STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G143	A. BUILDING _____ B. WING _____	C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYWEST CENTER	**1722 ATHENS AVENUE DURHAM, NC 27707**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS A complaint survey was completed on 9/20/24 for intake #NC00222051. The allegation was unsubstantiated; a deficiency was cited related to the investigation.	W 000		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 1 audit clients (#3) individual program plan (IPP) was revised annually. The finding is: Record review on 9/19/24 of client #3's IPP dated 3/25/23 revealed his annual review was not completed. Interview on 9/19/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she has been in her position for a year and was aware that IPP's had to be reviewed annually. The QIDP acknowledged she had started working on the IPP but still has not finished the report. Interview on 9/19/24 with the Facility Director revealed she was aware the IPP's had not been revised and had already emphasized to the QIDP they needed to be completed.	W 260		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE