

Community Alternatives North Carolina 1200 Navaho Drive Raleigh, NC 27609 919.387.1011 fax: 919.387.1130 www.ResCare.com

April 13, 2018

Kimberly McCaskill, MSW
Facility Survey Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Complaint Survey Conducted April 6-9, 2018

Stonegate, 8609 Stonegate Drive, Raleigh, NC 27615

Provider Number: 34G293 MHL Number: MHL-092-137

Dear Mrs. McCaskill,

Thank you for your time and the feedback given during the survey you completed on April 6-9, 2018. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 238. Again, thank you for your time and patience.

Sincerely,

Jason Peace, MSW

**Executive Director, CANC** 

**Enclosures** 

**Respect and Care** 



# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

April 13, 2018

Mr. Jason Peace, Executive Director Community Alternatives, Inc. of NC 1001 Navaho Drive, Suite 101 Raleigh, North Carolina 27609

Re:

Complaint Investigation Survey April 6, 2018-April 9, 2018 Stonegate, 8609 Stonegate Drive, Raleigh, NC 27615 Provider Number #34G293 MHL# 092-137 E-mail Address: <a href="mailto:jason.peace@rescare.com">jason.peace@rescare.com</a> Complaint Intake #NC00137438

Dear Mr. Peace:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on April 9, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

#### Type of Deficiencies Found

- Condition Level deficiencies are cited for §483.410 Governing Body and Management (W102), §483.420 Client Protections (W122).
- Standard level deficiencies were cited.

#### **Time Frames for Compliance**

- The condition level deficiencies must be corrected within 45 days from the exit date of the survey, which is May 24, 2018. You must request in writing a revisit indicating credible allegation of compliance no later than 45 days following the survey.
- If the facility is not in compliance at the time of the follow-up 45<sup>th</sup> day a recommendation for termination from the Medicaid program will be made effective within ninety (90) days from the last date surveyed.

#### MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV
TEL 919-855-3795 • FAX 919-715-8078
LOCATION: 1800 UMSTEAD DRIVE •WILLIAMS BUILDING • RALEIGH, NC 27603
MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed condition level deficiencies by the 45<sup>th</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$400.00 (Four Hundred) against **Stonegate** for each day the deficiency remains uncorrected.
- Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is **June 8, 2018.**

#### What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. *Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.* 

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Kimberly McCaskill at (919)218-9152.

Sincerely,

Kimberly C. McCaskill, MSW Facility Survey Consultant I

Mental Health Licensure & Certification Section

**Enclosures** 

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
File

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
			A. OOILD				С
		34G293	B. WING			04	/09/2018
NAME OF F	ROVIDER OR SUPPLIER	•	•	86	TREET ADDRESS, CITY, STATE, ZIP CODE 609 STONEGATE DR ALEIGH, NC 27615	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 102	CFR(s): 483.410  The facility must ensu	AND MANAGEMENT  ure that specific governing  nt requirements are met.	W	102			
W 104	Governing Body and exercise general polic direction over the facility's tatutorily mandated s GOVERNING BODY CFR(s): 483.410(a)(1)	of these systemic practices s failure to provide services.	W 1	104	Please refer to pages 2-3.		
	Governing body and exercise general policidirection over the faciliallegations of abuse winvestigated, direct calinappropriate behaviounauthorized absence coverage were reportefacility. The findings a	re staff reported r by clients and es by staff providing ed to management in the re: iled to consistently report to					
AROBATORY	IRECTOR'S OR PROVINCES	URPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		TITLE		(X6) DATE
35.51.51.7	Work		-		Executive Director		4/21/18

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.

