

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

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

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 02/13/2024
NAME OF PROVIDER OR SUPPLIER GEORGIA COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		
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W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) included specific information to support him while ambulating in the home. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 2/12 - 2/13/24, various staff used different techniques while assisting client #1 to ambulate in the home. For example, on 2/12/24, Staff A walked in front of client #1 while reaching back and holding the client by his hands/wrists. At times, the client was also observed to hold Staff A around the waist while the staff walked behind him. On 2/13/24, the Site Supervisor (SS) walked in front of client #1 while holding his hands/wrists and stepping backwards. Staff D was noted to walk behind client #1 while holding him under his armpits.</p> <p>Interview on 2/13/24 with Staff D revealed he hadn't received any specific training on how to assist client #1 while walking and he usually holds the client's body as he walks with him to make sure he doesn't fall.</p> <p>Review on 2/13/24 of client #1's Physical Therapy (PT) Annual Review dated 3/20/23 revealed, "Gait belt: A gait belt has been recommended for staff to use to provide [Client #1] with assistance as needed during ambulation outdoors and out in the community...[Client #1] has been reported to</p>	W 240			

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

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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W 240	Continued From page 1 refuse use of a gait belt. An assistive device is still necessary instead of holding to his arms or clothing." Additional review of the IPP dated 4/20/23, under adaptive equipment, revealed a gait belt is used to assist with mobility in the community and at the workshop. Further review of the IPP did not include specific information to support client #1 while ambulating in the home. Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated there is nothing specific regarding client #1's ambulating in the home. Additional interview revealed the client needs to be reassessed by the PT for better ways to assist him during ambulation in the home.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services and identified in the Individual Program Plan (IPP) in the areas of leisure, food preparation and dining. This affected 4 of 4 audit clients (#1, #2,	W 249			

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W 249	<p>Continued From page 2 #4 and #6). The findings are:</p> <p>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.</p> <p>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.</p> <p>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 movies and one-on-one attention. Additional review of the client's Behavior Support Plan (BSP) dated 10/25/23 revealed an objective to address inappropriate obtaining food or drink. The BSP noted, "...provide choices among activities whenever possible...It is important that</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>[Client #2] have structure in his day. That predictability can help to ease anxiety and agitation...Provide purposeful activities for [Client #2] to participate in. Work to engage [Client #2] in the activity; do not just put the activity in front of him. Do the activity with him until he becomes more familiar with it." Further review of the BSP also indicated, "In an effort to promote an even level of calmness and alertness, provide meaningful and purposeful activities. Boredom perpetuates agitation. Sensory and fine motor activities can provide stimulation and a calm demeanor."</p> <p>Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be attempting to engage client #2 by offering him activities.</p> <p>B. During afternoon observations in the home on 2/12/24, Staff B and the SS prepared lunch items without any client involvement. The staff gathered necessary food items including snack cakes and chips. In addition, the staff also prepared cold cut sandwiches without prompting clients to assist.</p> <p>During evening observations in the home on 2/12/24, Staff C prompted client #6 to the kitchen to assist with food preparation. Client #6 placed two hamburger patties on a pan and put vegetables into a pot. The client was not prompted or encouraged to perform any other cooking tasks. Staff C proceeded to gather pots/pans and food items, utilized an electric can opener, operated the stove/oven dials, stirred food on the stove and placed food into serving bowls.</p> <p>Interview on 2/13/24 with client #6 revealed he</p>	W 249			

