PRINTED: 02/14/2024 FORM APPROVED OMB NO. 0938-0391

1	OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED		
		34G061	B. WING			02/	13/2024
	PROVIDER OR SUPPLIER  A COURT			10	REET ADDRESS, CITY, STATE, ZIP CODE 7 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 240	relevant intervention toward independer This STANDARD is Based on observarinterviews, the facil Individual Program information to supphome. This affected finding is:  During observationsurvey on 2/12 - 2/2 different techniques ambulate in the hor Staff A walked in froback and holding the times, the client was around the waist whim. On 2/13/14, thin front of client #1 and stepping backwalk behind client #1 and stepping backwalk behind client #1 armpits.  Interview on 2/13/24 hadn't received any assist client #1 whill the client's body as sure he doesn't fall  Review on 2/13/24 (PT) Annual Review "Gait belt: A gait be staff to use to provias needed during a the community[C	ram plan must describe ns to support the individual nce. s not met as evidenced by: tions, record review and ity failed to ensure client #1's Plan (IPP) included specific ort him while ambulating in the d 1 of 4 audit clients. The s in the home throughout the 13/24, various staff used s while assisting client #1 to me. For example, on 2/12/24, ont of client #1 while reaching ne client by his hands/wrists. At s also observed to hold Staff A hile the staff walked behind ne Site Supervisor (SS) walked while holding his hands/wrists wards. Staff D was noted to #1 while holding him under his 4 with Staff D revealed he of specific training on how to le walking and he usually holds he walks with him to make	W 2	240	TITLE		(X6) DATE

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/	/13/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 240	still necessary insterments of the IPP did not in support client #1 when Interview on 2/13/20 Disabilities Profess nothing specific regin the home. Additictient needs to be respectively.	belt. An assistive device is that of holding to his arms or all review of the IPP dated of the equipment, revealed a cassist with mobility in the he workshop. Further review actude specific information to hile ambulating in the home.  4 with the Qualified Intellectual ional (QIDP) indicated there is arding client #1's ambulating onal interview revealed the eassessed by the PT for better during ambulation in the	W 24			
	As soon as the interpreter formulated a client's each client must retreatment program interventions and seand frequency to subjectives identified plan.  This STANDARD is Based on observation interviews, the facili received a continuous consisting of needed and identified in the in the areas of leisuage.					

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	34G061	B. WING		02/13/2024
ROVIDER OR SUPPLIER			107 MISS GEORGIA COURT	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLÉT
#4 and #6). The fin  A. During morning 2/12/24 from 10:00 a recliner unengage Although the televis #2 did not actively occasions, the clier searching for food a During evening obs 2/12/24 from 3:20p recliner unengaged Although the televis #2 did not actively occasion, the client searching for food a provided any moccasion, the client searching for food a snack. Throughout on 2/12/24, client # assisted to participa activities.  Interview on 2/12/2 revealed clients are activities in the hon during the week sir client, they are curr program.  Review on 2/13/24 9/20/23 revealed he going out to eat, lis	observations in the home on am - 12:40pm, client #2 sat in ed and rocking back and forth. Sion in the room was on, client watch it. On at least two in twent into the kitchen and was given a slice of bread. Servations in the home on im - 4:38pm, client #2 sat in a land rocking back and forth. Sion in the room was on, client watch it. With exception of paper to color, the client was reaningful activities. On one is went into the kitchen and was later provided a the observations in the home 2 was not prompted or ate in meaningful or purposeful 4 with the Site Supervisor (SS) is usually provided with the, van rides or go out to eat ance, with the exception of one rently not attending a day	W 249		
	ROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa #4 and #6). The fin  A. During morning 2/12/24 from 10:00 a recliner unengage Although the televis #2 did not actively v occasions, the client searching for food buring evening obs 2/12/24 from 3:20p recliner unengaged Although the televis #2 did not actively v holding a piece of p not provided any m occasion, the client searching for food snack. Throughout on 2/12/24, client # assisted to participa activities.  Interview on 2/12/2 revealed clients are activities in the hon during the week sir client, they are curr program.  Review on 2/13/24 9/20/23 revealed he going out to eat, lis	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 #4 and #6). The findings are:  A. During morning observations in the home on 2/12/24 from 10:00am - 12:40pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. On at least two occasions, the client went into the kitchen searching for food and was given a slice of bread. During evening observations in the home on 2/12/24 from 3:20pm - 4:38pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. With exception of holding a piece of paper to color, the client was not provided any meaningful activities. On one occasion, the client went into the kitchen searching for food and was later provided a snack. Throughout the observations in the home on 2/12/24, client #2 was not prompted or assisted to participate in meaningful or purposeful activities.  Interview on 2/12/24 with the Site Supervisor (SS) revealed clients are usually provided with activities in the home, van rides or go out to eat during the week since, with the exception of one client, they are currently not attending a day program.  Review on 2/13/24 of client #2's IPP dated 9/20/23 revealed he likes ribbons, van rides, going out to eat, listening to music, TV, watching	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  #4 and #6). The findings are:  A. During morning observations in the home on 2/12/24 from 10:00am - 12:40pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. On at least two occasions, the client went into the kitchen searching for food and was given a slice of bread. During evening observations in the home on 2/12/24 from 3:20pm - 4:38pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. With exception of holding a piece of paper to color, the client was not provided any meaningful activities. On one occasion, the client went into the kitchen searching for food and was later provided a snack. Throughout the observations in the home on 2/12/24, client #2 was not prompted or assisted to participate in meaningful or purposeful activities.  Interview on 2/12/24 with the Site Supervisor (SS) revealed clients are usually provided with activities in the home, van rides or go out to eat during the week since, with the exception of one client, they are currently not attending a day program.  Review on 2/13/24 of client #2's IPP dated 9/20/23 revealed he likes ribbons, van rides,	ROVIDER OR SUPPLIER  A BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  107 MISS GEORGIA COURT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 2  #4 and #6). The findings are:  A. During morning observations in the home on 2/12/24 from 10:00am - 12:40pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. On at least two occasions, the client went into the kitchen searching for food and was given a slice of bread. During evening observations in the home on 2/12/24 from 3:20pm - 4:38pm, client #2 sat in a recliner unengaged and rocking back and forth. Although the television in the room was on, client #2 did not actively watch it. With exception of holding a piece of paper to color, the client was not provided any meaningful activities. 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	PROVIDER OR SUPPLIER  A COURT			1	TREET ADDRESS, CITY, STATE, ZIP CODE 07 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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 APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	predictability can he agitationProvide predictability can he agitationProvide predictability in the activity; do not predictability; do not predictability	ucture in his day. That elp to ease anxiety and ourposeful activities for [Client . Work to engage [Client #2] in just put the activity in front of with him until he becomes t." Further review of the BSP an effort to promote an even and alertness, provide rposeful activities. Boredom on. Sensory and fine motor de stimulation and a calm  4 with the Qualified Intellectual ional (QIDP) confirmed staff ing to engage client #2 by	W	249			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		E CONSTRUCTION		TE SURVEY MPLETED
		34G061	B. WING	i		02	/13/2024
	PROVIDER OR SUPPLIER  A COURT			1	TREET ADDRESS, CITY, STATE, ZIP CODE 07 MISS GEORGIA COURT CARY, NC 27511	, 3-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 249	likes to cook.  Interview on 2/12/2/#6 helps with "prep noted client #6 has  Review on 2/13/24 Community/Home I 10/19/23 revealed I meals accurately, make food with no the CHLA noted he food with cooking be cooking and mixing needed. The CHLA independently use a requires a verbal cucoffee maker.  Interview on 2/13/2 client #6 "can do a  C. During morning 2/13/24, client #1 le occasions with staff into the community to wear a gait belt unterview on 2/13/2/#1 has a gait belt; I wear it and she has she began working  Review on 2/13/24 4/20/23 revealed he with mobility while i workshop. Addition Therapy (PT) Annumers.	4 with Staff C indicated client ping food" but not cooking. He told him that "he can cook."  of client #6's Life Assessment (CHLA) dated he independently prepares all make and pack lunches and cooking. Additional review of requires verbal cues to make but no mixing, make food with g and to use recipes as A also indicated client #6 can a toaster and microwave but ue to use the stove/oven and	W 2	249			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED
