PRINTED: 05/09/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G114	B. WING				R
NAME OF I	PROVIDER OR SUPPLIER	340114	I B: Wiite	STR	EET ADDRESS, CITY, STATE, ZIP CODE	05/0	09/2024
	CREEK GROUP HOM	ΛE		5117	7 FOREST CREEK DRIVE LEIGH, NC 27606		
(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 000}	INITIAL COMMEN	тѕ	{W 00	00}			
{W 262}	previous deficiencies Some deficiencies new non-compliand	TORING & CHANGE	{W 26	52}			
	monitor individual prinappropriate behaving the opinion of the client protection and This STANDARD in Based on record refailed to ensure the techniques for 2 of	s not met as evidenced by: eview and interview, the facility restrictive behavior 3 audit clients (#4 and #6) was tored by the human rights					
	Support Plan (BSP behaviors consistin non-compliance an	4 of client #4's Behavior) dated 5/20/21 revealed target g of physical aggression, d verbal aggression. Further client #4's BSP revealed no the HRC.					
	2/2/23 revealed a to cooperate. Further	4 of client #6's BSP dated arget behavior of failure to review on 3/4/24 of client #6's en consent signed by HRC on					
	that client #4 did no HRC and client #6 signed by HRC. Th	orogram manager confirmed of have written consent by did not have a current consent e program manager revealed t should be obtained by HRC					
I ABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G114	B. WING		I	R 09/2024	
NAME OF PROVIDER OR SUPPLIER FOREST CREEK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5117 FOREST CREEK DRIVE RALEIGH, NC 27606	•	03/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG		OULD BE	(X5) COMPLETION DATE	
{W 262}	at least annually. Review on 5/9/24 or Correction (POC) dranagement would interventions are dismanagement would interventions be more will ensure that the interventions and strestrictive interventions. Record review on 5 correspondence with the program mrail 3/17/24, 3/30/24, 4/5/6/24 in an effort to	f the facility's Plan of ated 5/4/24 revealed densure all restrictive scussed and agreed upon, densure all restrictive onitored by HRC, management BSP reflects need for taff would be in-serviced on all ons. 1/9/24 of the facility's email the psychologist, revealed anager sent emails on 1/24, 4/11/24. 4/24/24 and to ensure all information at the BSP's was provided and	{W 26	62}			
{W 263}	An interview on 5/9, revealed that the fa BSP for client #6 but for the BSP. The properties that numerous emacurrent provider about BSP's. However, or located. PROGRAM MONIT CFR(s): 483.440(f). The committee should are conducted only consent of the clien minor) or legal guar This STANDARD is Based on observation.	/24 with the program manager cility had received an updated at there was no HRC consent ogram manager confirmed ills had been sent to the out updating the client's ally one updated BSP could be CORING & CHANGE (3)(ii) uld insure that these programs with the written informed t, parents (if the client is a	{W 26	63}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R		
		34G114	B. WING				≺ 09/2024	
	PROVIDER OR SUPPLIER CREEK GROUP HON			5	TREET ADDRESS, CITY, STATE, ZIP CODE 117 FOREST CREEK DRIVE LALEIGH, NC 27606	1 03/	03/2024	
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
{W 263}	informed consent of affected 1 of 3 audital Record review on 3 support plan (BSP) behaviors of physicaggression and nor Record review on 3 orders signed 1/22/Aristada, Austedo a disorder. Further record review consents revealed the legal guardian faustedo or Clozapi Interview on 3/5/24 manager revealed could be located for Review on 5/9/24 or Correction (POC) dwould be reviewed, address current new be obtained and all BSP's and proper of Record review on 5/6/24 in an effort to needed to formulate to follow-up with profits.	y conducted with the written f a legal guardian. This t clients (#4). The finding is: 1/4/24 of client #4's behavior dated 5/20/21 revealed target al aggression, verbal n-compliance. 1/4/24 of client #4's physician's 24 revealed orders for and Clozapine for mental/mood and Clozapine for mental/mood and Clozapine for mental/mood and client informed consent by or the medications Aristada, ne. with the facility's program no written informed consent r client #4's medications. If the facility's Plan of ated 5/4/24 revealed all BSP's all BSP's would be updated to eds, guardian consent would staff would be in-serviced on locumentation. In/9/24 of the facility's email th the psychologist, revealed anager sent emails on 1/24, 4/11/24, 4/24/24 and on ensure all information at the BSP's was provided and		63}				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRU NG			(X3) DATE SURVEY COMPLETED	
		34G114	B. WING					尺 09/2024
	PROVIDER OR SUPPLIER CREEK GROUP HON	1E			RESS, CITY, STATE, ZIP C ST CREEK DRIVE NC 27606	CODE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	κ (EA	PROVIDER'S PLAN OF COF CH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	SHOULD		(X5) COMPLETION DATE
{W 263}	revealed that the fa BSP for client #6 bu consent for the BSF confirmed that num the current provider	ge 3 cility had received an updated at there was no guardian P. The program manager erous emails had been sent to about updating the client's ally one updated BSP could be	{W 26	53}				
{W 312}	DRUG USAGE CFR(s): 483.450(e) be used only as an	integral part of the client's	{W 3	12}				
	elimination of the beare employed. This STANDARD is Based on record refailed to ensure the developed active treconjunction with clief or the reduction an	the reduction of and eventual ehaviors for which the drugs is not met as evidenced by: eview and interview, the facility interdisciplinary team (IDT) eatment programs to use in ent's psychotropic medications d/or elimination of restrictive ins. This affected 1 of 3 audit						
	plan (IPP) dated 11 admitted to the facil listed target behavio	f client #3's individual program /16/23 revealed he was lity 10/19/23. Client #3's IPP ors of physical aggression, lizations and making untrue						
		f client #3's physician orders aled he receives Sertraline for der.						
