STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	R 11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS ROAD-DURHAM	614 SEVEN OAKS ROAD DURHAM, NC 27704

(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 11/4/22 for all previous deficiencies cited on 8/2/22. There were recited deficiencies therefore the facility remains out of compliance.	W 000		
{W 262}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 3 of 3 audit clients (#2, #4 and #5) was reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 8/1/22 of client #2's Behavior Support Plan (BSP) dated 5/11/21 revealed target behaviors consisting of failure to cooperate, physical aggression and food stealing. Further review of client #2's BSP revealed no review or consent by HRC. B. Review on 8/1/22 of client #4's BSP dated 10/7/21 revealed target behaviors consisting of failure to cooperate, inappropriate verbalizations and inappropriate toileting. Further review of client #4's BSP revealed no review or consent by HRC. C. Review on 8/1/22 of client #5's BSP dated 2/7/21 revealed target behaviors consisting of physical aggression, property misuse and failure to cooperate. Further review of client #5's BSP	{W 262}		

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
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{W 262}	Continued From page 1 revealed no review or consent by HRC. Interview on 8/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2, client #4 and client #5's BSP was not reviewed or consented by the HRC. Based on document review and interview, the facility failed to ensure the restrictive techniques for 3 of 3 audit clients (#2, #4, and #5) was reviewed and monitored by the human rights committee (HRC). The finding is: During document review on 11/4/22 of the facility's Plan of Correction (POC) it was discovered there was no monitoring done by the Qualified Intellectual Disabilities Professional (QIDP) as stated in the POC from the facility. During an interview on 11/4/22, the QIDP did not know about the monitoring component of the POC.	{W 262}		
{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 3 audit clients (#2 and #5). The findings are: A. Review on 8/1/22 of client #2's Behavior Support Plan (BSP) dated 5/11/21 revealed target	{W 263}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G036	A. BUILDING _____ B. WING _____	R 11/04/2022

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{W 263}	Continued From page 2	{W 263}		

behaviors consisting of failure to cooperate, physical aggression and food stealing. Further review of client #2's BSP revealed written informed consent had not been obtained by his legal guardian.

B. Review on 8/1/22 of client #5's Behavior Support Plan (BSP) dated 2/7/21 revealed target behaviors consisting of physical aggression, property misuse and failure to cooperate. Further review of client #5's BSP revealed written informed consent had not been obtained by the legal guardian.

Interview on 8/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed written informed consent has not been obtained by client #2 and client #5's legal guardian.

Based on document review and interview, the facility failed to ensure the restrictive techniques for 2 of 3 audit clients (#2, and #5) was reviewed and monitored by the human rights committee (HRC). The finding is:

During document review on 11/4/22 of the facility's Plan of Correction (POC) it was discovered there was no monitoring done by the Qualified Intellectual Disabilities Professional (QIDP) as stated in the POC from the facility.

During an interview on 11/4/22, the QIDP did not know about the monitoring component of the POC.