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

Event ID: GHY511

Facility ID: 955748

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG		E SURVEY PLETED
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	Review on 4/9/18 of a 2/10/18 revealed a dia management staff that that former client #4 in clients #2 and #1 in the were taken from sever clients #1, #2 and #4 reviewing the statement determined these alle unsubstantiated as clied during the time frame events took place.  Interview on 4/6/18 with via phone indicated at instructed direct care in the door alarms above #2's bedroom doors ward additionally stated shere port any interactions in inappropriate. She stated former client #4 had in She stated former client bedroom and on one client with the she with	an investigation dated rect care staff reported to at client #2 reported to him chappropriately touched be genital area. Statements and staff in the facility and were interviewed. After ents the investigative team gations were ent #4 was hospitalized client #2 alleged that these that the Residential Manager for this investigation she staff to be aware of client minutes when he was in structed staff to be certain the former client #4 and client former client #4 and client for enter that was ted during the last week in the of specific date) a direct former client #2 reported for possible, so she chose the allegations.	W 1	This condition will be corrected by the for actions:  A. All Behavioral Support Plans (BSP) who by the Qualified Professional and/or to ensure that all identified maladpating are current and included in the plan.  B. If needed, all BSPs will be revised by Psychologist to include all identified behaviors. Once revised and consent the Qualified Professional will train a all BSPs and appropriate intervention.  C. Program Manager will provide staff witraining on abuse and neglect, as we rights. This training will include but nabuse, neglect, exploitation, client's.  D. Program Manager will provide training related to proper reporting procedure and on call procedures.  E. Program Manager, with the assistance maintainence, will purchase and instantainence, will minimize the potential disarmed by residents.  F. Qualified Professional will review and employees on how to implement daily for ensuring alarms are properly workeds shift and what to do and who to they are not working properly. Procedinclude how to document daily alarm Qualified Professional will be response providing this training.	vill be reviewed sychologist the naladpative is obtained, I staff on is.  vith formal ell as client's of be limited to rights, privacy. If to all staff s, time frames, is of being train all to procedures ing during contact when ure will also checks.	5/24/18

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
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W 104	and touch his face an not reported to manage Additional interview of Manager revealed shockient #4 entering clies stated direct care staff her. She stated on at 2018 she had entered the door alarms over #4's bedroom doors his stated when asked, do had not disabled thes former client #4 was to have been able to dea Residential Manager to management. She aware of these door a during their assigned operational.  Interview on 4/9/18 with Disabilities Profession unaware of allegations and client #2 that were Manager in March 20 unaware of allegations entering the bedroom was also unaware the bedroom doors of client had been de-activated 2. Direct Care staff far management staff who work as scheduled.  Interview on 4/9/18 wirevealed she had been	d ears. He stated this was gement staff.  In 4/9/18 with the Residential e was not aware of former int #1 or #2's bedrooms. She if had not reported this to least one occasion in March if the facility and observed clients #2 and former client ad been disabled. She irect care staff reported they e door alarms. She stated all in stature and would activate these alarms. The stated she did not report this did instruct staff to be larms and to be certain shifts the alarms were  the Qualified Intellectual hal (QIDP) revealed he was a involving former client #4 are given to the Residential 18. He stated he was also so of former clients #1, #2. He door alarms over the int #2 and former client #4.  It is died to consistently notify en they did not report to	W	104	G. Program Manager will train management personnel regarding proper staffing ratios scheduling practices. Scheduling practices include, but not limited to schedule submis daily/ weekly labor reviews, and reporting practices.  H. Qualifed Professional will train all staff or Rescare attendance policies and expectal Qualifed Professional will ensure that all show the proper contact information for all management.  I. Residential Manager and Qualified Profess monitor and document adherence all correct measures daily for a month. Afterwards, the each provide on-going monintoring 3x/week.  J. Program Manager will monitor and docume adherence to all corrective measures week month. Afterwards, Program Manager will jon-going monitoring bi-weekly.	s will isson,  tions. staff levels of ional will stive ey will kly. ent	5/24/18

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 104	of two assigned direct work as scheduled. S reported he had drive picked up the clients a facility. He stated he v second shift without n Direct care staff stated incident when staff did scheduled without not Interview on 4/9/18 with Professional (QP) and revealed they were not scheduled they were not scheduled.	care staff did not report to the stated direct care staff in to the vocational center, and taken them back to the vorked alone for the entire otifying management staff. It this was not the only if not report to work as ifying management staff.  It the Qualified I Residential Manager (RM) aware of any incident ort to work as scheduled agement staff.	W 1	Please refer to pages 2 and 3.  For citataion W122, please referlisted for W149 and W154.	lo correctio	ons	
W 149	The facility failed to: in to prohibit possible about thoroughly investigate affected 1 of 6 clients in the cumulative effect of resulted in the facility's statutorily mandated so to its clients.  STAFF TREATMENT (CFR(s): 483.420(d)(1)	of these systemic practices failure to provide ervices of client protections  OF CLIENTS  op and implement written	W 1-	49			

