PRINTED: 04/13/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED	
		34G293	B. WING	· · · · · · · · · · · · · · · · · · ·	C 04/09/2018
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 102	CFR(s): 483.410 The facility must ens	Y AND MANAGEMENT sure that specific governing ent requirements are met.	W 10	02	
W 104	Governing Body an exercise general pol direction over the far. The cumulative effer resulted in the facilit statutorily mandated GOVERNING BODY CFR(s): 483.410(a)(ct of these systemic practices y's failure to provide I services.	W 10)4	
	Governing body and exercise general pol direction over the far allegations of abuse investigated, direct of inappropriate behave unauthorized absenting appropriate behave the control of	care staff reported ior by clients and ces by staff providing rted to management in the			
	management inappr	failed to consistently report to opriate behavior by n they were responsible.			
ADODATODY	DIDECTORIO OD DDOVIDE	VELIDDLIED DEDDECENTATIVE'S SIGNATUR	-	TITI F	(V6) DATE

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

TITLE (X6) DAT

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	
		34G293	B. WING _			04/0) 09/2018
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 8609 STONEGATE DR RALEIGH, NC 27615	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
W 104	2/10/18 revealed a dimanagement staff that that former client #4 is clients #2 and #1 in the were taken from sever clients #1, #2 and #4 reviewing the statemed determined these allow unsubstantiated as clients took place. Interview on 4/6/18 with via phone indicated a instructed direct care #4's location every 18 the home. She also in the door alarms above #2's bedroom doors wadditionally stated shreport any interaction inappropriate. She standard that is she stated former client #4 had in She stated former client #4 had in She stated former client #4 had in the time frame client with the stated former client #4 had in the time frame client with the stated former client #4 had in the time frame client with the stated former client interview on 4/6/18 with the stated former client with the stated former client interview on 4/6/18 with the stated former client interview on 4	an investigation dated rect care staff reported to at client #2 reported to him nappropriately touched the genital area. Statements areal staff in the facility and a were interviewed. After ants the investigative team agations were lient #4 was hospitalized at client #2 alleged that these with the Residential Manager after this investigation she staff to be aware of client in a material staff to be certain the former client #4 and client were operational. She are told direct care staff to see between clients that was atted during the last week in an of specific date) a direct her client #2 reported nappropriately touched him. Bent #4 had been hospitalized lient #2 provided to direct m possible, so she chose see allegations. With staff #1 revealed he had ant #4 going into client #2's occasion, he had shut the direct management staff.	W	104			
	seen former client #4	go into client #1's bedroom					

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
		34G293	B. WING		04/0) 09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615		J9/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 104	Additional interview of Manager revealed shockient #4 entering clie stated direct care state. She stated on at 2018 she had entered the door alarms over #4's bedroom doors in stated when asked, of had not disabled the former client #4 was in have been able to de Residential Manager to management. She aware of these door a during their assigned operational. Interview on 4/9/18 w Disabilities Profession unaware of allegation and client #2 that were Manager in March 20 unaware of allegation entering the bedroom was also unaware the bedroom doors of client had been de-activate. 2. Direct Care staff formanagement staff whork as scheduled. Interview on 4/9/18 werevealed she had been de-activate.	d ears. He stated this was gement staff. In 4/9/18 with the Residential e was not aware of former nt #1 or #2's bedrooms. She if had not reported this to least one occasion in March defends the facility and observed clients #2 and former client had been disabled. She lirect care staff reported they be door alarms. She stated stall in stature and would activate these alarms. The stated she did not report this did instruct staff to be alarms and to be certain shifts the alarms were with the Qualified Intellectual hal (QIDP) revealed he was as involving former client #4 are given to the Residential 18. He stated he was also as of former client #4 areas of clients #1, #2. He end door alarms over the ent #2 and former client #4 d. Sailed to consistently notify then they did not report to	W 10			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		(X3) DATE SURVEY COMPLETED		
		34G293	B. WING				C
		340293	B. WING			04/	09/2018
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