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W 249	<p>Continued From page 4 likes to cook.</p> <p>Interview on 2/12/24 with Staff C indicated client #6 helps with "prepping food" but not cooking. He noted client #6 has told him that "he can cook."</p> <p>Review on 2/13/24 of client #6's Community/Home Life Assessment (CHLA) dated 10/19/23 revealed he independently prepares all meals accurately, make and pack lunches and make food with no cooking. Additional review of the CHLA noted he requires verbal cues to make food with cooking but no mixing, make food with cooking and mixing and to use recipes as needed. The CHLA also indicated client #6 can independently use a toaster and microwave but requires a verbal cue to use the stove/oven and coffee maker.</p> <p>Interview on 2/13/24 with the QIDP confirmed client #6 "can do a lot" in the kitchen.</p> <p>C. During morning observations in the home on 2/13/24, client #1 left the home on two separate occasions with staff and other clients to go out into the community. The client was not observed to wear a gait belt upon leaving the home.</p> <p>Interview on 2/13/24 with the SS revealed client #1 has a gait belt; however, he does not like to wear it and she has never seen him wear it since she began working at the home over 2 years ago.</p> <p>Review on 2/13/24 of client #1's IPP dated 4/20/23 revealed he utilizes a gait belt to assist with mobility while in the community and at the workshop. Additional review of a Physical Therapy (PT) Annual Review dated 3/20/23 revealed, "Gait belt: A gait belt has been</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>recommended for staff to use to provide [Client #1] with assistance as needed during ambulation outdoors and out in the community."</p> <p>Interview on 2/13/24 with the QIDP indicated staff have apparently stopped using the gait belt and client #1 needs to be reassessed by the PT.</p> <p>D. During lunch and dinner observations in the home on 2/12/24, client #1 did not utilize a dycem mat or non-slip mat at the meals.</p> <p>Interview on 2/13/24 with Staff D indicated client #1 uses a dycem mat at meals.</p> <p>Review on 2/13/24 of client #1's Occupational Therapy update dated 12/29/23 revealed, "Pts' plate was sliding on the table as he scooped. He occasionally used Left hand to stabilize plate. Therapist is recommending a dycem mat to hold plate steady while scooping."</p> <p>Interview on 2/13/24 with the QIDP confirmed client #1 should use a dycem mat at meals.</p> <p>E. During lunch observations in the home on 2/12/24 at 12:40pm, client #4 did not utilize a dycem mat or non-slip mat.</p> <p>Interview on 2/13/24 with Staff D indicated client #4 uses a dycem mat at his meals.</p> <p>Review on 2/13/24 of client #4's IPP dated 9/19/23 revealed, under adaptive feeding equipment, dycem mat/nonslip mat.</p> <p>Interview on 2/13/24 with the QIDP confirmed client #4 should use a dycem mat at meals.</p>	W 249			

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W 255 W 255	Continued From page 6 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	W 255 W 255			

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W 255	Continued From page 7 Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's objectives had been completed and revisions need to be made. B. Review on 2/13/24 of client #4's IPP dated 9/19/23 revealed objectives to exhibit 0 episodes of physical aggression per month for 12 consecutive months and to exhibit 0 episodes of self-injurious behavior (SIB) per month for 12 consecutive months. Additional review of available progress notes for the objectives indicated the following: Physical Aggression: February '22 - December '23 = 0 behaviors SIB: February '22 - December '23 = 0 behaviors	W 255			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program	W 257			

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W 257	Continued From page 8 Plan (IPP) was reviewed and revised as needed after 1 of 4 audit clients (#4) failed to progress towards identified objectives. The finding is: Review on 2/13/24 of client #4's IPP dated 9/19/23 revealed objectives to brush his teeth according to task analysis with 75% completion rate for 6 months (prompt criteria = verbal prompt) and to participate in a self medication administration program with 75% completion rate for 6 months (prompt criteria = verbal prompt). Additional review of available progress notes for the objectives revealed the following: Toothbrushing: June '23 - January '24 = 42.86% verbal prompts Medication administration: June '23 - January '24 = 51.61% verbal prompts Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objectives needed to be revised for lack of progress.	W 257			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment program.	W 288			