	OF DEFICIENCIES F CORRECTION	.(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION NG		SURVEY PLETED	
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	This STANDARD is real Based on record revisition facility failed to impler prohibit mistreatment affected 3 of 6 clients. The finding is:  Facility Management policies intended to put the home.  Review on 4/6/18 of coan individual program Further review of his reand has diagnoses of Disabilities and Schize type). The IPP indicated adjudicated incompete the person appointed Additional review of his privacy goal implement issues with maintaining of others at this time."  Review on 4/6/18 of forevealed an IPP dated his record revealed he diagnoses of Moderate Attention Deficit Hype Control Disorder, Epis Pervasive Development review of this IPP reventant dated 3/19/18 for second revealed 3/19/18 for the same provided and the second revealed here.	tor abuse of the client.  Into the tas evidenced by: ew and staff interviews, the ment policies intended to or abuse of clients. This in the home (#1, #2, #4).  Intellected to implement revent abuse of clients in  Itient #2's record revealed plan (IPP) dated 5/18/17. The cord revealed he is verbal Moderate Intellectual phrenia (Undifferentiated and had a guardian of a story of the privacy  Intellectual Disability, The cord is verbal and has a Intellectual Disability, The cord	W 1	This condition will be corrected by the followin actions:  A. All Behavioral Support Plans (BSP) will be by the Qualified Professional and/or Psych to ensure that all identified maladpative bet are current and included in the plan.  B. If needed, all BSPs will be revised by the Psychologist to include all identified malad behaviors. Once revised and consents obt the Qualified Professional will train all staff all BSPs and appropriate interventions.  C. Program Manager will provide staff with fo training on abuse and neglect, as well as rights. This training will include but not be abuse, neglect, exploitation, client's rights.  D. Program Manager, with the assistance of maintainence, will purchase and install doc alarms that will minimize the potential of be disarmed by residents. The implementation will provide an additional level of monitorin movements.  E. Qualified Professional will review and train employees on how to implement daily proc for ensuring alarms are properly working dieach shift and what to do and who to contain they are not working properly. Procedure winclude how to document daily alarm check Qualified Professional will be responsible for providing this training.  D. Qualified Professional will provide training regarding the purpose and proper implemed documentation of bed checks. If needed, Oprofessional will inccrease frequency of bein order to provide more frequent visual check and the provide on-going monitoring 3x/weel.  E. Residential Manager and Qualified Profess monitor and document adherence all corrective measures week month. Afterwards, Program Manager will on-going monitoring bi-weekly.	reviewed ologist aviors  pative ained, on mal lient's imited to, privacy.  If ing of alarms g consumer all edures uning of when ill also s. or to all staff entation unalified did checks ecks.  It is all staff entation unalified will tive y will liy.	5/24/18	

