STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G170	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN ROAD	515 LYNN ROAD DURHAM, NC 27707

(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 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 1 of 3 audit clients (#2). The finding is: Review on 11/3/21 of client #2's individual program plan (IPP) dated 4/27/21 revealed he has target behaviors of physical aggression, property destruction, self-injurious behavior and inappropriate toileting. Further review revealed these target behaviors are addressed by a behavior support program (BSP) dated 7/1/21 which incorporated the use of several psychotropic medications which included the use of Geodon 40 mg. (1) pill which is administered in the morning with food. Review of the face sheet in client #2's record confirmed he is a minor and his Mother is listed as his legal guardian. Review on 11/3/21 of client #2's physician orders dated 10/1/21 revealed an order for Geodon 40mg. (1) " Take (1) capsule by mouth every morning with food." Further review on 11/3/21 of client #2's record revealed no written consent for the use of Geodon. Interview on 11/3/21 with the qualified intellectual disabilities professional (QIDP) revealed while she was out on medical leave, she contacted	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
	34G170	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN ROAD	515 LYNN ROAD DURHAM, NC 27707

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W 263	Continued From page 1 client #2's guardian and client #2's guardian gave verbal consent to start Geodon 40 mg. on August 13, 2021. However, further interview with the QIDP confirmed that the team has not obtained written informed consent from client #2's legal guardian for the use of Geodon.	W 263		