	include a formal act	f client #3's record did not tive treatment program to use his psychotropic medications.						

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONST				E SURVEY PLETED
	34G114	B WING				R
PROVIDER OR SUPPLIER	340114	I Di Wiite		STREET ADDRESS, CITY, STATE, ZIP CODE	05/	09/2024
FOREST CREEK GROUP HOME			Ę	5117 FOREST CREEK DRIVE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
Continued From pa	ge 4	{W 3	12}			
Correction dated 3/s would review all BS current medication address any reduction medication based of psychologist would will be informed of a consent would be of in-serviced on BSP to the would be of the province of the p	5/24 revealed the facility P's, update all BSP's to reflect regiments, IDT will meet to ion or elimination of on documentation, review all BSP's, all guardians any medication changes and btained and all staff would be 's.					
correspondence wit that the program ma 3/17/24, 3/30/24, 4/ 5/6/24 in an effort to needed to formulate	th the psychologist, revealed anager sent emails on 1/24, 4/11/24. 4/24/24 and be ensure all information the the BSP's was provided and					
revealed that the fa BSP for client #6. T confirmed that num the current provider BSP's and formulat	cility had received an updated he program manager erous emails had been sent to about updating the client's ing a BSP for client #3.					
	CREEK GROUP HON SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Interview on 3/5/24 confirmed client #3 at this time. Review on 5/9/24 or Correction dated 3/4 would review all BS current medication address any reduct medication based or psychologist would will be informed of a consent would be or in-serviced on BSP Record review on 5 correspondence with the program madication based or in-serviced on BSP Record review on 5 correspondence with the program madication based or in-serviced on BSP Record review on 5 correspondence with the program madication based or in-serviced on BSP Record review on 5 correspondence with the program madication based or in-serviced on BSP Record review on 5 correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced on BSP correspondence with the program madication based or in-serviced or in-serviced or in-serviced or in-serviced or in-ser	AGINATION NUMBER: 34G114 PROVIDER OR SUPPLIER CREEK GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Interview on 3/5/24 with the program manager confirmed client #3 does not have a BSP in place at this time. Review on 5/9/24 of the facility's Plan of Correction dated 3/5/24 revealed the facility would review all BSP's, update all BSP's to reflect current medication regiments, IDT will meet to address any reduction or elimination of medication based on documentation, psychologist would review all BSP's, all guardians will be informed of any medication changes and consent would be obtained and all staff would be in-serviced on BSP's. Record review on 5/9/24 of the facility's email correspondence with the psychologist, revealed that the program manager sent emails on 3/17/24, 3/30/24, 4/1/24, 4/11/24, 4/24/24 and 5/6/24 in an effort to ensure all information needed to formulate the BSP's was provided and to follow-up with progress of the plans. An interview on 5/9/24 with the program manager revealed that the facility had received an updated BSP for client #6. The program manager confirmed that numerous emails had been sent to the current provider about updating the client's BSP's and formulating a BSP for client #3. However, only one updated BSP could be	TRECORRECTION IDENTIFICATION NUMBER: 34G114 B. WING PROVIDER OR SUPPLIER CREEK GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Interview on 3/5/24 with the program manager confirmed client #3 does not have a BSP in place at this time. Review on 5/9/24 of the facility's Plan of Correction dated 3/5/24 revealed the facility would review all BSP's, update all BSP's to reflect current medication regiments, IDT will meet to address any reduction or elimination of medication based on documentation, psychologist would review all BSP's, all guardians will be informed of any medication changes and consent would be obtained and all staff would be in-serviced on BSP's. 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