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W 149	2/10/18 revealed a di management staff that that former client #4 i clients #2 and #1 in the were taken from sever clients #1, #2 and #4 reviewing the statemed etermined these alleunsubstantiated as clients took place.  Review on 4/9/18 of a former client #4 was provinced to the staff and exhibiting the time frame events took place.  Review on 4/9/18 of a former client #4 was provinced to the staff and exhibiting the time frame events took place.  Review on 4/9/18 of a former client #4 was provinced to the staff and exhibiting the time to the terminal to the client #4 in the client #2 and client #4 operational. She explain the client #2 and client #4 operational. She explain that was inappropriate week in March 2018 (direct care staff to report and that was inappropriate week in March 2018 (direct care staff report former client #4 had in the stated former client #4 had in the s	rect care staff reported to at client #2 reported to him nappropriately touched ne genital area. Statements eral staff in the facility and were interviewed. After ents the investigative team agations were lient #4 was hospitalized client #2 alleged that these anote by staff revealed obysically aggressive libited suicidal ideations on staff contacted the Police er client #4 was hospitalized with the Residential Manager feer this investigation dated at direct care staff to be cation every 15 minutes one. She also instructed door alarms above former is bedroom doors were sained that she told direct y interaction between clients as She stated during the last uncertain of specific date) a red to her client #2 told him nappropriately touched him. Int #4 had been hospitalized not seem possible, so she	W 1	49	For citataions W149, please refer to page 5.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 149	Continued From page	96	W 1	49		
		ized and probably would not facility when he is e placement is being				
	client #2 revealed form inappropriately touched with his mouth about the former client #4 came shut the door, pulled to his genital area with his client #4 then left his behind him. When ask his roommate ( who is 2 direct care staff wordstated, "No." It should crying during this intervomited into a trash cawas being interviewed.	ad him in the genital area awo weeks ago. He stated into his bedroom at night, down his pants and kissed is mouth. He stated former bedroom, shutting the door and if this was witnessed by not interviewable) or by the king in the facility, he I be noted client #2 was view and afterwards he an in the room where he I. This interview was also tional staff who works with				
		on 4/6/18 with client #5 and opriate touching by other #1 and #3 were not		For citataions W149, please refer t pages 5.	10	
	hospital revealed he had clients entering other of their consent. He state clients #1 and #2's bed had come to his bedro come and play a video client #2 sat on his bedro video game. He denied clients in the facility. H	th former client #4 at the ad no knowledge of any clients bedrooms without at he had never entered drooms. He stated client #2 om after he invited him to game with him. He stated d and watched him play a d ever touching any of the e asked this surveyor, went into their bedrooms?"			•	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615		7410372010	
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!	This interview was witherapist at the hospit Interview on 4/6/18 w witnessed former cliebedroom and on one bedroom door. He did inappropriate interaction Interview on 4/6/18 w seen former client #4 and touch his face annot reported to manage when he was working hallway bathroom assundressing when form bathroom. He stated wrealized staff #8 was #1, former client #4 qubathroom. Staff #B did management.  Additional interview on Manager revealed she staff of former client # areas of client #1 and sometime during the roted when she came that the door alarms of client #2 and former client #3 and former client #4 and sometime during the rote for the former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rote for former client #4 and sometime during the rot	ith staff #A revealed he had not #4 going into client #2's occasion, he had shut the inot report this on to management staff.  Ith staff #B revealed he had go into client #1's bedroom dears. He stated this was gement staff. He also stated in March, he was in the isting client #1 with her client #4 walked into the when former client #4 in the bathroom with client uickly exited the hallway if not report this to  In 4/9/18 with the Residential was not told by direct care 4 entering the bedroom client #2. She stated north of March 2018 she into her shift in the facility wer the bedroom doors of ient #4 had been ted she did not report this are staff to be aware of	W 1-	For citataions W149, please refer to pages 5.			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		E SURVEY PLETED
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W 149	as "Any physical or plas caressing, fondling intercourse, etc. Encouraging or allowing form of undress or to for the gratification of the gratification and client #2 that wer Manager in March 20 unaware of allegation entering the bedroom was also unaware the bedroom doors of client also unaware the bedroom doors of client also unaware the bedroom doors of client does not be investigation of the gratification immediately be investigation of the facility policy regarding should be followed.  The facility neglected allegations of sexual a client #4 once manage aware of these allegation thoroughly investigation thoroughly investigation thoroughly investigation the facility of management incidence entering the bedroom The failure of manage	s." Sexual Abuse is defined rovocative advances, such a sexual contact, sexual puraging a person to sensual sexual activity. In a person to be in any participate in sexual activity staff or other persons."  If the Qualified Intellectual hal (QIDP) revealed he was a 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 adoor alarms over the ent #2 and former client #4 areas of clients #1, #2. He adoor alarms over the ent #2 and former client #4 and should be implemented.  If the Operations Manager is of abuse should igated. She stated the grabuse is current and to thoroughly investigate abuse to client #2 by former element staff were made ions. The facility also did grate the possibility former the bedroom door alarms. In alled to report to es of former client #4 areas of clients #1 and #2.	W 145	For citataions W149, please refer to pages 5.		

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' ' '	TIPLE CONSTRUCTION		OATE SURVEY OMPLETED
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 8609 STONEGATE DR RALEIGH, NC 27615		<del>04/05/2010</del>
(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 154	their facility policies for abuse not being considered failures resulted in the provide statutorily male protections to the client STAFF TREATMENT CFR(s): 483.420(d)(3). The facility must have violations are thoroug. This STANDARD is in Based on interview a failed to conduct a though allegations of client to clients (#1, #2) by form Management failed to allegations of client to clients (#1, #2) by form Management failed to allegations of client to the clients of client to clients of clients o	or reporting and investigating istently implemented. These is facility's systemic failure to indated services of client into residing in the facility.  OF CLIENTS  evidence that all alleged hely investigated.  ot met as evidenced by: and record review the facility investigation of client abuse involving into the record revealed plan (IPP) dated 5/18/17.  ecord revealed he is verbal Moderate Intellectual intellectual phrenia (Undifferentiated and client #2 had been into and had a guardian of the act on his behalf.  Is IPP revealed "Will have a inted as needed. He has no go his privacy or the privacy in werbal and has	W 1	For citataions W149, please refer page 5.	the following will be provided vill include, but will incours, HCPR reporting, frames, etc. de training to all idual rights, various to to report to. de education to all ide training to all st per implementation fied Professional wi ce all corrective erwards, they will ing 3x/weekly. and document asures weekly for a	5/24/18

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		TE SURVEY
		34G293	B. WING_	- MP		C 04/09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	Attention Deficit Hype Control Disorder, Epis Pervasive Developmer review of this IPP reveplan dated 3/19/18 to Physical Aggression at Review on 4/9/18 of a former client #4 was p towards staff and exhi 3/27/18. Direct Care s Department and former on 3/27/18.  Interview on 4/9/18 with Disabilities Profession client #4 was hospitalisher e admitted to the findischarged. Alternative pursued by the hospital Perview on 4/9/18 of at 2/10/18 revealed a dimmanagement staff that former client #4 in clients #2 and #1 in the were taken from sever clients #1, #2 and #4 reviewing the statement determined these allegunsubstantiated as clied during the time frame of events took place.  Interview on 4/6/18 with via phone indicated aff 2/10/18 she instructed aware of client #4's local and a staff that former clients #1, #2 and #4 reviewing the statement determined these allegunsubstantiated as clied during the time frame of events took place.	ractivity Disorder, Impulse redic Mood Disorder, Intal Disorder. Further realed a behavior support address target behaviors of and Property Destruction.  Inote by staff revealed thysically aggressive bited suicidal ideations on taff contacted the Police or client #4 was hospitalized the Qualified Intellectual all (QIDP) confirmed former zed and probably would not acility when he is a placement is being all.  In investigation dated the properties to the client #2 reported to him appropriately touched a genital area. Statements all staff in the facility and were interviewed. After the investigative team pations were ent #4 was hospitalized client #2 alleged that these the Residential Manager or this investigation dated	W 1	Please refer to page 10.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TPLE CONSTRUCTION	(X3	) DATE SURVEY COMPLETED
		İ	A. BUILDIN	NG		
		34G293	B. WING_			C <b>04/09/2018</b>
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
				8609 STONEGATE DR		
STONEGA	ATE			RALEIGH, NC 27615		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		ON SHOULD BE IE APPROPRIATE	COMPLETION DATE
W 154	Continued From page	e 11	W 1	54		
staff to be certain the door ala		door alarms above former				
	client #2 and client #4	4's bedroom doors were				
	operational. She expl	ained that she told direct				
	care staff to report an	y interaction between clients		Please refer to page 10.		
	that was inappropriate	e. She stated during the last				
		(uncertain of specific date) a				
		ted to her client #2 told him				
1		nappropriately touched him.				
She stated former client #4 had been hospitalized on 3/27/18 and the time frame client #2 provided						
	to direct care staff did not seem possible, so she chose not to investigate these allegations.					
	Interview on 4/6/18 at	the vocational center with				
	client #2 revealed form	mer client #4 had				
,	inappropriately touche	ed him in the genital area				
		two weeks ago. He stated				
	former client #4 came	into his bedroom at night,				
		down his pants and kissed				
	<del>=</del>	nis mouth. He stated former				
		bedroom, shutting the door				
		ked if this was witnessed by				
		s not interviewable) or by the				
	2 direct care staff wor					
		d be noted client #2 was				
		rview and afterwards he an in the room where he				
		1. This interview was also				
i	_	ational staff who works with				
	him as a Qualified Pro					
		on 4/6/18 with client #5 and				
	• •	opriate touching by other				
	clients or staff. Clients	#1 and #3 were not				
İ	interviewable.					
	Interview on 4/8/19 wi	th former client #4 at the				
		ad no knowledge of any				
		clients bedrooms without				

