PRINTED: 08/04/2021 FORM APPROVED OMB NO. 0938-0391

support plan (BSP) consents did not include the name of her behavior medications. Further review revealed client #1's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #3's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #3's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior support plan (BSP) consents did not include the name of his behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review	STATEMENT AND PLAN C	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
JADE TREE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DESCRIPTION MIST BE PRECEDED BY FULL REGULATIONY ON LSC IDENTIFYING INFORMATION)  DRUG USAGE (CFR(s): 483.450(e)(2)  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors were used only as an integral part of the individual program plan (IPP). This affected 5 of 5 audit clients (#1, #2, #3, #4 and #8). The findings are:  A. Review on 8/3/21 of client #1's behavior support plan (BSP) consents did not include the name of her behavior medications. Further review revealed client #1's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #3's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior medication is Luvox.		34G222		B. WING			ns		/03/2021
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 312  DRUG USAGE CFR(s): 483.450(e)(2)  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs used to manage clients inappropriate behaviors were used only as an integral part of the individual program plan (IPP). This affected 5 of 5 audit clients (#1, #2, #3, #4 and #6). The findings are:  A. Review on 8/3/21 of client #1's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #3's behavior medications are Abilify and Depakote.  C. Review on 8/3/21 of client #4's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior medications are Abilify and Depakote.  C. Review on 8/3/21 of client #4's behavior support plan (BSP) consents did not include the name of his behavior medication is Luvox.  D. Review on 8/3/21 of client #4's behavior support plan (BSP) consents did not include the name of his behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #4's behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #6's behavior medication. Further review revealed cl					6	501 JADE TRE	E LANE		
CFR(s): 483.450(e)(2)  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs used to manage clients inappropriate behaviors were used only as an integral part of the individual program plan (IPP). This affected 5 of 5 audit clients (#1, #2, #3, #4 and #6). The findings are:  A. Review on 8/3/21 of client #1's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #1's behavior support plan (BSP) consents did not include the name of his behavior medications. Further review revealed client #3's behavior medications are Abilify and Depakote.  C. Review on 8/3/21 of client #4's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior medications are Abilify and Depakote.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior medication is Luvox.  D. Review on 8/3/21 of client #6's behavior support plan (BSP) consents did not include the name of his behavior medication. Further review revealed client #3's behavior medication is Luvox.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH	CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROP	BE	COMPLETION
revealed client #6's behavior medication is  ABORATORY MRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  AND DATE		CFR(s): 483.450(e)  Drugs used for continuation of the beare employed.  This STANDARD is Based on record refacility failed to ensuch clients inappropriate an integral part of the (IPP). This affected #3, #4 and #6). The A. Review on 8/3/2 support plan (BSP) name of her behavior review revealed cliente are Abilify and Depart of the continuation of the behavior review revealed cliente are Abilify and Depart of the continuation of the behavior review revealed clienter #4's in the continuation of the behavior revealed clienter #4's in the continuation of the behavior revealed clienter #4's in the continuation of the behavior revealed clienter #6's in the continuation of the behavior revealed clienter #6's in the continuation of the behavior revealed clienter #6's in the continuation of the behavior revealed clienter #6's in the continuation of the continuati	trol of inappropriate behavior as an integral part of the ogram plan that is directed the reduction of and eventual chaviors for which the drugs and interviews, the ure drugs used to manage behaviors were used only as a individual program plan as individual the program as individual program plan as individual the program as individual program plan as individual the program as individual program plan as individual program p		312	revise our p medication of were signed charts, the E included with review all Ba include a signorm the guareviewed an within the co	rocesses for BSP and consents. Although BSI and included in consunt SSP consents were not the BSP itself. We will SPs to ensure that all played and approved conservation. This process will dupdated immediately procumer record and at least the consumer record and at least sentence.	Ps ner II ans sent I be	Within 60 days

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.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	34G222					08/	03/2021	
NAME OF PROVIDER OR SUPPLIER  JADE TREE				STREET ADDRESS 6501 JADE TREI RALEIGH, NC		, , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH C	IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD FERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 312	Continued From pa Prozac	ge 1	W 3	12				
	Support Plan (BSP) target behaviors of disruption, aggressi and stealing food. I behavior were listed morning, Depakote Abilify 25mg daily. I quarterly psychiatric revealed Abilify dose 20mg daily and Cogbeen added due to dose. The BSP was	o21 of client #2's Behavior dated 4/1/2020 revealed property destruction, on, taking others belongings Medications used to manage das Depakote 250mg in the 500mg in the evening and Further review of client #2's evaluation dated 1/11/2021 age had been decreased to gentin 1mg twice daily had side effects of previous Abilify not updated to include the 2's behavior medications.						
W 323	she was unaware the medications for clien needed to be in the signature of the gual QIDP also confirmed 20mg daily and Cog confirmed the plan himclude the recent of PHYSICIAN SERVIC CFR(s): 483.460(a). The facility must professional professional confirmed the plan himclude the recent of PHYSICIAN SERVIC CFR(s): 483.460(a). The facility must professional confirmations of each includes an evaluation of the professional confirmation of the professional confirma	es professional (QIDP) stated at a list of the behavior at a list of the behavior at #1, #2, #3, #4 and #5 charts, along with the ardians for the clients. The d client #2 ingests Abilify entin 1mg twice daily. QIDP and not been updated to hanges.  CES (3)(i)  Evide or obtain annual physical th client that at a minimum on of vision and hearing.	W 32	23				
		views and interviews, the						

W 323 Continued From page 2 facility failed to ensure client #2 received his annual visual and audiology exam. This affected 1 of 5 audit clients. The finding is:  Review on 8/2/2021 of annual nursing evaluation dated 9/9/2020 revealed client #2 is due for a visual and audiology exam at this time. Further received last annual visual and audiology exams 9/2019.  PREFIX TAG  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 323  Following the completion of our annual survey, a review of systems revealed the need to review our practices related to consumer annual evaluations. Due to covid-19, some of these practices were challenged because of the initial stay-at-home order and other state and/or agency requirements. Our facilities were under a stay-at-home order issued by the State and then by our organization		TOF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
JADE TREE  STREET ADDRESS, CITY, STATE, ZIP CODE  \$501 JADE TREE LANE RALEIGH, NC 27615  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 323  Continued From page 2 facility failed to ensure client #2 received his annual visual and audiology exam. This affected 1 of 5 audit clients. The finding is:  Review on 8/2/2021 of annual nursing evaluation dated 9/9/2020 revealed client #2 is due for a visual and audiology exam at this time. Further record review on 8/3/2021 revealed client #2 received last annual visual and audiology exams 9/2019.  STREET ADDRESS, CITY, STATE, ZIP CODE  \$501 JADE TREE RALEIGH, NC 27615   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 323  Following the completion of our annual survey, a review of systems revealed the need to review our practices related to consumer annual evaluations. Due to covid-19, some of these practices were challenged because of the initial stay-at-home order and other state and/or agency requirements. Our facilities were under a stay-at-home order issued by the State and then by our organization	34G222			B. WING _		08/	08/03/2021	
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 323  Continued From page 2 facility failed to ensure client #2 received his annual visual and audiology exam. This affected 1 of 5 audit clients. The finding is:  Review on 8/2/2021 of annual nursing evaluation dated 9/9/2020 revealed client #2 is due for a visual and audiology exam at this time. Further record review on 8/3/2021 revealed client #2 received last annual visual and audiology exams 9/2019.  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 323  Following the completion of our annual survey, a review of systems revealed the need to review our practices related to consumer annual evaluations. Due to covid-19, some of these practices were challenged because of the initial stay-at-home order and other state and/or agency requirements. Our facilities were under a stay-at-home order issued by the State and then by our organization					6501 JADE TREE LANE		\ \	
facility failed to ensure client #2 received his annual visual and audiology exam. This affected 1 of 5 audit clients. The finding is:  Review on 8/2/2021 of annual nursing evaluation dated 9/9/2020 revealed client #2 is due for a visual and audiology exam at this time. Further record review on 8/3/2021 revealed client #2 received last annual visual and audiology exams 9/2019.  Within the need to review of systems revealed the need to review our practices related to consumer annual evaluations. Due to covid-19, some of these practices were challenged because of the initial stay-at-home order and other state and/or agency requirements. Our facilities were under a stay-at-home order issued by the State and then by our organization	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE	(X5) COMPLETION DATE	
A phone interview conducted on 8/3/2021 with the facility's audiologist provider revealed the office has been seeing patients in person again since July 2020. A phone interview conducted on 8/3/2021 with the facility's eye care provider revealed they have been conducting in office visits since March 2020.  During an interview on 8/3/2021, the qualified intellectual disabilities professional (QIDP) confirmed client #2 had not received a visual or audiology exam since 2019. The QIDP explained appointments had not been made due to providers not conducting in person appointments.  W 441  W 441  The facility must hold evacuation drills under varied conditions.  W 441  This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients (#1, #2, #3, #4, \$5 and #6) residing in the		facility failed to ensign annual visual and a 1 of 5 audit clients.  Review on 8/2/2021 dated 9/9/2020 reversion and audiolog record review on 8/received last annual 9/2019.  A phone interview of facility's audiologist has been seeing particles July 2020. A phone 8/3/2021 with the farevealed they have visits since March 2  During an interview intellectual disabilities confirmed client #2 audiology exam since appointments had in providers not conduct EVACUATION DRIL CFR(s): 483.470(i)(  The facility must hold varied conditions.  