		34G061	B. WING		02/	/13/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	recommended for si #1] with assistance outdoors and out in Interview on 2/13/24 have apparently stoclient #1 needs to be D. During lunch and home on 2/12/24, comat or non-slip mat Interview on 2/13/24 #1 uses a dycem mat Review on 2/13/24 Therapy update dat plate was sliding or occasionally used L. Therapist is recomplate steady while so Interview on 2/13/24 client #1 should used E. During lunch obsequence 2/12/24 at 12:40 pm dycem mat or non-sinterview on 2/13/24 #4 uses a dycem mat Review on 2/13/24 #4 uses a dycem mat Review on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed, update was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/23 revealed was a dycem mat or non-sinterview on 2/13/24 9/19/	staff to use to provide [Client as needed during ambulation the community."  4 with the QIDP indicated staff upped using the gait belt and the reassessed by the PT.  5 dinner observations in the lient #1 did not utilize a dycem at the meals.  4 with Staff D indicated client at at meals.  of client #1's Occupational and 12/29/23 revealed, "Pts' at the table as he scooped. He seft hand to stabilize plate. The mending a dycem mat to hold accoping."  4 with the QIDP confirmed a dycem mat at meals.  servations in the home on a client #4 did not utilize a slip mat.  4 with Staff D indicated client at at his meals.  of client #4's IPP dated ander adaptive feeding	W 2	249		

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
NAME OF PROVIDER OR SUPPLIER  GEORGIA COURT  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  107 MISS GEORGIA COURT  CARY, NC 27511  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE)			34G061	B. WING		02	2/13/2024
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE					107 MISS GEORGIA COURT		10,202
	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	( (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 255 W 255 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) was reviewed and revised after 2 of 4 audit clients (#2 and #4) had completed objectives identified in the plan. The findings are:  A. Review on 2/13/24 of client #2's IPP dated 9/20/23 revealed objectives to exhibit 0 episodes of inappropriate obtaining of food or drink per month for 12 consecutive months, to participate in self-medication administration program with at least 70% participation for 6 consecutive months (prompt criteria = verbal prompt), and to brush his teeth with 70% participation for 6 months (prompt criteria = verbal prompt). Additional review of available progress notes for the objectives revealed the following:  Inappropriate obtaining food/drink:  January '21 - December '23 = 0 behaviors  Self-medication administration:  June '23 - January '24 = 100% verbal prompt  Toothbrushing:  June '23 - January '24 = 100% verbal prompt		PROGRAM MONIT CFR(s): 483.440(f) The individual progleast by the qualifie professional and rebut not limited to si successfully compidentified in the ind This STANDARD Based on record reacility failed to ensemble Plan (IPP) was revaudit clients (#2 an objectives identified A. Review on 2/13/9/20/23 revealed of inappropriate obtain self-medication aleast 70% participal (prompt criteria = verbal programment of the follow of inappropriate obtain self-medication and the follow of inappropriate obtain self-medication and the follow of inappropriate obtain January '21 - Decesself-medication and June '23 - January Toothbrushing:	TORING & CHANGE (1)(i)  gram plan must be reviewed at the dintellectual disability evised as necessary, including, ituations in which the client has leted an objective or objectives lividual program plan. It is not met as evidenced by: reviews and interviews, the sure the Individual Program it is it is it is it is included and revised after 2 of 4 and 44) had completed in the plan. The findings are:  1/24 of client #2's IPP dated bjectives to exhibit 0 episodes obtaining of food or drink per recutive months, to participate administration program with at action for 6 consecutive months (prompt ompt), and to brush his tricipation for 6 months (prompt ompt). Additional review of notes for the objectives ring:  1/24 = 100% verbal prompt  1/24 = 100% verbal prompt				

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF C ACH CORRECTIVE ACTION DSS-REFERENCED TO TH DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
W 255	Continued From pa	ge 7	W 2	55				
	Disabilities Professi	4 with the Qualified Intellectual ional (QIDP) confirmed client been completed and revisions						
	9/19/23 revealed ob of physical aggress consecutive months self-injurious behav consecutive months	24 of client #4's IPP dated objectives to exhibit 0 episodes ion per month for 12 and to exhibit 0 episodes of ior (SIB) per month for 12 and to exhibit 0 episodes of ior (SIB) per month for 12 and the context of the objectives ing:						
	Physical Aggression	1:						
	February '22 - Dece	ember '23 = 0 behaviors						
	SIB:							
	February '22 - Dece	ember '23 = 0 behaviors						
W 257	client #4's behavior		W 2	57				
	least by the qualifier professional and result to sit failing to progress to after reasonable eff. This STANDARD is Based on record results.	ram plan must be reviewed at d mental retardation vised as necessary, including, uations in which the client is oward identified objectives forts have been made. In some not met as evidenced by: eviews and interviews, the ture the Individual Program						

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W 257	Plan (IPP) was reviafter 1 of 4 audit clitowards identified of Review on 2/13/24 9/19/23 revealed of according to task a rate for 6 months (prompt) and to part administration progfor 6 months (prom	ewed and revised as needed ents (#4) failed to progress objectives. The finding is:  of client #4's IPP dated objectives to brush his teeth nalysis with 75% completion prompt criteria = verbal cicipate in a self medication ram with 75% completion rate pt criteria = verbal prompt).	W 2	57		