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 <b>04/09/2018</b>	
NAME OF PROVIDER OR SUPPLIER				STREET	ADDRESS, CITY, STATE, ZIP CODE	1 0-1	70072010
STONEGA	ATE .		İ	8609 ST	ONEGATE DR		
	\\\L			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	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 154	Continued From page 12		W 1	54			
	_	ed he had never entered					
		drooms. He stated client #2					
	had come to his bedro	oom after he invited him to					
	come and play a video	o game with him. He stated			Please refer to page 10.		İ .
		d and watched him play a			lease reier to page 10.		
		d ever touching any of the					:
		le asked this surveyor,					
		went into their bedrooms?" nessed by former client #4's					
	therapist at the hospit		•		•		
	incrapist at the nospit	ai.					
	Interview on 4/6/18 wi	th staff #A revealed he had					
		nt #4 going into client #2's					
	bedroom and on one	occasion, he had shut the					
	bedroom door. He did	•					
!	inappropriate interacti	on to management staff.					
	Interview on 4/6/18 wi	th staff #B revealed he had					
	seen former client #4	go into client #1's bedroom					] }
		d ears. He stated this was					
		ement staff. He also stated			·		
	_	in March, he was in the					
	hallway bathroom assi						
	bathroom. He stated w	er client #4 walked into the					
		n the bathroom with client					
		ickly exited the hallway					
ĺ	bathroom. Staff #B did					i	
	management.	·					ĺ
			1	Ì			
!		4/9/18 with the Residential					
	_	was not told by direct care					
	areas of client #1 and	4 entering the bedroom					
		nonth of March 2018 she					
		into her shift in the facility					
		ver the bedroom doors of					
	client #2 and former cl						
	de-activated. She stat	ed she did not report this					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWIDERS	A. BUILDII	NG			
		34G293	B. WNG			C 04/09/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, I	ZIP CODE		
OTONEO.				8609 STONEGATE DR			
STONEGA	NIE.			RALEIGH, NC 27615			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN	(X5)		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO		BE COMPLETION	
W 154	Continued From page 13		W 1	54			
	but instructed direct c	are staff to be aware of					
	these alarms while they were working in the facility.						
ı	Review on 4/9/18 of the	he facility policy regarding					
	• .	age C.4.5 revealed "Any					
		neglect are to be reported ediately, and according to		Please refer to p	page 10.		
	_						
	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."		i				
	Interview on 4/9/18 wi	th the Qualified Intellectual		•			
		al (QIDP) revealed he was					
	<del>-</del>	s involving former client #4					
		e given to the Residential 18. He stated he was also					
	unaware of allegations						
		areas of clients #1, #2. He					
	was also unaware the	door alarms over the					
		ent #2 and former client #4					
	had been de-activated						
		olicy regarding Abuse and should be implemented.					
	neglect is current and	snould be implemented.					
	Interview on 4/9/18 wit	th the Operations Manager					
	revealed all allegations	s of abuse should					
	immediately be investi						
	facility policy regarding should be followed.	g abuse is current and		Ì			
	snoula de followed.						
	The facility failed to thoroughly investig						
	allegations of sexual a	buse to client #2 by former		·			
İ	client #4 once manage	ement staff were made	1				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/13/2018 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUBVEY

MAKE OF PROVIDER OR SUPPLIER  STONEGATE  STONEGATE  STEMET ADDRESS, CITY, STATE, ZIP CODE 8808 STONEGATE DR  RALEIGH, NC 27815  RALEIGH, NC 27815  RALEIGH, NC 27815  PREFIX TAG  W 154  Continued From page 14 aware of these allegations. The facility also failed to investigate the possibility former client #4 had disabled the bedroom door alarms and failed to ensure direct care staff reported to management former client #4 had disabled the bedroom areas of clients #1 and #2. The failure of management staff af the facility to ideted, identify, investigate these allegations and follow their own facility policy reporting and investigating abuse resulted in their systems failure to ensure statutorily mandated services of ident protections to the clients residing in the facility.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	A. BUILDING			COMPLETED	
STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  STONEGATE  RALEIGH, NC 27615  DPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 154  Continued From page 14  aware of these allegations. The facility also failed to investigate the possibility former client #4 had disabled the bedroom door alarms and failed to ensure direct care staff reported to management former client #4 entering the bedroom areas of clients #1 and #2. The failure of management staff at the facility to detect, identify, investigate these allegations and follow their own facility policy reporting and investigating abuse resulted in their systemic failure to ensure statutorily mandated services of client protections to the		34G293 B. WING		. What takes					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 154  Continued From page 14  aware of these allegations. The facility also failed to investigate the possibility former client #4 had disabled the bedroom door alarms and failed to ensure direct care staff reported to management former client #4 entering the bedroom areas of clients #1 and #2. The failure of management staff at the facility to detect, identify, investigate these allegations and follow their own facility policy reporting and investigating abuse resulted in their systemic failure to ensure statutorily mandated services of client protections to the	NAME OF PROVIDER OR SUPPLIER			···	80	609 STONEGATE DR		100/2010	
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	W 154	aware of these allegated to investigate the possible disabled the bedroom ensure direct care start former client #4 entericlients #1 and #2. The staff at the facility to disable allegations and policy reporting and in their systemic failure mandated services of	tions. The facility also failed sibility former client #4 had door alarms and failed to ff reported to management ing the bedroom areas of failure of management etect, identify, investigate follow their own facility investigating abuse resulted to ensure statutorily client protections to the	W	154	Ptease refer to page 10.			