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

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A, BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|---------|-----|--|-----|--------------------|
| | | | | | | С | |
| | | 34G293 | B. WING | | | 04/ | /09/201B |
| NAME OF P | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| STONEGA | .TE | | | | 8609 STONEGATE DR | | , |
| STONEGA | | | | 1 | RALEIGH, NC 27615 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | 10 | | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PRÉFIX TAG | • | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREF | | (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI | | COMPLETION DATE |
| ,00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | " | | DEFICIENCY | |] |
| | | | | | | | |
| W 102 | GOVERNING BODY | AND MÄNAGEMENT | W | 102 | 2 | | |
| | CFR(s): 483.410 | | | | | | |
| | The facility passed and | and that an ariffu may remine | | | | | |
| | | re that specific governing nt requirements are met. | | | DHSR - Mental Health | n | |
| | body and managemen | nt requirements are met | | | Brion . | | |
| | | | | | APR 2 7 2018 | | |
| | | not met as evidenced by: Management failed to: | | | Lic. & Cert. Section | | |
| | | cy, budget, and operating | | | | | |
| | direction over the faci | | | | | | |
| | | , (| | | | | |
| | | of these systemic practices | | | | | |
| | resulted in the facility | | | | | | |
| | statutorily mandated s | services. | | | | | |
| W 104 | | | W | 104 | Please refer to pages 2-3. | | |
| | CFR(s): 483.410(a)(1) |) | | | | | |
| | The governing body n | nust exercise general policy, | | | | | |
| | | direction over the facility. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | This STANDARD is n | ot met as evidenced by: | | | | | |
| | | management failed to | | | | | |
| | | y, budget, and operating | | | | | |
| | | lity by failing to ensure | | | · | | |
| | allegations of abuse v | | | | | | |
| | investigated, direct ca | | | | | | |
| | inappropriate behavio | | | | | | |
| | unauthorized absence | es by staff providing ed to management in the | | | | | |
| | facility. The findings a | | | | | | |
| | y. The invented of | · - · | | | | | |
| | 1. Direct Care Staff fa | iled to consistently report to | | | | | |
| | management inapprop | | | | | | |
| | consumers for whom | they were responsible. | | | | , | |
| | | | | | | | |
| ABORATORY (| DIRECTOR'S OR PROVIDERIS | ORPLIER REPRESENTATIVE'S SIGNATUR | E | | TITLE . | • | (X6) DATE |

Any deficiency ctatement 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-2587(02-98) Previous Versions Obsolete

Event ID: GHY511

Facility ID: 955748

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | |
|--|---|--|---------------------|-------------------------------|--|--|---------------------------------------|
| | | 34G293 | B. WNG " | | | 1 | 00/0040 |
| STONEGA (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX YAG | 860 RA | REET ADDRESS, CITY, STATE, ZIP CODE 19 STONEGATE DR LEIGH, NC 27615 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B' CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | E | 09/2018 (XS) COMPLETION DATE |
| W 104 | Review on 4/9/18 of a 2/10/18 revealed a dir 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 statemed determined these alleunsubstantiated as clients took place. Interview on 4/6/18 wivia phone indicated affirm instructed direct care staff location every 15 the home. She also in the door alarms above #2's bedroom doors ward ditionally stated she report any interactions inappropriate. She stamper client #4 had in She stated former client #4 had in She stated former clie and the time frame clie care staff did not seem not to investigate thes. Interview on 4/6/18 with witnessed former client bedroom and on one of bedroom door. He did inappropriate interaction. | in investigation dated rect care staff reported to t client #2 reported to him happropriately touched re genital area. Statements ral staff in the facility and were interviewed. After ints the investigative team gations were ent #4 was hospitalized client #2 alleged that these th the Residential Manager for this investigation she staff to be aware of client minutes when he was in structed staff to be certain a former client #4 and client rere operational. She a told direct care staff to be between clients that was ted during the last week in n of specific date) a direct her client #2 reported happropriately touched him. Int #4 had been hospitalized ent #2 provided to direct her possible, so she chose he allegations. The staff #1 revealed he had hat #4 going into client #2's becasion, he had shut the | W 1 | 04 | This condition will be corrected by the follow actions: A. All Behavioral Support Plans (BSP) will be by the Qualified Professional and/or Psycto erisure that all identified maladpative beare current and included in the plan. B. If needed, all BSPs will be revised by the Psychologist to include all identified malabehaviors. Once revised and consents of the Qualified Professional will train all stall BSPs and appropriate interventions. C. Program Manager will provide staff with training on abuse and neglect, as well as rights. This training will include but not be abuse, neglect, exploitation, client's right or elated to proper reporting procedures, till and on call procedures. E. Program Manager, with the assistance of maintainence, will purchase and install dealarms that will minimize the potential of disarmed by residents. F. Qualified Professional will review and trail employees on how to implement daily profer ensuring alarms are properly working each shift and what to do and who to conthey are not working properly. Procedure include how to document daily alarm che Qualified Professional will be responsible providing this fraining. | e reviewed hologist ehaviors depative blained, off on formal s client's e limited to is, privacy. all staff me frames, being in all scedures during lack when will also oke. | 5/24/18 |