STONEGA	TE				8609 STONEGATE DR		
0.00	·· -			ı	RALEIGH, NC 27615		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 104	work as scheduled. S reported he had drive picked up the clients a facility. He stated he was second shift without in Direct care staff state incident when staff did scheduled without not linterview on 4/9/18 w Professional (QP) and revealed they were now when staff did not repand did not notify man	t care staff did not report to he stated direct care staff n to the vocational center, and taken them back to the worked alone for the entire totifying management staff. d this was not the only d not report to work as tifying management staff. ith the Qualified d Residential Manager (RM) of aware of any incident ort to work as scheduled magement staff. INS	w ·				
	The facility failed to: to prohibit possible at thoroughly investigate affected 1 of 6 clients The cumulative effect	of these systemic practices					
W 149	to its clients. STAFF TREATMENT CFR(s): 483.420(d)(1	of CLIENTS) elop and implement written	W	149			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		34G293	B. WING _			C 04/09/2018		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 8609 STONEGATE DR RALEIGH, NC 27615	IP CODE	04/03/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICII	ACTION SHOULD BE FO THE APPROPRIA			
W 149	This STANDARD is a Based on record rev facility failed to imple prohibit mistreatment affected 3 of 6 clients. The finding is: Facility Management policies intended to puthe home. Review on 4/6/18 of an individual program Further review of his and has diagnoses of Disabilities and Schiztype). The IPP indicated adjudicated incompetitions.	tor abuse of the client. not met as evidenced by: iew and staff interviews, the ment policies intended to or abuse of clients. This in the home (#1, #2, #4). neglected to implement revent abuse of clients in client #2's record revealed in plan (IPP) dated 5/18/17. record revealed he is verbal if Moderate Intellectual cophrenia (Undifferentiated ted client #2 had been tent and had a guardian of	W 1		ENCY)			
	privacy goal impleme issues with maintaining of others at this time. Review on 4/6/18 of forevealed an IPP date his record revealed his record review of this IPP revealed his IPP rev	is IPP revealed "Will have a nted as needed. He has no ng his privacy or the privacy" former client #4's record d 1/30/18. Further review of e is verbal and has te Intellectual Disability, eractivity Disorder, Impulse						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		34G293	B. WING _			C 04/09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 8609 STONEGATE DR RALEIGH, NC 27615	ODE	1 04/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BI THE APPROPRIA	DATE
W 149	management staff the that former client #4 clients #2 and #1 in were taken from sever clients #1, #2 and #1 reviewing the statem determined these all unsubstantiated as of during the time frame events took place. Review on 4/9/18 of former client #4 was towards staff and ex 3/27/18. Direct Care Department and formon 3/27/18. Interview on 4/6/18 via phone indicated 2/10/18 she instructed aware of client #4's I when he was in the I staff to be certain the client #2 and client #0 operational. She expected as the staff to report a that was inappropriated week in March 2018 direct care staff report of the staff of the stated former client #4 had She stated former client #4 had She stated former client to direct care staff dichose not to investige Interview on 4/9/18 via phone indicated 2/10/18 and the tito direct care staff dichose not to investige Interview on 4/9/18 via phone indicated 2/10/18 and the tito direct care staff dichose not to investige Interview on 4/9/18 via phone indicated 2/10/18 and the tito direct care staff dichose not to investige Interview on 4/9/18 via phone indicated 2/10/18 and the tito direct care staff dichose not to investige Interview on 4/9/18 via phone indicated 2/10/18 via phone indica	lirect care staff reported to at client #2 reported to him inappropriately touched the genital area. Statements eral staff in the facility and 4 were interviewed. After sents the investigative team	W 1	149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		34G293	B. WING _			C 04/09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 8609 STONEGATE DR RALEIGH, NC 27615	•	34/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 149	be re admitted to the discharged. Alternate pursued by the host linterview on 4/6/18 client #2 revealed in inappropriately tou with his mouth about former client #4 cashut the door, pulled his genital area with client #4 then left libehind him. When his roommate (who 2 direct care staff with stated, "No." It should be crying during this in womited into a trass was being interview witnessed by the whim as a Qualified Additional interview #6 revealed no inaction clients or staff. Clienterview able. Interview on 4/6/18 hospital revealed hospital re	talized and probably would not be facility when he is ative placement is being spital. If at the vocational center with former client #4 had ched him in the genital area but two weeks ago. He stated me into his bedroom at night, and down his pants and kissed the his mouth. He stated former his bedroom, shutting the door asked if this was witnessed by the is not interviewable) or by the working in the facility, he would be noted client #2 was atterview and afterwards he in can in the room where he wed. This interview was also occational staff who works with	W	149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		34G293	B. WING			C 04/09/2018	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615	1	0-4/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	Interview on 4/6/18 witnessed former of bedroom and on or bedroom door. He inappropriate interview on 4/6/18 seen former client and touch his face not reported to man when he was work hallway bathroom a undressing when fo bathroom. He state realized staff #B with the factor of the former client #2 bathroom. Staff #B management. Additional interview Manager revealed staff of former client areas of client #1 a sometime during the noted when she cathat the door alarm client #2 and former de-activated. She but instructed direct.	witnessed by former client #4's spital. By with staff #A revealed he had client #4 going into client #2's ne occasion, he had shut the did not report this action to management staff. By with staff #B revealed he had #4 go into client #1's bedroom and ears. He stated this was nagement staff. He also stated ing in March, he was in the cassisting client #1 with corner client #4 walked into the ed when former client #4 as in the bathroom with client #4 quickly exited the hallway adid not report this to by on 4/9/18 with the Residential she was not told by direct care in #4 entering the bedroom and client #2. She stated he month of March 2018 she are into her shift in the facility as over the bedroom doors of er client #4 had been stated she did not report this cot care staff to be aware of	W 1	49			
	de-activated. She but instructed direct these alarms while facility. Review on 4/9/18 of Abuse and Neglectincidents of abuse	stated she did not report this					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	prescribed procedure as "Any physical or pas caressing, fondlin intercourse, etc. Enc participate in noncon Encouraging or allow form of undress or to for the gratification or Interview on 4/9/18 v Disabilities Profession unaware of allegation and client #2 that we Manager in March 20 unaware of allegation entering the bedroom was also unaware the bedroom doors of client may be allegation immediately be invested all allegation immediately be invested allegations of sexual client #4 once management incider entering the bedroom thoroughly investicient #4 had disable Direct care staff also management incider entering the bedroom The failure of management incider ent	es." Sexual Abuse is defined provocative advances, such g, sexual contact, sexual ouraging a person to issensual sexual activity. Ving a person to be in any participate in sexual activity of staff or other persons." With the Qualified Intellectual stand (QIDP) revealed he was instituted in sexual activity of staff or other persons." With the Qualified Intellectual stand (QIDP) revealed he was instituted in sexual activity of staff or other persons." With the Qualified Intellectual stand (QIDP) revealed he was instituted in sexual activity of staff or other persons." With the Qualified Intellectual stand (QIDP) revealed he was also one of former client #4 are given to the Residential ones of former client #4 and areas of clients #1, #2. He see door alarms over the sient #2 and former client #4 and defined the implemented. With the Operations Manager of abuse should stigated. She stated the ing abuse is current and to thoroughly investigate abuse to client #2 by former gement staff were made attions. The facility also did tigate the possibility former did the bedroom door alarms.	W 1	49		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		34G293	B. WING			04/	09/2018
STONEGA	ROVIDER OR SUPPLIER			8	ETREET ADDRESS, CITY, STATE, ZIP CODE 1609 STONEGATE DR RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149 W 154	abuse not being cons failures resulted in the provide statutorily ma protections to the clie STAFF TREATMENT	or reporting and investigating istently implemented. These is facility's systemic failure to indated services of client ints residing in the facility. OF CLIENTS		149 154			
	CFR(s): 483.420(d)(3 The facility must have violations are thoroug	e evidence that all alleged					
	Based on interview a failed to conduct a the allegations of client to	not met as evidenced by: and record review the facility brough investigation of a client abuse involving mer client #4. The finding is:					
	Management failed to allegations of client to	thoroughly investigate client sexual abuse.					
