

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2022
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NAME OF PROVIDER OR SUPPLIER GEORGIA COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511
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(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
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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 (#5). The finding is:

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.

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.

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.

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.

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This deficiency will be corrected by the following actions:

- A. The Clinical Supervisor will receive written informed consents of BSP's of all of the individuals in the home
- B. The Clinical Supervisor will reach out to the guardian of client #5's and obtain temporary verbal consent while waiting for the return of written consent
- C. The Program Manager will ensure the consent of client #5 are received

3/7/2022

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

Handwritten Signature *Jefferson, Program Manager* *1/7/2022*

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.

January 7, 2022

Kim C. McCaskill
Facility Consultant I
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718
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919.715.8078 F

Re: Survey Completed January 6, 2022
Survey Conducted January 6th & 7th
Georgia Court Group Home
107 Miss Georgia Court
Cary, NC 27511
Provider Number 34G061
MHL# -092-41

Dear Mrs. McCaskill

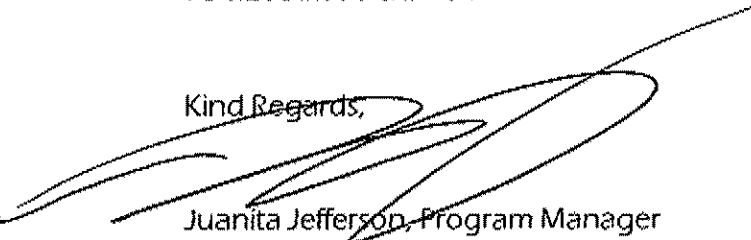
We appreciate the courtesy extended by you while surveying the Georgia Court Group Home, North Carolina.

As Indicated the Plan of Correction, we have will have the deficiencies corrected for the Annual Survey Conducted on **January 7, 2022**, it will be completed by **March 7, 2022**.

We are committed to providing the highest possible care for the people we serve at Georgia Court Group Home.

If you have any questions, please contact Cynthia Bradford, Associate Executive Director at 984.205.2630 ext. 238.

Kind Regards,



Juanita Jefferson, Program Manager
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