| MANE OF PROVIDER OR SUPPLIER STONEGATE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY BUST EF PRECEDED BY PULL REGULATORY OR LSC DEMITTING METORALION) W 104 Continued From page 2 and found his face and ears. He stated this was not reported to management staff. Additional interview on 4/9/18 with the Residential Manager revealed she was not aware of former client #4 enfering client #1 or #2/s bedrooms. She stated direct care staff had not reported this to her. She stated on at least one occasion in March 2018 she had entered the facility and observed the door alarms over clients #2 and former client #4 was tall in stature and would have been able to deactivate these alarms. The Residential Manager stated she did not reported the formangement. She did instruct staff to be aware of these door alarms are of heese door alarms were operational. Interview on 4/9/18 with the Qualified Intellectual Dissibilities 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 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 of allegations of former client #4 and client #2 that were given to the Residential Manager of client #2 and client #2 that were given to the Residential Manager of client #4 and client #2 that were given to the Residential Manager of client #4 and client #2 that were given to the Residential Manager of client #2 and client #2 that do no report the bedroom doors of client #2 and former client #4 and client #2 that do not report the bedroom doors of client #2 and former client #4 and client #2 that do not report the bedroom doors of client #2 and former client #4 and client #2 that do not report the bedroom doors of client #4 and client #2 that do not report the bedroom doors of client #4 and client #2 that do not report the bedroom doors of client #4 and client #2 that do not | STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | | PLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|---|----------|--|--|---|------------|
| STONEGATE (X4) ID PREPRY RALEIGH, NC 27815 W 104 Continued From page 2 and touch his face and ears. He stated this was not reported to management staff. Additional interview on 4/9/18 with the Residential Manager revealed she was not aware of florent 2018 she had entered the facility and observed the door alarms over client #4 and client #4 was tall in stature and would have been able to deactivate these alarms. The Residential Manager stated she did not report this to management; staff reported they had not disabled these door alarms and to be certain during their assigned shiffs the alarms were operational. Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of fleese door alarms and to be certain during their assigned shiffs the alarms were operational. Interview on 4/9/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of dilegations involving former client #4 and client #2 that were given to the Residential Manager in March 2018. He stated he was also unaware of dilegations of former client #4 and client #2 that were given to the Residential Manager of clients #1, #2. He was also unaware of dilegations of former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom across 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 doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom across 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 doors of client #2 and former client #4 entering the bedroom across 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 doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering th | | | 0.40000 | | | • | 1 | |
| STONEGATE DR (X4) ID PREPRY TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DÉFICIENCY MUST DE PRÉCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED From page 2 and touch his face and ears. He stated this was not reported to management staff. Additional interview on 4/9/18 with the Residential Manager revealed she was not aware of former client #4 entering client #1 or #2/s bedrooms. She stated direct care staff had not reported this to her. She stated on at least one occasion in March 2018 she had entered the facility and observed the door alarms over clients #2 and former client #4 was tall in stature and would have been able to deactivate these alarms. The Residential Manager stated she did not report this to management. She did instruct staff to be aware of these door alarms and to be certain during their assigned shifts the alarms were operational. 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 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 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 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 of allegations of former client #4 and former client #4 an | ····· | | 34G293 | B. WING_ | | | 04/ | /09/2018 |