	an individual program Further review of his and has diagnoses of Disabilities and Schiz type). The IPP indicat adjudicated incompet the person appointed Additional review of h privacy goal impleme	is IPP revealed "Will have a nted as needed. He has no ng his privacy or the privacy					
	revealed an IPP dated his record revealed he	ormer client #4's record d 1/30/18. Further review of e is verbal and has te Intellectual Disability,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615	I	04/03/2010	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	Attention Deficit Hy Control Disorder, E Pervasive Developing review of this IPP replan dated 3/19/18 Physical Aggression Review on 4/9/18 of former client #4 was towards staff and e 3/27/18. Direct Carn Department and for on 3/27/18. Interview on 4/9/18 Disabilities Profess client #4 was hosping be readmitted to the discharged. Alternate pursued by the hose 2/10/18 revealed a management staff that former client #4 clients #2 and #1 in were taken from second the second and reviewing the state determined these and unsubstantiated as during the time frame events took place. Interview on 4/6/18 via phone indicated 2/10/18 she instruction aware of client #4's aware of client	peractivity Disorder, Impulse pisodic Mood Disorder, mental Disorder. Further evealed a behavior support to address target behaviors of an and Property Destruction. If a note by staff revealed suppose physically aggressive whibited suicidal ideations on e staff contacted the Police mer client #4 was hospitalized with the Qualified Intellectual ional (QIDP) confirmed former talized and probably would not e facility when he is tive placement is being pital. If an investigation dated direct care staff reported to hat client #2 reported to him inappropriately touched the genital area. Statements veral staff in the facility and #4 were interviewed. After ments the investigative team	W	54			

AND DI AN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 154	client #2 and client a operational. She ex care staff to report a that was inappropria week in March 2018 direct care staff repformer client #4 had She stated former on 3/27/18 and the to direct care staff ochose not to investignate in the company of the compan	the door alarms above former #4's bedroom doors were plained that she told direct any interaction between clients ate. She stated during the last B (uncertain of specific date) a ported to her client #2 told him I inappropriately touched him. I lient #4 had been hospitalized time frame client #2 provided lid not seem possible, so she gate these allegations.	W 1	54		
	witnessed by the vo him as a Qualified F Additional interview #6 revealed no inap clients or staff. Clien interviewable. Interview on 4/6/18 hospital revealed he	red. This interview was also ocational staff who works with Professional (QP). s on 4/6/18 with client #5 and oppropriate touching by other ints #1 and #3 were not with former client #4 at the e had no knowledge of any er clients bedrooms without				

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NAME OF PROVIDER OR SUPPLIER STONEGATE				STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615	<u> </u>	04/03/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 154	REGULATORY OR LSC IDENTIFYING INFORMATION)		W 1	54			

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	((EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
but instructed direct these alarms while facility. Review on 4/9/18 or Abuse and Neglect incidents of abuse and investigated imprescribed proceduras "Any physical or as caressing, fondli intercourse, etc. Emparticipate in nonconform of undress or for the gratification. Interview on 4/9/18 Disabilities Profess unaware of allegating and client #2 that we Manager in March 2 unaware of allegating entering the bedroom was also unaware the bedroom doors of had been de-activate revealed the facility neglect is current at Interview on 4/9/18 revealed all allegating immediately be investigated to the facility policy regards should be followed.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 ut instructed direct care staff to be aware of nese alarms while they were working in the acility. Review on 4/9/18 of the facility policy regarding shouse and Neglect page C.4.5 revealed "Any incidents of abuse or neglect are to be reported and investigated immediately, and according to investigated procedures." Sexual Abuse is defined in sexual activity. Sexual contact in the course, etc. Encouraging a person to intercourse, etc. Encouraging a person to intercourse, etc. Encouraging a person to be in any form of undress or to participate in sexual activity or the gratification of staff or other persons." Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was naware of allegations involving former client #4 and client #2 that were given to the Residential Manager in March 2018. He stated he was also unaware the door alarms over the edroom doors of client #2 and former client #4 and been de-activated. Additional interview evealed the facility policy regarding Abuse and eglect is current and should be implemented. The facility failed to thoroughly investigate The facility failed to thoroughly investigate		54			
