		AND HUMAN SERVICES				FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO.</u>	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		E CONSTRUCTION		E SURVEY PLETED
		34G061	B. WING_			02/0	07/2023
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT			10	7 MISS GEORGIA COURT		
GLOKGI	A COOKT			C	ARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	EP Testing Require CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §48 §485.542(d)(2), §48 §485.920(d)(2), §48 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRE (2) Testing. The [fac to test the emergen must do all of the foc (i) Participate in a fu community-based et (A) When a commu- accessible, conduc exercise every 2 ye (B) If the [facilit natural or man-mac activation of the emergen	ments)(2) 8.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §485.727(d)(2), 91.12(d)(2), §494.62(d)(2). 5.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]: cility] must conduct exercises acy plan annually. The [facility] bllowing: ull-scale exercise that is every 2 years; or unity-based exercise is not t a facility-based functional				RIATE	DATE
	functional exercise actual event. (ii) Conduct an add	or individual, facility-based following the onset of the itional exercise at least every 2 year the full-scale or					
	functional exercise	under paragraph (d)(2)(i) of ucted, that may include, but is					
	not limited to the fo						
	(A) A second full-sc						
		or individual, facility-based					
	functional exercise;	or					
	(B) A mock disaster	r drill; or					
	(C) A tabletop exerc	cise or workshop that is led by					
LABORATOR	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 02/08/2023

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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		34G061	B. WING	÷		02/	07/2023
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	a facilitator and incl a narrated, clinically scenario, and a set directed messages, designed to challen (iii) Analyze the [fac maintain document exercises, and emer [facility's] emergend *[For Hospices at 4 (2) Testing for hosp patient's home. The exercises to test the annually. The hosp (i) Participate in a f community based ef (A) When a commu- accessible, conduct functional exercise (B) If the hospice ex- man-made emerge the emergency plar engaging in its next community-based functionset of the emergency (ii) Conduct an add opposite the year the exercise under para is conducted, that no to the following: (A) A second full-sec community-based of exercise; or (B) A mock disaster (C) A tabletop exert	udes a group discussion using y-relevant emergency of problem statements, , or prepared questions ige an emergency plan. Sility's] response to and ation of all drills, tabletop ergency events, and revise the cy plan, as needed. 18.113(d):] bices that provide care in the e hospice must conduct e emergency plan at least bice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not t an individual facility based every 2 years; or xperiences a natural or ncy that requires activation of n, the hospital is exempt from the following the exercise or individual onal exercise following the ency event. ditional exercise every 2 years, he full-scale or functional agraph (d)(2)(i) of this section may include, but is not limited cale exercise that is or a facility based functional	E	039	9		

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G061	B. WING	i		02/	07/2023
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	IA COURT				07 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	a narrated, clinically scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The h exercises to test the year. The hospice (i) Participate in an is community-based (A) When a commu- accessible, conduc- facility-based functi (B) If the hospice et man-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an ador may include, but is (A) A second full-s- community-based or exercise; or (B) A mock disaste (C) A tabletop exer facilitator that include narrated, clinically-r and a set of probler messages, or prepa- challenge an emerge (iii) Analyze the ho- maintain document exercises, and emerge	y-relevant emergency of problem statements, or prepared questions age an emergency plan. bices that provide inpatient hospice must conduct e emergency plan twice per must do the following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual ional exercise; or xperiences a natural or ency that requires activation of n, the hospice is exempt from t required full-scale community sed functional exercise of the emergency event. ditional annual exercise that not limited to the following: cale exercise that is or a facility based functional er drill; or rcise or workshop led by a des a group discussion using a relevant emergency scenario, m statements, directed ared questions designed to		039			

