	PARTMENT OF HEALTH AND HUMAN SERVICES						
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	<u>MB NO.</u>	0938-0391
· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G061		B. WING			02/11/2025		
NAME OF P	ROVIDER OR SUPPLIER			S	IREET ADDRESS, CITY, STATE, ZIP CODE		
GEORGIA	COURT)7 MISS GEORGIA COURT ARY, NC 27511		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 125	PROTECTION OF CFR(s): 483.420(a)		W 1	125			
	Therefore, the facili individual clients to of the facility, and a including the right to to due process. This STANDARD is Based on interview client's#3 right to a	sure the rights of all clients. ty must allow and encourage exercise their rights as clients s citizens of the United States, o file complaints, and the right s not met as evidenced by: the facility failed to ensure legal guardian appointted by cted 1 of 4 audit clients. The					
	was unable to name medication purpose name the side effect interview on 2/11/25 medication pass clie	5 at 5:00pm revealed, client #3 e his medications and e. Client #3 was also unable to ets of the medication. Further 5 at 6:50am at morning ent #3 was unable to name urpose of medication.					
W 130	revealed client #3 c own guardian and h being competent to program manager c		W 1	130			
	Therefore, the facili treatment and care This STANDARD is Based on observat interview, the facility (#2 and #3) were at	sure the rights of all clients. ty must ensure privacy during of personal needs. s not met as evidenced by: ion, record review and y failed to ensure 1 of 4 audits forded privacy during personal ER/SUPPLIER REPRESENTATIVE'S SIGN	JATHRE		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.

PRINTED: 02/12/2025

		AND HUMAN SERVICES				FORM	02/12/2025 APPROVED 0938-0391			
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		34G061	B. WING			02/11/2025				
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE							
GEORGI	A COURT		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)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE			
W 130	care and toileting. The findings are: During observations in the home on on 2/10/25 at		W 1	30						
	3:45pm, client #3 opened the hallway bathroom door without knocking and client #2 was sitting on the toilet with his pants down. Client #3 opened the cabinet and got himself a pair of gloves then closed the door behind him. Further observation in the home on 2/11/25 at 6:00am, client #2 was in the hallway bathroom sitting on the toilet with his pants down and the bathroom door was open.									
	life assessment dat	of client #2 community home ted 9/1/24 revealed client #2 s to close door when exercise /.								
	life assessment dat	of client #3 community home ted 1/30/24 revealed client #3 efore entering independently.								
W 262	client #2 does need when using the bath she was not aware another client while bathroom.	5 with staff A confirmed that d verbal cues to close the door hroom. Staff A also revealed that client #3 walked in on they were using the FORING & CHANGE (3)(i)	W 24	:62						
	monitor individual p inappropriate behav in the opinion of the client protection and This STANDARD is Based on record re	ould review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to d rights. s not met as evidenced by: eview and interview, the facility restrictive behavior								

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 921907

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		AND HUMAN SERVICES				FORM	02/12/2025 APPROVED				
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED					
34G061		B. WING			02/11/2025						
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE						
GEORGIA COURT			107 MISS GEORGIA COURT CARY, NC 27511								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE				
W 262	techniques for 2 of were reviewed and rights committee (H A. Review on 2/10/2 Support Plan (BSP) behaviors of proper The BSP revealed of for the medications Buspirone. B Review on 2/10/2 5/2/24 revealed targ BSP revealed no withe medications Se Interview on 2/11/25 confirmed the facilitic consents. FOOD AND NUTRI CFR(s): 483.480(a) Each client must re well-balanced diet in specially-prescribed This STANDARD is Based on observat interviews, the facilit received the special indicated. This affed The finding is: Observation in the F	4 audit clients (#3 and #5) monitored by the human IRC). The findings are: 25 of client #3's Behavior) dated 1/30/24 revealed target ty destruction and elopement. no written consent by the HRC Aripiprazole, Invega, 25 of client #5's BSP dated get behaviors of anxiety. The ritten consent by the HRC for rtraline and Clonazepam. 5 with the program manager ty had not obtained HRC TION SERVICES o(1) ceive a nourishing, ncluding modified and	W 2								

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		AND HUMAN SERVICES				FORM	02/12/2025 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
34G061		B. WING			02/11/2025				
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE				
GEORGI	A COURT		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 PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 460	Continued From pa meatballs were who Record review on 2 evaluation dated 2/ client of regular die Interview on 2/11/2	nge 3 ble not cut. 2/11/25 of client #4's nutritional 11/24 revealed a prescribed	W 4						

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