| PREFIX TAG (EACH OFFICIENCY MUST BE PRECEDE BY FULL REGULATORY OR ISO IDENTIFYING INFORMATION) W 104 Continued From page 2 and touch his face and ears. He stated this was not reported to management staff. Additional interview on 4/8/18 with the Residential Manager revealed she was not aware of former client #4 entering client #1 or #2's bedrooms. She stated direct care staff had not reported this to her. She stated on at least one occasion in March 2018 she had entered the facility and observed the door alarms over clients #2 and former client #4*s bedroom doors had been disabled. She stated former client #4 was tall in stature and would have been able to deactivate these alarms. The Residential Manager stated she did not report this to management. She did instruct staff to be aware of these door alarms and to be certain during their assigned shifts the alarms were operational. Interview on 4/8/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed he was unaware of allegations involving 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 #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 entering the bedroom doors of client #2 and former client #4 enter | STONEGA | NTE . | ATEMENT OF DEFICIENCIES | QI | 8609 STONEGATE DR RALEIGH, NC 27615 | | | . (X5) |
| and touch his face and ears. He stated this was not reported to management staff. Additional interview on 4/9/18 with the Residential Manager revealed she was not aware of former client #4 entering client #1 or #2's bedrooms. She stated direct care staff had not reported this to her. She stated on at least one occasion in March 2016 she had entered the facility and observed the door alarms over clients #2 and former client #4's bedroom doors had been disabled. She stated when asked, direct care staff had been disabled. She stated when asked, direct care staff reported they had not disabled these door alarms. She stated former client #4 was tall in stature and would have been able to deactivate these alarms. The Residential Manager stated she did not report this to management. She did instruct staff to be aware of these door alarms and to be certain during their assigned shifts the alarms were operational. Interview on 4/8/18 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 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 had been de-activated. | | | | | | S-REFERENCED TO THE APPROPRIA | | COMPLETION |
| 2. Direct Care staff failed to consistently notify management staff when they did not report to work as scheduled. Interview on 4/9/18 with a direct care staff revealed she had been told by a coworker that on a Monday in February 2018 on second shift one | W 104 | and touch his face an not reported to manage Additional interview or Manager revealed she client #4 entering client stated direct care staff her. She stated on at 2018 she had entered the door alarms over #4's bedroom doors he stated when asked, di had not disabled thes former client #4 was thave been able to des Residential Manager to management. She aware of these door a during their assigned operational. Interview on 4/9/18 wi 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 clienhad been de-activated. 2. Direct Care staff fa management staff who work as scheduled. Interview on 4/9/18 wi revealed she had been | d ears. He stated this was gernent staff. In 4/9/18 with the Residential e was not aware of former in #1 or #2's bedrooms. She if had not reported this to least one occasion in March I the facility and observed clients #2 and former client ad been disabled. She irect care staff reported they be door alarms. She stated all 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 the Qualified Intellectual had (QIDP) revealed he was as involving former client #4 areas of clients #1, #2. He door alarms over the not #2 and former client #4. Illed to consistently notify en they did not report to the a direct care staff in told by a coworker that on | W 1 | continued G. Progra person schedt include daily! v practic H. Qualifi Resce Qualif how th manay I. Reside monitor measur each pr J. Progra addere month. | am Manager will train management innel regarding proper staffing ratios a uling practices. Scheduling practices is, but not limited to schedule cubmist weekly labor reviews, and reporting itself of the professional will train all staff on are attendance policies and expectation for all itself of the proper contact information for all itself of and document adherence all correctes daily for a month. Afterwards, the rovide on-going monintoring 3x/weeklam Manager will monitor and documence to all corrective measures weekland Manager will program wil | will ison, ions. taff evels of ional will titive by will tdy. ent | 5/24/18 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|--|-----|---|--|--------------------|
| | | 34 G 293 | B. WING_ | | · | C 04/09/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | | 1 | S | TREET ADDRESS, CITY, STATE, ZIP CODE | 1 0-1/ | 03/2010 |
| STONEGA | TE. | | | | 609 STONEGATE DR RALEIGH, NC 27615 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | 10 | | PROVIDER'S PLAN OF CORRECTION | | (X8) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFI, TAG | х | (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | COMPLETION DATE |
| W 104 | Continued From page | 3 | w- | 104 | | | |
| | | care staff did not report to | | | | | |
| | | he stated direct care staff not the vocational center, | | | Please refer to pages 2 and 3. | | |
