PRINTED: 04/25/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G061	B. WING			R 04/25/2024	
	PROVIDER OR SUPPLIER A COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511			<u> </u>	20,2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS	W 0	00			
{W 249}	deficiencies previou	MENTATION	{W 24	19}			
	formulated a client' each client must re treatment program interventions and s and frequency to se	erdisciplinary team has as individual program plan, aceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program					
	Based on observa interviews, the facil received a continuous consisting of neede and identified in the areas of dining the series of the serie	is not met as evidenced by: tions, record reviews and lity failed to ensure each client ous active treatment program ed interventions and services e Individual Program Plan (IPP) ng and personal privacy. This it clients (#2, #5 and #6). The					
	2/12/24 from 10:00 a recliner unengag. Although the televis #2 did not actively occasions, the clien searching for food During evening obs	observations in the home on tam - 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 int went into the kitchen and was given a slice of bread. Servations in the home on tam - 4:38pm, client #2 sat in a					
I ABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	1	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		34G061	B. WING			04/2	25/2024	
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
GEORGI	A COURT				07 MISS GEORGIA COURT			
OLOIGO	AUUUKI			C	CARY, NC 27511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRI DEFICIENCY)		BE	(X5) COMPLETION DATE	
{W 249}	Although the televis #2 did not actively wholding a piece of protest provided any moccasion, the client searching for food a snack. Throughout on 2/12/24, client #2 assisted to participa activities. Interview on 2/12/24 revealed clients are activities in the home during the week sinclient, they are curriprogram. Review on 2/13/24 9/20/23 revealed he going out to eat, list movies and one-on review of the client's (BSP) dated 10/25/address inappropria The BSP noted, " activities whenever [Client #2] have strupredictability can he agitationProvide provided pr	ge 1 and rocking back and forth. sion in the room was on, client vatch it. With exception of saper to color, the client was eaningful activities. On one 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) a usually provided with he, van rides or go out to eat ce, with the exception of one ently not attending a day of client #2's IPP dated a likes ribbons, van rides, tening to music, TV, watching one attention. Additional as Behavior Support Plan 23 revealed an objective to ate obtaining food or drink. provide choices among possibleIt is important that functure in his day. That elp to ease anxiety and burposeful activities for [Client and Surposeful activities for [Client and Surposeful activities for the BSP and effort to promote an even and alertness, provide poseful activities. Boredom on. Sensory and fine motor	{W 24	49}				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 107 MISS GEORGIA COURT CARY, NC 27511		72072024	
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{W 249}	activities can provid demeanor." Interview on 2/13/2. Disabilities Profess should be attemptir offering him activities. B. During afternoo 2/12/14, Staff B and without any client in necessary food iterchips. In addition, the sandwiches without During evening obsequences 2/12/24, Staff C proto assist with food prompted or encour cooking tasks. Staff pots/pans and food opener, operated the food on the stove abowls. Interview on 2/13/2 likes to cook. Interview on 2/13/2 likes to cook. Review on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in meals accurately, in activities on 2/13/24 Community/Home in 10/19/23 revealed in the community/Home in 10/19/23 re	de stimulation and a calm 4 with the Qualified Intellectual ional (QIDP) confirmed staffing to engage client #2 by es. In observations in the home on the SS prepared lunch items involvement. The staff gathered instance including snack cakes and the staff also prepared cold cut the prompting clients to assist. It is revations in the home on compted client #6 to the kitchen preparation. Client #6 placed ties on a pan and put out. The client was not raged to perform any other of C proceeded to gather the stove/oven dials, stirred and placed food into serving 4 with client #6 revealed he 4 with Staff C indicated client ping food" but not cooking. He told him that "he can cook."	{W 24	9}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		34G061	B. WING	B. WING		R 04/25/2024	
	PROVIDER OR SUPPLIER A COURT			STF 107	REET ADDRESS, CITY, STATE, ZIP CODE 7 MISS GEORGIA COURT ARY, NC 27511	1 04/	23/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{W 249}	the CHLA noted he food with cooking be cooking and mixing needed. The CHLA independently use a requires a verbal cut coffee 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; hwear 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) Annurevealed, "Gait belt recommended for semantic with assistance outdoors and out in Interview on 2/13/2 have apparently stoclient #1 needs to be D. During lunch and	requires verbal cues to make but no mixing, make food with and to use recipes as A also indicated client #6 can a toaster and microwave but ue to use the stove/oven and 4 with the QIDP confirmed lot" in the kitchen. observations in the home on the servations in the home on the servations in the home on the servations in the home. The client was not observed upon leaving the home. 4 with the SS revealed client however, he does not like to a never seen him wear it since at the home over 2 years ago. of client #1's IPP dated the utilizes a gait belt to assist in the community and at the neal review of a Physical al Review dated 3/20/23: A gait belt has been staff to use to provide [Client as needed during ambulation in the community." 4 with the QIDP indicated staff opped using the gait belt and the reassessed by the PT. d dinner observations in the slient #1 did not utilize a dycem	{W 24	49}			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG	COMP	COMPLETED	
		34G061	B. WING_			5/2024
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MISS GEORGIA COURT CARY, NC 27511		<u>v.=v= :</u>
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{W 249}	Continued From pa	ge 4	{W 24	9}		
	Interview on 2/13/2 #1 uses a dycem m	4 with Staff D indicated client nat at meals.				
	Therapy update dar plate was sliding or occasionally used I	of client #1's Occupational ted 12/29/23 revealed, "Pts' in the table as he scooped. He Left hand to stabilize plate. mending a dycem mat to hold scooping."				
	Interview on 2/13/24 with the QIDP confirmed client #1 should use a dycem mat at meals.					
		servations in the home on n, client #4 did not utilize a slip mat.				
	Interview on 2/13/2 #4 uses a dycem m	4 with Staff D indicated client nat at his meals.				
	9/19/23 revealed, u equipment, dycem	·				
		4 with the QIDP confirmed e a dycem mat at meals.				
	prepared plates of counter. The plates sausage links. Staf clients into the kitch food and take it to ta utensil. Clients we encouraged to set themselves. At the client #5 consumed	survey on 4/25/24 at 6:35am, food were noted on the kitchen contained cooked waffles and f A proceeded to prompt nen to pick up their plates of the table along with a cup and ere not prompted or their place at the table or serve breakfast meal, client #2 and their uncut waffles and their hands. The clients were				