Facility ID: 921907

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		34G061	B. WING	;			02/(07/2023
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZI	P CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD	BE	(X5) COMPLETION DATE
E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The do the following: (i) Participate in an is community-based (A) When a commu- accessible, conduct facility-based function (B) If the [PRTF, Ho actual natural or marequires activation of [facility-based function (B) If the [PRTF, Ho actual natural or marequires activation of [facility-based function (actual natural or marequires activation (actual natural or marequires activation (ii) Conduct an and that may include following: (A) A second full-sec community-based of functional exercise; (B) A mock (C) A tabletop et led by a facilitator at discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan e [PRTF, Hospital, CAH] must annual full-scale exercise that d; or unity-based exercise is not t an annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is nd includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared t o challenge an emergency e [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E	039	9			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	02/08/2023 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G061	B. WING			02/	07/2023
NAME OF F	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	 (2) Testing. The PA exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a commu accessible, conduct facility-based function (B) If the PACE exposed man-made emerge the emergency plane engaging in its next based or individual, exercise following the event. (ii) Conduct an years opposite the exercise under para is conducted that may the following: (A) A second full-sec community-based of functional exercise; (B) A mock disaster (C) A tabletop exert a facilitator and inclusing a narrated, cl scenario, and a set directed messages, designed to challen (iii) Analyze the PA maintain documenta exercises, and emer PACE's emergency 	CE organization must conduct e emergency plan at least organization must do the annual full-scale exercise that d; or unity-based exercise is not t an annual individual, onal exercise; or periences an actual natural or ncy that requires activation of n, the PACE is exempt from required full-scale community facility-based functional he onset of the emergency additional exercise every 2 year the full-scale or functional agraph (d)(2)(i) of this section hay include, but is not limited to cale exercise that is or individual, a facility based or er drill; or cise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, , or prepared questions ge an emergency plan. CE's response to and ation of all drills, tabletop ergency events and revise the plan, as needed.	E	039			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	02/08/2023 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G061	B. WING	i		02/	07/2023
NAME OF F	PROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a commu accessible, conduct facility-based function (B) If the [LTC facility actual natural or marequires activation of LTC facility is exem requires activation of LTC facility is exem required a full-scale individual, facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-sc community-based of functional exercise; (B) A mock disaste (C) A tabletop exer a facilitator includes narrated, clinically-r and a set of probler messages, or prepa- challenge an emerg (iii) Analyze the [LT and maintain docum exercises, and emergen [LTC facility] facility' *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergen The ICF/IID must do	plan at least twice per year, ced staff drills using the irres. The [LTC facility, e following: annual full-scale exercise that d; or nity-based exercise is not an annual individual, onal exercise. y] facility experiences an in-made emergency that of the emergency plan, the pt from engaging its next community-based or ased functional exercise of the emergency event. itional annual exercise that not limited to the following: cale exercise that is r an individual, facility based or r drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, n statements, directed ared questions designed to ency plan. C facility] facility's response to nentation of all drills, tabletop rgency events, and revise the s emergency plan, as needed. 83.475(d)]: //IID must conduct exercises cy plan at least twice per year.	E	039			

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G061	B. WING	·		02/	07/2023
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
E 039	is community-based (A) When a commu accessible, conduct facility-based function (B) If the ICF/IID ex- man-made emerged the emergency plane engaging in its next community-based of functional exercise emergency event. (ii) Conduct an addi may include, but is (A) A second full-sc community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and incl using a narrated, cli scenario, and a set directed messages, designed to challen (iii) Analyze the ICF maintain documenta exercises, and eme ICF/IID's emergenc '*[For HHAs at §484 (d)(2) Testing. The to test the emergen least annually. The (i) Participate in a fu community-based; of (A) When a cor accessible, conduct	d; or inity-based exercise is not t an annual individual, onal exercise; or. periences an actual natural or ncy that requires activation of n, the ICF/IID is exempt from required full-scale or individual, facility-based following the onset of the itional annual exercise that not limited to the following: ale exercise that is or an individual, facility-based or drill; or cise or workshop that is led by udes a group discussion, inically-relevant emergency of problem statements, , or prepared questions ge an emergency plan. //IID's response to and ation of all drills, tabletop ergency events, and revise the ey plan, as needed. .102] HHA must conduct exercises cy plan at HHA must do the following: ull-scale exercise that is	E	039			

		AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´			(X3) DATE	E SURVEY PLETED
		34G061	B. WING	i		02/	07/2023
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	 (B) If the HHA or man-made emery of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addi opposite the year the exercise under parais conducted, that limited to the followin (A) A second functional exercise; (B) A mock disa (C) A tabletop eled by a facilitator a discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the HHA documentation of a emergency events, emergency plan, as *[For OPOs at §486 (d)(2) Testing. The following: (i) Conduct a paper workshop at least a led by a facilitator a discussion, using a emergency scenario following: 	experiences an actual natural rgency that requires activation lan, the HHA is exempt from required full-scale or individual, facility based following the onset of the itional exercise every 2 years, ne full-scale or functional agraph (d)(2)(i) of this section it may include, but is not ing: ill-scale exercise that is or an individual, facility-based or aster drill; or exercise or workshop that is nd includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared t o challenge an emergency A's response to and maintain II drills, tabletop exercises, and and revise the HHA's s needed.		039			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	02/08/2023 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				07 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	questions designed plan. If the OPO ex man-made emerge the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the followin (i) Conduct a paper least annually. A tak discussion led by a clinically-relevant er of problem stateme prepared questions emergency plan. (ii) Analyze the RNI- maintain document and emergency eve emergency plan, as This STANDARD is Based on document facility failed to ensu- mock drill or an ann conducted and inclu- Emergency Prepare is: Review on 2/6/23 o revealed there was Further review indice	to challenge an emergency periences an actual natural or ncy that requires activation of a, the OPO is exempt from required testing exercise of the emergency event. D's response to and maintain Il tabletop exercises, and and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct e emergency plan. The RNHCI ng: -based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set nts, directed messages, or designed to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI's a needed. s not met as evidenced by: nt review and interviews, the ure a full scale evacuation, bual tabletop activity was uded in the facility's edness Plan (EP). The finding	E	039			

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		AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391	
STATEMENT	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· ·		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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GEORGI	A COURT				07 MISS GEORGIA COURT CARY, NC 27511			
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E 039	Continued From pa	ge 9	EC)39				
W 217	(AS) confirmed the was not conducted.	GRAM PLAN	W 2	217				
	include nutritional s This STANDARD is Based on record re failed to ensure 3 or	e functional assessment must tatus. s not met as evidenced by: eview and interview, the facility f 4 audit clients (#1, #4 and ssments have been updated.						
	Program Plan (IPP) was admitted to the review indicated the	23 of client #1's Individual) dated 3/17/21 revealed he e facility on 12/1/88. Further ere was no Nutritional t #1 for the years 2021 or						
	8/20/21 revealed he on 12/1/98. Further	23 of client #4's IPP dated e was admitted to the facility r review indicated there was lation for client #4 for the years						
	3/17/21 revealed he on 12/1/88. Further	23 of client #6's IPP dated e was admitted to the facility r review indicated there was lation for client #4 for the years						
	Intellectual Disabilit he was not sure wh	on 2/7/23, the Qualified ies Professional (QIDP) stated y clients' #1, #4 and #6 ons where not in their charts.						

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE			
W 249	PROGRAM IMPLE CFR(s): 483.440(d)		W 2	249						
	formulated a client's each client must rea treatment program interventions and se and frequency to su	rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the l in the individual program								
	Based on observat interviews, the facili clients (#1, #2, #4 a active treatment pro- interventions and se Individual Program medication adminis adaptive dining equ A. During medication on 2/6/23 at 4:20pm his medications. At the opportunity to p medication adminis Review on client #1 Assessment dated	s not met as evidenced by: ions, record reviews and ty failed to ensure 4 of 4 audit and #6) received a continuous ogram consisting of needed ervices as identified in the Plan (IPP) in the areas of tration, personal care and ipment. The findings are: on administration in the home n, Staff A spoon fed client #1 t no time was client #1 given articipate in his own tration. 's Community/Home Life 3/16/22 stated he needs with taking his medications.								
	on 2/6/23 at 4:31pm his medications. At	on administration in the home n, Staff A spoon fed client #2 t no time was client #2 given articipate in his own tration.								