| | picked up the clients a | and taken them back to the | | | Please feler to pages 2 and 3. | | |
| | | vorked alone for the entire otifying management staff. | | | | | |
| | | d this was not the only | | | | | |
| | incident when staff did | | | | | | |
| | scheduled without not | lifying management staff. | | | | | |
| | Interview on 4/9/18 wi | | | | | | |
| | | d Residential Manager (RM) of aware of any incident | | | | | |
| | | ort to work as scheduled | | | | | |
| 14/455 | and did not notify man | _ | | | | | |
| W 122 | CLIENT PROTECTIO CFR(s): 483.420 | NS | W 1 | 22 | For citataion W122, please refer to correct listed for W149 and W154. | lions | |
| | The facility must ensur protections requirement | | | | | | |
| | The facility failed to: it to prohibit possible ab | not met as evidenced by: mplement policies intended use of clients (W149) and allegations of abuse that in the home (W154). | | | | The second secon | |
| W 149 | resulted in the facility's statutorily mandated s to its clients. STAFF TREATMENT | ervices of client protections OF CLIENTS | W 1 | 49 | | | |
| | CFR(s): 483.420(d)(1) | | | | | | |
| | The facility must devel policies and procedure | op and implement written es that prohibit | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|-----|--|--|----------------------------|
| | | | 711 22112 | | | | c |
| | | 34G293 | B, WING | | | 04/ | 09/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 6 | STREET 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 PREFIX TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| W 149 | mistreatment; neglect This STANDARD is in Based on record revise facility failed to implement affected 3 of 6 clients. The finding is: Facility Management is policies intended to provide the home. Review on 4/6/18 of can individual program Further review of his mand has diagnoses of Disabilities and Schize type). The IPP indicate adjudicated incompeted the person appointed Additional review of his privacy goal implement issues with maintainin of others at this time." Review on 4/6/18 of forevealed an IPP dated his record revealed he diagnoses of Moderate Attention Deficit Hyper Control Disorder, Epis Pervasive Development review of this IPP revented the diagnoses of Moderate Control Disorder, Epis Pervasive Development is IPP revented the diagnoses of this IPP revented the diagnoses of this IPP revented the diagnoses of Moderate Control Disorder, Epis Pervasive Development is IPP revented the diagnoses of this IPP revented the diagnoses of the diagnoses of this IPP revented the diagnoses of this IPP revented the diagnoses of the | or abuse of the client. not met as evidenced by: ew and staff interviews, the nent policies intended to or abuse of clients. This in the home (#1, #2, #4). neglected to implement event abuse of clients in lient #2's record revealed plan (IPP) dated 5/18/17. ecord revealed he is verbal Moderate Intellectual ophrenia (Undifferentiated ed client #2 had been ent and had a guardian of to act on his behalf. s IPP revealed "Vvill have a nted as needed. He has no g his privacy or the privacy ormer client #4's record I 1/30/18. Further review of eis verbal and has e Intellectual Disability, ractivity Disorder, Impulse odic Mood Disorder, intal Disorder. Further ealed a behavior support address target behaviors of ind Property Destruction. | W | 149 | This condition will be corrected by the following actions: A. All Behavioral Support Plans (BSP) will be reby the Qualified Professional and/or Psycholic to ensure that all identified maladpative beha are current and included in the plan. B. If needed, all BSPs will be revised by the Psychologist to include all identified maladpabehaviors. Once revised and consents obtain the Qualified Professional will train all staff on all BSPs and appropriate interventions. C. Program Manager will provide staff with form training on abuse and neglect, as well as clirights. This training will include but not be lirights. This training will include but not be lirights. This training will include but not be lirights. This training will purchase and install door alarms that will minimize the potential of beindisarmed by residents. The implementation will provide an additional level of monitoring movements. E. Qualified Professional will review and train all employees on how to implement daily proced for ensuring alarms are properly working dureach shift and what to do and who to contact they are not working properly. Procedure will include how to document daily alarm checks Qualified Professional will provide training to regarding the purpose and proper implement documentation of bed checks. If needed, Qualified Professional will provide training to regarding the purpose and proper implement documentation of bed checks. If needed, Qualified Professional will increase frequency of bed in order to provide more frequent visual chemasures daily for a month. Afterwards, they each provide on-going monintoring 3x/weekly month. Afterwards, Program Manager will pron-going monitoring increase weekly month. Afterwards, Program Manager will pron-going monitoring bi-weekly. | ogist viors sative ned ned ned ned ned ned ned ned ned ne | 5/24/18 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | | IPLE CONSTRUCTION . | (X3) DATE SURVEY COMPLETED | |
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| | | 34G293 | B. WNG | | | C |
