

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}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	{W 263}	This deficiency will be corrected by the following actions: A. Clinical Supervisor will ensure that the parent/guardian of client #5 and client #6 review and approve the updated BSP. B. Clinical Supervisor will ensure that the parent/guardian of client #5 and client #6 sign Form F7.1 Behavior Support Plan Consent and places the signed form in the medical chart of each consumer. C. Clinical Supervisor will monitor client documentation at a minimum of 1x/month to ensure that they remain valid. D. Program Manager will monitor client documentation on a monthly basis through the Site Review process.	1/17/2020	
	<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>				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
[Signature] 3A10P Program Manager 12/22/19

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.

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

PRINTED: 12/18/2019
FORM APPROVED
OMB NO. 0938-0391

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{W 263}	<p>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.</p> <p>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.</p>	{W 263}	Please see Page 1.	
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December 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 December 18, 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 December 18, 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 find 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