STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	R 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCHE DRIVE	**6208 BLANCHE DRIVE RALEIGH, NC 27607**

(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 8/26/21 for deficiencies previously cited on 4/12 - 4/13/21. One deficiency was recited. The facility remains out of compliance.	W 000		
{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 restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 2 audit clients (#1 and #6). The findings are: A. Review on 8/26/21 of client #1's Behavior Support Plan (BSP) dated 6/9/21 revealed objectives to exhibit 1 or fewer episodes of self-injurious behavior per month for 12 consecutive months and to exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. The BSP incorporated the use of Paroxetine ER. Additional review of the record did not reveal a signed written informed consent from the guardian for the current BSP. Interview on 8/26/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the written informed consent had been sent to the guardian; however, it had not been returned as of the date of the survey.	{W 263}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G083	A. BUILDING _____ B. WING _____	R 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{W 263}	Continued From page 1 B. Review on 8/26/21 of client #6's BSP dated 6/9/21 revealed objectives to exhibit 0 episodes of non-compliance per month for 12 consecutive months, to exhibit 0 episodes of physical aggression per month for 12 consecutive months and to exhibit 0 or fewer episodes of stealing food per month for 12 consecutive months. The BSP incorporated the use of Lorazepam, Melatonin and Clonazepam. Additional review of the record reveal a signed written informed consent from the guardian for the current BSP. Interview on 8/26/21 with the QIDP indicated the written informed consent had been sent to the guardian; however, it had not been returned as of the date of the survey.	{W 263}		