This STANDARD is Based on review of the facility failed to evere conducted at very since and the s	ure client #2 received his udiology exam. This affected The finding is:  I of annual nursing evaluation ealed client #2 is due for a y exam at this time. Further 3/2021 revealed client #2 il visual and audiology exams  onducted on 8/3/2021 with the provider revealed the office tients in person again since interview conducted on cility's eye care provider been conducting in office 020.  on 8/3/2021, the qualified es professional (QIDP) had not received a visual or ce 2019. The QIDP explained ot been made due to cting in person appointments. LS 1)  d evacuation drills under  a not met as evidenced by: fire drill reports and interview, ensure fire evacuation drills varied times. This affected all		Following the completion of our an survey, a review of systems reveal the need to review our practices related to consumer annual evaluations. Due to covid-19, some these practices were challenged because of the initial stay-at-home order and other state and/or agency requirements. Our facilities were under a stay-at-home order issued the State and then by our organizar until April 2021 following several covid-19 outbreaks in our group homes. We have immediately begareviewing our annual appointments ensure that we are in full compliant Our nurse will provide each group home with an updated list for each consumer of dates for each annual evaluation which will be reviewed a least annually at each annual plan meeting. Group Home managers we be trained on the requirements for consumers to have annual exams completed.	e of  by  tion  an  to  ce.	Within 60 days	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G222			B. WING			08/	03/2021
NAME OF PROVIDER OR SUPPLIER  JADE TREE				STREET ADDRESS 6501 JADE TREI RALEIGH, NC			0,202
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 441	Review of fire drill reports on 8/2/21 revealed the following:  Four drills were conducted on second shift: 8:31pm; 4:40pm; 4:30pm and 4:01pm.  During an interview on 8/3/21 the qualified intellectual disabilities professional (QIDP) revealed three of the four fire drills were not conducted during varied times. The QIDP stated second shift hours are from 3pm until 11pm. INFECTION CONTROL CFR(s): 483.470(I)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.		W 44	1 shift, a syste further traini fully satisfy While each a schedule of times to con Safety Office Group Home The HSO will over the fire drills are con	have conducted drills of the many review revealed that any and review was requited the regulation requirement home has been provided of drills to be conducted duct the drill, the Health of will provide training to a Manager on this procest provide monthly overs drill process to ensure the ducted as scheduled.	tired to onto	Within 60 days
	Based on observatifailed to ensure a sign provided to avoid trainfection and prevent cross-contamination clients (#1, #2, #3, #4) home. The finding to During breakfast ob 8/3/21 at 7am, client sausage links from observations reveal only two sausage lirright index finger to put it back on the set the plate and covered	n. This potentially affected all 44, #5 and #6) residing in the		Although staff have been trained or contamination, observations during survey revealed a continued need f training in this area. As such, the a RN and HSO will review infection or policies and procedures and provid training to staff. The Group Home Manager will provide daily oversigh ensure staff compliance with infection control policies and procedures. The Group Home Manager will be responsive for reporting any concerns to the Qlifurther review and follow-up.		he r ency ntrol to n	Within 60 days

MAME OF PROVIDER OR SUPPLIER  JADE TREE  SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID PREFIX (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION)  W 455  Continued From page 4 sausage link which client #2 had previously touched. Further observations revealed client #4 consumed the sausage link. At no time was client #4 prompted not to eat the sausage link.  During an interview on 8/3/21, Staff A revealed she did not see client #2 touch the sausage link with his finger.  During an interview on 8/3/21, the qualified intellectual disabilities professional (QIDP) stated the sausage link should have been discarded.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT A. BUILDING			ON	(X3) DATE SURVEY COMPLETED	
JADE TREE  STREET ADDRESS, CITY, STATE, ZIP CODE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### ### ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### ### ### ### ### ### ### ### ### #			34G222	B. WING	)			08	/03/2021
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 455  Continued From page 4 sausage link which client #2 had previously touched. Further observations revealed client #4 consumed the sausage link. At no time was client #4 prompted not to eat the sausage link.  During an interview on 8/3/21, Staff A revealed she did not see client #2 touch the sausage link with his finger.  During an interview on 8/3/21, the qualified intellectual disabilities professional (QIDP) stated					650	)1 JADE TRE	E LANE	1	OUIZOZ.
sausage link which client #2 had previously touched. Further observations revealed client #4 consumed the sausage link. At no time was client #4 prompted not to eat the sausage link.  During an interview on 8/3/21, Staff A revealed she did not see client #2 touch the sausage link with his finger.  During an interview on 8/3/21, the qualified intellectual disabilities professional (QIDP) stated	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH (	CORRECTIVE ACTION SHOULI	D BE	COMPLETION
	W 455	sausage link which touched. Further of consumed the sauding client #4 prompted.  During an interview she did not see cliewith his finger.  During an interview intellectual disability	or client #2 had previously observations revealed client #4 usage link. At no time was I not to eat the sausage link.  We on 8/3/21, Staff A revealed ent #2 touch the sausage link  We on 8/3/21, the qualified ties professional (QIDP) stated	W	155				