	Continued From participate in noncolor the gratification of undress or for the gratification. Interview on 4/9/18 believe in Manager in March 2 unaware of allegation and been de-activarevealed the facility neglect is current a linterview on 4/9/18 was also unaware to had been de-activarevealed all allegations of sexual participate in noncolor the gratification.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 but instructed direct care staff to be aware of these alarms while they were working in the	A BUILDIN 34G293 ROVIDER OR SUPPLIER TE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 but instructed direct care staff to be aware of these alarms while they were working in the facility. Review on 4/9/18 of the facility policy regarding Abuse and Neglect page C.4.5 revealed "Any incidents of abuse or neglect are to be reported and investigated immediately, and according to prescribed procedures." Sexual Abuse is defined as "Any physical or provocative advances, such as caressing, fondling, sexual contact , sexual intercourse, etc. Encouraging a person to participate in nonconsensual sexual activity. Encouraging or allowing a person to be in any form of undress or to participate in sexual activity for the gratification of staff or other persons." Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of allegations involving former client #4 and client #2 that were given to the Residential Manager in March 2018. He stated he was also unaware the door alarms over the bedroom areas of clients #1, #2. He was also unaware the door alarms over the bedroom doors of client #2 and former client #4 had been de-activated. Additional interview revealed the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed all allegations of abuse should immediately be investigated. She stated the facility policy regarding abuse is current and should be followed. The facility failed to thoroughly investigate allegations of sexual abuse to client #2 by former	ROUNDER OR SUPPLIER TE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 but instructed direct care staff to be aware of these alarms while they were working in the facility. Review on 4/9/18 of the facility policy regarding Abuse and Neglect page C.4.5 revealed "Any incidents of abuse or neglect are to be reported and investigated immediately, and according to perscribed procedures." Sexual activity. Encouraging or allowing a person to be in any form of undress or to participate in sexual activity. Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of allegations of former client #4 and client #2 that were given to the Residential Manager in March 2018. He stated he was also unaware the door alarms over the bedroom doors of client #2 and former client #4 and been de-activated. Additional interview revealed the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed all allegations of abuse so under the dacility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed all allegations of abuse should immediately be investigated. She stated the facility policy regarding abuse is current and should be followed.	A BUILDING 34G293 A SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES RECH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 but instructed direct care staff to be aware of these alarms while they were working in the facility. Review on 4/9/18 of the facility policy regarding Abuse and Neglect page C. 4.5 revealed "Any incidents of abuse or neglect are to be reported and investigated immediately, and according to practicipate in nonconsensual sexual activity. Encouraging or allowing a person to be in any form of undress or to participate in sexual activity. Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of allegations of former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom areas of clients #1, #2. He was also unaware the door alarms over the bedroom doors of client #2 and former client #4 entering the bedroom areas of clients #1, #2. He was also unaware the door alarms over the bedroom doors of client #2 and former client #4 entering the bedroom areas of clients #1, #2. He was also unaware the door alarms over the bedroom doors of client #2 and former client #4 entering the bedroom areas of clients #1, #2. He was also unaware the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed the facility policy regarding Abuse and neglect is current and should be implemented. Interview on 4/9/18 with the Operations Manager revealed the facility policy regarding Abuse and neglect is current and should be followed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G293	B. WING _			C 04/09/2018	
NAME OF PROVIDER OR SUPPLIER STONEGATE				STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 154	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP			