/1/19. The BSP</p>	{W 263}			

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 263}	Continued From page 1 addressed noncompliance. Additional review of the BSP identified the use of Zoloft, Buspar and Clonazepam. Further review of the record did not include a current written informed consent for the BSP signed by the guardian. Interview via phone on 12/18/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated attempts had been made to call guardians for verbal consents; however, he was unable to reach anyone. Additional interview noted he would attempt to obtain signed consents from guardians who visited over the holiday. The QIDP confirmed no current written informed consents had been obtained for client #5 and client #6.	{W 263}		