

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

PRINTED: 01/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/06/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA COURT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 MISS GEORGIA COURT CARY, NC 27511</b>		
(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	<p><b>PROGRAM MONITORING &amp; CHANGE</b> 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 restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 1/5/22 of client #5's behavior support program (BSP) dated 6/27/21 revealed his program for the target behavior of non-compliance included the use of Zoloft 100 mg. daily and Clonazepam 2 mg. to be utilized before physician appointments. Review of the Behavior Support Plan Consent for client #5 revealed no guardian signature.</p> <p>Review on 1/5/22 of client #5's physician orders dated 9/30/21 revealed an order for Zoloft 100mg. daily and Clonazepam 2 mg. to be utilized before physician appointments.</p> <p>Review on 1/5/22 of client #5's previous BSP dated 11/1/19 for non-compliance which included the use of Zoloft 100 mg. daily and Clonazepam 2 mg. before physician appointments indicated the guardian consent for that program expired on 11/1/20.</p> <p>Interview on 1/5/22 with the qualified intellectual disabilities professional (QIDP) revealed the facility did not have written informed consent for client #5's restrictive BSP which included the use of Zoloft and Clonazepam.</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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