STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G175	A. BUILDING _____ B. WING _____	R 10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHWAY 117 GROUP HOME	3801 US 117 NORTH GOLDSBORO, NC 27530

(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 10/12/21 for deficiencies previously cited on 5/17 - 5/18/21. 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 (#3 and #6). The findings are: A. Review on 10/12/21 of client #3's Mental Health Plan (MHP) dated 10/28/20 revealed the objective, "Across all settings, [Client #3] will have anxiety free days related to symptoms of his DSM-5 Primary Psychiatric diagnosis, ADHD combined presentation, specifically non-compliance for 30 of 35 days." The MHP incorporated the use psychiatric medications to address client #3's inappropriate behaviors. Additional review of the record did not reveal a current consent for the MHP. Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current consent had been obtained from client #3's guardian.	{W 263}	The Program Director, Clinical Director and QAC/Records Manager will create a more robust protocol ford obtaining Consents and document this protocol on a form for this purpose. The QAC/ Records Manager in conjunction with the QP will document all attempts to obtain Consents on this form. RECEIVED OCT 27 2021 DHSR-MH Licensure Sect	12-10-21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO	10/23/21

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G175	A. BUILDING _____ B. WING _____	R 10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHWAY 117 GROUP HOME	3801 US 117 NORTH GOLDSBORO, NC 27530

(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}	Continued From page 1 B. Review on 10/12/21 of client #6's MHP dated 5/11/21 revealed the objective, "Across all settings, [Client #6] will have incident free days related to symptoms of his DSM-5 Primary Psychiatric Diagnosis of Schizoaffective Disorder, Bipolar type, specifically for aggression for 80 of 85 days." The MHP incorporated the use psychiatric medications to address client #3's inappropriate behaviors. Additional review of the record did not reveal a current consent for the MHP. Interview on 10/11/21 with the QIDP confirmed no current consent had been obtained from client #6's guardian.	{W 263}		