W 288	Medication adminis June '23 - January Interview on 2/13/2 Disabilities Profess objectives needed to progress. MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b) Techniques to many behavior must never an active treatment This STANDARD is Based on observation interviews, the facil to manage client #2	'24 = 51.61% verbal prompts  4 with the Qualified Intellectual ional (QIDP) confirmed the to be revised for lack of ROPRIATE CLIENT  (3)  age inappropriate client er be used as a substitute for	W 2	88		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 107 MISS GEORGIA COURT CARY, NC 27511		
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W 288	This affected 1 of 4  During observations Site Supervisor (SS near the dining area box containing a va The clients chose a them at the lunch madditional snack ite room and allowed eafternoon snack. The to the locked room.  Interview on 2/12/26 snacks belong to all kept in the locked a "grab themand ea "grab themand ea Review on 2/13/24 Plan (BSP) dated 1 to exhibit 0 episode food or drink per months. Additional include locking awa #2's inappropriate by	audit clients. The finding is:  s in the home on 2/12/24, the b) used a key to unlock a room a. The SS retrieved a large riety of small bagged chips. bag of chips and consumed heal. Later, the SS retrieved ms from the same locked each client to chose their he snacks were again returned  4 with Staff C revealed the I of the clients and are being rea because client #2 will at all of them."  of client #2's Behavior Support 0/25/23 revealed an objective s of inappropriate obtaining of onth for 12 consecutive review of the plan did not y snacks to address client behavior.	W 2	88		
W 312	Disabilities Profess snacks should not the #2's behaviors and of his BSP. DRUG USAGE CFR(s): 483.450(e)	4 with the Qualified Intellectual fonal (QIDP) confirmed the be kept locked due to client this was not an approved part  (2)  integral part of the client's	W 3	12		
	individual program specifically towards					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		` '.		B) DATE SURVEY COMPLETED		
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W 312	Based on record refacility failed to ense (IDT) had considere elimination of restriafter a decrease in identified. This affe and #4). The findir A. Review on 2/13 Support Plan (BSP objective to exhibit obtaining of food an consecutive month use of Abilify and F of client #2's physic revealed the client Fluvoxamine 150m progress notes data revealed zero docuclient #2. Additional and the record did considered a reduction target behaviors.  Interview on 2/13/2 Disabilities Profess IDT had not considered a reduction target behavior medication target behavior	s not met as evidenced by: eview and interviews, the ure the interdisciplinary team ed a reduction and/or ctive behavior medications target behaviors was ected 2 of 4 audit clients (#2 ags are:  //24 of client #2's Behavior ) dated 10/25/23 revealed an 0 episodes of inappropriate and drink per month for 12 s. The BSP incorporated the luvoxamine. Additional review cian's orders dated 1/30/24 ingests Abilify 5mg daily and g daily. Further review of BSP ed January '21 - December '23 mented target behaviors for I review of the progress notes not indicate the IDT had cition and/or elimination of the ns based on the absence of  4 with the Qualified Intellectual ional (QIDP) confirmed the ered a reduction or elimination tions for client #2 based on his	W 31	2		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		TE SURVEY MPLETED
		34G061	B. WING _		02	/13/2024
	PROVIDER OR SUPPLIER  A COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 312	physician's orders of client ingests Rexul BSP progress note December '23 revel behaviors for client progress notes and IDT had considered elimination of the both the absence of targular Interview on 2/13/2 IDT had not conside of behavior medical decrease in inapprodict DINING AREAS ANCFR(s): 483.480(d). The facility must as manner consistent level. This STANDARD is Based on observation of the least stign affected 1 of 4 audion 2/12/24 at 12:40 client #1 consumed protector secured a observations of the the lower portion of across the table in positioned on top oclient #1 and other	ditional review of client #4's dated 1/30/24 revealed the lit 2mg daily. Further review of s dated February '22 - aled zero documented target #4. Additional review of the the record did not indicate the dareduction and/or ehavior medications based on let behaviors.  4 with the QIDP confirmed the ered a reduction or elimination tions for client #4 based on his opriate behaviors.  ID SERVICE 10(4)  Issure that each client eats in a with his or her developmental as not met as evidenced by: tions, record review and ity failed to ensure client #1 matizing manner. This t clients. The finding is: tioner observations in the home open and 4:38pm, respectively, I his meal with a clothing around his neck. Closer clothing protector revealed of the cloth was extended front of the client with his plate of it. As various staff assisted clients at the meal, client #1 me his meals with the clothing	W 48			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G061		B. WING			02/13/2024	
NAME OF PROVIDER OR SUPPLIER  GEORGIA COURT				STREET ADDRESS, CITY, STATE, ZIP CODE  107 MISS GEORGIA COURT  CARY, NC 27511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	( (E	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
W 488	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W 4	88			