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W 288	Continued From page 9 This affected 1 of 4 audit clients. The finding is: During observations in the home on 2/12/24, the Site Supervisor (SS) used a key to unlock a room near the dining area. The SS retrieved a large box containing a variety of small bagged chips. The clients chose a bag of chips and consumed them at the lunch meal. Later, the SS retrieved additional snack items from the same locked room and allowed each client to chose their afternoon snack. The snacks were again returned to the locked room. Interview on 2/12/24 with Staff C revealed the snacks belong to all of the clients and are being kept in the locked area because client #2 will "grab them...and eat all of them." Review on 2/13/24 of client #2's Behavior Support Plan (BSP) dated 10/25/23 revealed an objective to exhibit 0 episodes of inappropriate obtaining of food or drink per month for 12 consecutive months. Additional review of the plan did not include locking away snacks to address client #2's inappropriate behavior. Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the snacks should not be kept locked due to client #2's behaviors and this was not an approved part of his BSP.	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs	W 312			

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W 312	<p>Continued From page 10</p> <p>are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the interdisciplinary team (IDT) had considered a reduction and/or elimination of restrictive behavior medications after a decrease in target behaviors was identified. This affected 2 of 4 audit clients (#2 and #4). The findings are:</p> <p>A. Review on 2/13/24 of client #2's Behavior Support Plan (BSP) dated 10/25/23 revealed an objective to exhibit 0 episodes of inappropriate obtaining of food and drink per month for 12 consecutive months. The BSP incorporated the use of Abilify and Fluvoxamine. Additional review of client #2's physician's orders dated 1/30/24 revealed the client ingests Abilify 5mg daily and Fluvoxamine 150mg daily. Further review of BSP progress notes dated January '21 - December '23 revealed zero documented target behaviors for client #2. Additional review of the progress notes and the record did not indicate the IDT had considered a reduction and/or elimination of the behavior medications based on the absence of target behaviors.</p> <p>Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the IDT had not considered a reduction or elimination of behavior medications for client #2 based on his decrease in inappropriate behaviors.</p> <p>B. Review on 2/13/24 of client #4's BSP dated 5/2/23 revealed objectives to exhibit 0 episodes of physical aggression per month for 12 consecutive months and to exhibit 0 episodes of self-injurious behavior per month for 12 consecutive months. The BSP incorporated the</p>	W 312			

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W 312	Continued From page 11 use of Rexulti. Additional review of client #4's physician's orders dated 1/30/24 revealed the client ingests Rexulti 2mg daily. Further review of BSP progress notes dated February '22 - December '23 revealed zero documented target behaviors for client #4. Additional review of the progress notes and the record did not indicate the IDT had considered a reduction and/or elimination of the behavior medications based on the absence of target behaviors. Interview on 2/13/24 with the QIDP confirmed the IDT had not considered a reduction or elimination of behavior medications for client #4 based on his decrease in inappropriate behaviors.	W 312			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 ate in the least stigmatizing manner. This affected 1 of 4 audit clients. The finding is: During lunch and dinner observations in the home on 2/12/24 at 12:40pm and 4:38pm, respectively, client #1 consumed his meal with a clothing protector secured around his neck. Closer observations of the clothing protector revealed the lower portion of the cloth was extended across the table in front of the client with his plate positioned on top of it. As various staff assisted client #1 and other clients at the meal, client #1 continued to consume his meals with the clothing protector positioned in this manner.	W 488			

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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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W 488	Continued From page 12 Interview on 2/12/24 with Staff C revealed client #1 "drops a lot of food" and this keeps the food from falling to the ground. Interview on 2/13/24 with the Site Supervisor also indicated client #1's clothing protector is positioned in the manner described because he spills a lot of food. Review on 2/13/24 of client #1's Individual Program Plan (IPP) dated 4/20/23 revealed he uses a clothing protector at mealtimes to assist with dining. The plan did not indicate client #1's clothing protector should be positioned in the manner previously described. Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1's clothing protector should not have been positioned across the table with this plate on top of it.	W 488			