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NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
GEORGI	A COURT				107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	Review on client #2 Assessment dated medications with ver- During an interview spoon fed both clien medications for cor- interview revealed " because if a pill fall to be filled out and a be ordered. During an interview Intellectual Disabilit both clients #1 and the opportunity to fer- medications. C. During lunch an home on 2/6/23, cli- used. At no time w mat to use. Review on 2/6/23 o revealed one of his is a dycem mat, wh During an interview client #4 used his d D. During observat 7/2023 revealed clie observed to be ove time was client #6 p to file his fingernails Review on 2/7/23 o Life Assessment dat	2's Community/Home Life 8/28/21 revealed he takes his erbal cues. 7 on 2/6/23, Staff A stated he nts #1 and #2 their hvenience sake. Further 'It's easier just to feed them" s on the floor, paperwork need a new pill would also need to 7 on 2/6/23, the Qualified ties Professional (QIDP) stated #2 should have been given ed themselves their d dinner observations in the ent #4's dycem mat was not as client #4 given his dycem f client #4's IPP dated 8/20/21 adaptive equipment devices ich he used during mealtimes. 7 on 2/7/23, the QIDP revealed bycem mat during all meals. tions during the survey on 2/6 - ent #6's fingernails were r the tip of his fingers. At no prompted or given assistance	W 2	249			

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		· /		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
34G061			B. WING			02/0	07/2023
NAME OF F	PROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT)7 MISS GEORGIA COURT ARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	Continued From pa appropriate length o	-	W 2	49			
W 252	client #6's fingernai with physical assist	MENTATION	W 2	:52			
	specified in client in	complishment of the criteria ndividual program plan documented in measurable					
	Based on observat interviews, the facili	s not met as evidenced by: tions, record review and ity failed to ensure 3 of 4 audit #) data for their goals was findings are:					
	participate in his ad morning, pack his b toothbrush, respond in one community e	23 of client #1's goals: Iministration medications each bag for overnight visits, locate d to fire alarm and participate event, revealed data missing of 2022 and the months of ary 2023.					
	verbal prompt will ta participate in comm work on money man money, brush teeth revealed data missi and the months of c	23 of client #4's goals: with ake out trash, once weekly, will nunity outing of their choice, nagement by requesting with two verbal prompts, ing for the entire year of 2022 January and February 2023. 23 of client #6's goals:					
1							