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34G061			B. WING_			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX)		OULD BE	(X5) COMPLETION DATE		
{W 249}	not prompted or en utensils. Review on 4/25/24 Home Life Assesse revealed he can se the correct position spoon, fork, knife) galso noted he eats physical assistance. Review on 4/25/24 9/21/23 noted he caitems in the correct given physical assistindicated he uses efork, knife) given a Review on 4/25/24 11/21/23 and his Che independently properties of the independently properties on 4/25/2 indicated clients should be assisted possible when conducted client #2 a cating utensils at meshould be assisted possible when conducted conducted client when conducted conducted client when conducted	of client #2's Community ement (CHLA) dated 9/20/23 t the table by placing items in and use eating utensils (i.e. given a verbal cue. The CHLA family style at meals given extension and eats family style at meals given extension and eats family style stance. The CHLA also eating utensils (i.e. spoon, verbal cue. of client #6's IPP dated HLA dated 10/19/23 revealed articipates in family style table by placing items in the extension of the extension of the extension of client #6's IPP dated HLA dated 10/19/23 revealed articipates in family style table by placing items in the extension of the exte	{W 24	9}		

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{W 249}	pass the bathroom. the area and closed Interview on 4/25/24 his first day working interview with Staff be reminded to clost toileting. Review on 4/25/24 requires verbal proclose the door beform Interview on 4/25/24 client #2 needs to be for privacy during to PROGRAM MONIT CFR(s): 483.440(f). The individual progleast by the qualified professional and rebut not limited to sit successfully compleidentified in the individual This STANDARD is Based on record refacility failed to ensiplan (IPP) was reviaudit clients (#5) had identified in the plant. A. Review on 2/13/29/20/23 revealed on of inappropriate obtomonth for 12 consein self-medication as	At 6:51am, Staff A entered I the bathroom door. 4 with Staff B revealed it was in the home. Additional A indicated client #2 needs to be the bathroom door during of client #2's CHLA noted he mpts to observe privacy and re toileting. 4 with the QIDP confirmed be prompted to close the door oileting. ORING & CHANGE	{W 24				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		34G061	B. WING			04/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGI	A COURT				07 MISS GEORGIA COURT		
OLONO.	- COOK!			(CARY, NC 27511		
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{W 255}	teeth with 70% part criteria = verbal pro available progress revealed the following languary '21 - Decense Self-medication administration and June '23 - January 'Toothbrushing: June '23 - January 'Toothbrushing: June '23 - January 'Interview on 2/13/24 Disabilities Professi #2's objectives had need to be made. B. Review on 2/13/29/19/23 revealed objective months self-injurious behave consecutive months available progress reindicated the following Physical Aggression February '22 - Decense SIB:	erbal prompt), and to brush his icipation for 6 months (prompt mpt). Additional review of notes for the objectives ng: ning food/drink: mber '23 = 0 behaviors ministration: '24 = 100% verbal prompt 4 with the Qualified Intellectual ional (QIDP) confirmed client been completed and revisions 24 of client #4's IPP dated ojectives to exhibit 0 episodes ion per month for 12 and to exhibit 0 episodes of vior (SIB) per month for 12 and to exhibit 0 episodes of notes for the objectives ing: m: ember '23 = 0 behaviors	{W 25	55}			
	February '22 - Dece	ember '23 = 0 behaviors					