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STATE MEAN OF CORRECTION (X) DENTIFICATION NUMBER: (X) MUTIFIE CONSTRUCTION (X) DATE SURVEY COMPLETED 34G061 B. WING 02/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2/P CODE 02/07/2023 MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2/P CODE 02/07/2023 IMAGE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2/P CODE 02/07/2023 IMAGE OF PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION 02/07/2023 IMAGE OF REQUILINGY OR LSC DENTIFYING INFORMATION IMAGE OF PROVIDER SPLAN OF CORRECTION SHOULD BE 02/07/2023 W 252 Continued From page 13 purchase an item, verbal prompt to trim nail, with verbal prompt brush his leeft, with verbal prompt with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. W 252 V State Second (QDP) confirmed the data for clients #1, #4 and #6 goals were missing. W 254 F W 254 CFR(s): 483:440(e)(2) The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the written training programs for 3 or 3 audit clients (#1, #4 and #6). The findings are: A. Review on 27/23 of client #1'			AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE GEORGIA COURT INISS GEORGIA COURT CARY, NC 27511 CARY, NC 27511 MARK OF PROVIDERS ADMONTORY STATEMENT OF DEFICIENCIES ECONDERICONY WIST DE FRECEDED BY PLLL RECOLLATORY OR LSC IDENTIFYING INFORMATION) Interview CARY, NC 27511 W 252 Continued From page 13 purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. W 252 During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients "1, #4 and #6 goals were missing. W 254 W 254 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) W 254 The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the written training programs for 3 of 3 audit clients (#1, #4 and #6). The findings are: A. Review on 2/7/23 of client #1's Individual Program Plan (IPP) dated 3'17/21 revealed the following formal objective programs participate in his administration medications each morning, pack his bag for overinght visk, locate toothbrush, respond to fire alarm and participate in one community event. Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nommerber 2022 to determine if client if 1 was making progress on his	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (` '		E CONSTRUCTION	(X3) DATE SURVEY		
IPA ID PREFIX 107 MISS GEORGIA COURT CARY, NC 27511 PHEFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC UBUTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE W 252 Continued From page 13 purchase an item, verbal prompt to trim nail, with with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. W 252 During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients' #1, #4 and #6 goals were missing. W 254 W 254 CRR(s): 483.440(e)(2) W 254 The facility must document significant events that client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the Qualified Professional (QIP) failed to review the written training programs for 3 of 3 audit clients (#1, #4 and #6). The findings are: A. Review on 27/23 of client #1's Individual Program Plan (IPP) dated 3//1721 revealed the following formal objective programs: participate in his administration medications exerced morning, pack his bag for overnight visis, Locate toothbrush, respond to fire alarm and participate in one community event. Even administration medications even and participate in one community event.			34G061	B. WING	i		02/	07/2023
GEORGIA COURT CARY, NC 27511 (M) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDENS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0(9) W 252 Continued From page 13 purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate non ecommunity event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. W 252 During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients '#1, #4 and #6 goals were missing. W 254 W 254 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) W 254 The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the Qualified Professional (QP) Prof atel 3/17/21 revealed the following formal objective programs: participate in his administration medications each morning, pack his bag for overnight visits, locate toothbrush, respond to fire atarm and participate in one community event. Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nonmember 2022 to determine if client #1 was making progress on his	NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 252 Continued From page 13 purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. W 252 During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients #1, #4 and #6 goals were missing. W 254 W 254 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) W 254 The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the written training programs for 3 of 3 audit clients (#1, #4 and #0). The findings are: W 254 A. Review on 2/7/23 of client #1's Individual Program Plan (IPP) dated 3/17/21 revealed the following formal objective programs: participate in his administration medications each morning, pack his bag for overnight visits, locate toothbrush, respond to fire alarm and participate in one community event. Review on 2/7/23 of the program progress summaries for these program progress summaries for these program progress on his	GEORGI	A COURT						
purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023. During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients' #1, #4 and #6 goals were missing. W 254 W 254 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) W 254 The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the Qualified Professional (QP) failed to review the written training programs for 3 of 3 audit clients (#1, #4 and #6). The findings are: A. Review on 2/7/23 of client #1's Individual Program Plan (IPP) dated 3/17/21 revealed the following formal objective programs: participate in his administration medications each morning, pack his bag for overnight visits, locate toothbrush, respond to fire alarm and participate in one community event. Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nonmember 2022 to determine if client #1 was making progress on his	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
B. Review on 2/7/23 of client #4's IPP dated		purchase an item, verbal prompt brush with administer his one community ever revealed data missi and the months of ver- During an interview Intellectual Disabilit confirmed the data goals were missing PROGRAM DOCU CFR(s): 483.440(e) The facility must do contribute to an over client's ongoing leve This STANDARD is Based on record re Qualified Profession written training prog (#1, #4 and #6). Th A. Review on 2/7/22 Program Plan (IPP) following formal obj his administration m pack his bag for over toothbrush, respond in one community even Review on 2/7/23 of summaries for thes not been reviewed a determine if client # objectives.	verbal prompt to trim nail, with h his teeth, with verbal prompt medications and participate in ent one time per week, ing for the entire year of 2022 January and February 2023. To n 2/7/23, the Qualified ties Professional (QIDP) for clients' #1, #4 and #6 MENTATION (2) becument significant events that erall understanding of the el and quality of functioning. s not met as evidenced by: eview and interview the nal (QP) failed to review the grams for 3 of 3 audit clients ie findings are: 3 of client #1's Individual) dated 3/17/21 revealed the jective programs: participate in nedications each morning, ernight visits, locate d to fire alarm and participate event. 6 the program progress se programs revealed they had since Nonmember 2022 to 41 was making progress on his			DEFICIENCY)		

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		AND HUMAN SERVICES			FORM	02/08/2023 APPROVED 0938-0391			
		` '	TIPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED				
		34G061	B. WING _		02/	07/2023			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
GEORGI	A COURT		107 MISS GEORGIA COURT CARY, NC 27511						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		_D BE	(X5) COMPLETION DATE			
W 254	training objectives: out trash, once wee community outing of management by red with two verbal pror Review on 2/7/23 of summaries for thes not been reviewed s determine if client # objectives. C. Review on 2/7/2 3/17/21 revealed th training objectives: prompt to trim nail, teeth, with verbal pr medications and pa event one time per	 are following written formal with verbal prompt will take ekly, will participate in of their choice, work on money questing money, brush teeth mpts. af the program progress see programs revealed they had since Nonmember 2022 to 44 was making progress on his a of client #6's IPP dated the following written formal purchase an item, verbal with verbal prompt brush his rompt with administer his articipate in one community week. 	W 25	254					
	summaries for thes not been reviewed s determine if client # objectives. During an interview	f the program progress se programs revealed they had since Nonmember 2022 to #6 was making progress on his on 2/7/23, the QIDP s for clients #3, #4 and #6 had							
W 259	not been reviewed	since Nonmember 2022. TORING & CHANGE	W 25	259					
	assessment of each the interdisciplinary updated as needed	ne comprehensive functional h client must be reviewed by r team for relevancy and l. s not met as evidenced by:							

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		AND HUMAN SERVICES			FORM	02/08/2023 APPROVED 0938-0391
		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G061	B. WING	 	02/07/2023	
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	-	
GEORGI	A COURT			07 MISS GEORGIA COURT ARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 259	facility failed to assu assessments (CFA) This affected 1 of 4 is: Review on 2/6/23 of has not been update Further review of cl not been updated s During an interview Supervisor (AS) sta suppose to be cheo information is being PROGRAM MONIT CFR(s): 483.440(f)(At least annually, th must be revised, as process set forth in This STANDARD is Based on record re facility failed to upd Plan (IPP) annually and #6). The finding A. Review on 2/6/2 revealed an IPP dat of client #1's record since 3/17/21. B. Review on 2/6/2 revealed an IPP dat of client #4's record since 8/20/21.	eviews and interviews, the ure comprehensive functional) were updated as needed. audit clients (#4). The finding f client #4's CFA revealed it red since 8/20/21. ient #4's CFA revealed it has ince 8/20/21. on 2/7/23, the Area ated Program Managers are to cking charts to ensure g updated and is complete. ORING & CHANGE (2) ne individual program plan appropriate, repeating the paragraph (c) of this section. s not met as evidenced by: eviews and interviews, the ate the Individual Program of or 3 of 4 audit clients (#1, #4	W 2 W 2			

		AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ´			(X3) DATE SURVEY COMPLETED					
		34G061	B. WING			02/(07/2023			
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE					
GEORGIA COURT			107 MISS GEORGIA COURT CARY, NC 27511							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE			
W 260 W 263	Continued From parevealed an IPP dat of client #6's record since 3/17/21. During an interview (AS) stated clients' updated once a year During an interview Intellectual Disabilit confirmed clients' # updated once a year the QIDP is the resp IPPs are updated. PROGRAM MONIT CFR(s): 483.440(f)(The committee sho are conducted only consent of the clien minor) or legal guar This STANDARD is Based on record re failed to ensure resp conducted with the legal guardian. This (#1 and #6). The fin	ge 16 ted 3/17/21. Additional review I revealed no updated IPP on 2/7/23. th Area Supervisor #1, #4 and #6 IPP's are to be ar. on 2/7/23, the Qualified ies Professional (QIDP) 1, #4 and #6 IPP's are to be ar. Further interview revealed ponsible person to ensure the ORING & CHANGE (3)(ii) uld insure that these programs with the written informed it, parents (if the client is a rdian. s not met as evidenced by: eview and interview, the facility trictive programs were only written informed consent of a s affected 2 of 4 audit clients	W 2	260						
	Support Guidelines revealed it was last 12/22/19. Further re	a of client #1's Benavior consent dated 6/7/21 signed by his guardian on eview revealed there was not a nt signed by his guardian.								
	Support Plan conse was last signed by I	23 of client #6's Behavior ent dated 11/1/19 revealed it his guardian on 1/2/20. Further ere was not a current BSP								

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		AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391
		· ·		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G061	B. WING			02/0	07/2023
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				07 MISS GEORGIA COURT ARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 263	consent signed by I During an interview Supervisor (AS) rev for one year. During an interview Intellectual Disabilit be signed once a y guardians. Further	his guardian. on 2/7/23, the Area vealed BSP consents are good on 2/7/23, the Qualified ties Professional (QIDP) are to ear by cleints' #1 and #6 interview revealed the QIDP person who sends out the BSP	W 2	263			

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