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	PROVIDER OR SUPPLIER	0.000.		ST 10	REET ADDRESS, CITY, STATE, ZIP CODE 7 MISS GEORGIA COURT ARY, NC 27511	<u> U4/.</u>	25/2024
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{W 255}	Continued From pa	ge 8	{W 2	55}			
	client #4's behavior	4 with the QIDP confirmed objectives had been sions need to be made.					
	client #5's IPP reveror fewer episodes of for 12 consecutive available progress in	survey on 4/25/24, review of aled an objective to exhibit 1 of noncompliance per month months. Additional review of notes for April '21 - January '24 ented behaviors for the client.					
	revealed client #2 d except his resistand also noted the clien	4 with the Site Supervisor (SS) loes not have any behaviors be to medical visits. The SS thas not had any documented last behavior progress note in					
{W 312}	behavior objective r behaviors noted.	4 with the QIDP confirmed the remains in place with no (2)	{W 3·	12}			
	individual program papecifically towards elimination of the bare employed. This STANDARD is Based on record refacility failed to ensi (IDT) had considere elimination of restrict after a decrease in	the reduction of and eventual chaviors for which the drugs on the met as evidenced by: eview and interviews, the cure the interdisciplinary teamed a reduction and/or cive behavior medications target behaviors was exted 2 of 4 audit clients (#2					

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{W 312}	A. Review on 2/13. Support Plan (BSP objective to exhibit obtaining of food ar consecutive monthuse of Abilify and F of client #2's physic revealed the client Fluvoxamine 150m progress notes date revealed zero docuclient #2. Additiona and the record did considered a reduction target behaviors. Interview on 2/13/2 Disabilities Profess IDT had not considered behavior medicated decrease in inapprofession of behavior medicated decrease in inapprofession of physical aggress consecutive monthuse of Rexulti. Adophysician's orders of client ingests Rexulting BSP progress note December '23 reversible had considered and IDT had	/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 and January '21 - December '23 mented target behaviors for I review of the progress notes and indicate the IDT had tion and/or elimination of the ans 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}		

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	NAME OF PROVIDER OR SUPPLIER GEORGIA COURT			107 N	ET ADDRESS, CITY, STATE, ZIP CODE MISS GEORGIA COURT Y, NC 27511	1 0411	20/202-
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{W 312}	IDT had not consider of behavior medical decrease in inapproduction of behavior medical decrease in inapproduction and follow-up solient #5's BSP date objective to exhibit noncompliance per months. The plan in and Clonazepam (Favailable progress indicated no docum Further review of the record did not indicated not indicated not indicated not indicated not indicated in and/or elimedications based behaviors. Interview on 4/25/24 #5 continues to ingraccording to his currecord. Interview on 4/25/24 client #5 continues	et behaviors. 4 with the QIDP confirmed the ered a reduction or elimination tions for client #4 based on his priate behaviors. 5 survey on 4/25/24, review of ed 5/2/23 revealed an 1 or fewer episodes of month for 12 consecutive accorporated the use of Zoloft PRN). Additional review of notes for April '21 - January '24 ented behaviors for the client. e progress notes and the ate the IDT had considered a mination of the behavior on the absence of target 4 with the SS confirmed client est Zoloft on a daily basis rrent medication administration 4 with the QIDP confirmed to receive the medications to even with the absence of any	{W 3^	12}			