| | | 34G293 | 1 a. wilds - | | 04/ | (09/2018 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| STONEGA | TE | | | 8609 STONEGATE DR | | |
| U I U II LU | | | i | RALEIGH, NC 27615 | | |
| (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 CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | 9E | (X5) COMPLETION DATE |
| | 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 of these alles unsubstantiated as client was took place. Review on 4/9/18 of a former client #4 was provided to the time from events took place. Review on 4/9/18 of a former client #4 was provided to the time from events took place. Review on 4/9/18 of a former client #4 was provided to the time from events took place. Review on 4/9/18 of a former client #4 was provided to the time from events took place. Review on 4/9/18 of a former client #4 was in former on 3/27/18. Interview on 4/6/18 with the time to the time to the time to the time to direct care staff to the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not fo investigal interview on 4/9/18 with the time to direct care staff did chose not former client was in the time to direct care staff did chose not former client was in the time to did the time to direct care | rect care staff reported to at client #2 reported to him mappropriately touched be genital area. Statements ral staff in the facility and were interviewed. After ents the investigative team gations were ent #4 was hospitalized client #2 alleged that these in the special page of the police er client #4 was hospitalized that the Residential Manager for this investigation dated if direct care staff to be cation every 15 minutes one. She also instructed door alarms above former 's bedroom doors were ained that she told direct y interaction between clients end to her client #2 told him mappropriately touched him. In the qualified Intellectual the the Qualified Intellectual the following the last these allegations. | W1 | For citataions W149, please refer to page 5. | | |
| | | al (QIDP) confirmed former | | | | |

PRINTED: 04/13/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | |) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|---|---|----------|-------|-------------------------------|--|
| | ; | 34G293 | B. WNG_ | | | | C (09/2018 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | STREET AODRESS, CITY, STATE, ZIP CODE 8609 STONEGATE OR RALEIGH, NC 27615 | | | 1 041 | 09/2016 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX YAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULO BE | _ | (X8) COMPLETION DATE | |
| | client #4 was hospital be re admitted to the discharged. Alternative pursued by the hospit Interview on 4/6/18 at client #2 revealed forminappropriately touched with his mouth about it former client #4 came shut the door, pulled on his genital area with his mouth about it former client #4 then left his behind him. When ask his roommate (who is 2 direct care staff wordstated, "No." It should crying during this intervention of the was being interviewed witnessed by the voca him as a Qualified Proceed and a Qualified Proceed and inapproclients or staff. Clients interviewable. Interview on 4/6/18 withospital revealed he him clients entering other of their consent. He stated clients #1 and #2's bethad come to his bedro | ized and probably would not acility when he is e placement is being al. the vocational center with ner client #4 had in the genital area wo weeks ago. He stated into his bedroom at night, lown his pants and kissed is mouth. He stated former bedroom, shutting the door ited if this was witnessed by not interviewable) or by the king in the facility, he be noted client #2 was view and afterwards he in in the room where he in the room where he in the trip the works with fessional (QP). | W 1. | For cilataions W149, please refer t | io | | | |
| | video game. He denied clients in the facility. H | I and watched him play a d ever touching any of the e asked this surveyor, vent into their bedrooms?" | | | | | | |

| | OF DEFICIENCIES CORRECTION | IDENTIFICATION NUMBER. | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---------------------|--|-------------------------------|----------------------------|
| | | 34G293 | B. WNG_ | | i | C /09/2018 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615 | | 70012010 |
| (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 CORRECTI ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D 86 | (X5) COMPLETION OATE |
| W 149 | Interview on 4/6/18 w witnessed former client bedroom and on one bedroom door. He did inappropriate interaction of the bedroom of the bedroom assumers of the bedroom assumers of the bedroom. Staff #B was in the bedroom. Staff #B did management. Additional interview of the bedroom of | the staff #A revealed he had not #4 going into client #2's occasion, he had shut the loot report this on to management staff. If the 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 listing client #1 with her client #4 walked into the when former client #4 in the bathroom with client lickly exited the hallway of not report this to If 4/9/18 with the Residential e was not told by direct care 4 entering the bedroom client #2. She stated nonth of March 2018 she into her shift in the facility over the bedroom doors of lient #4 had been ted she did not report this are staff to be aware of ey were working in the | W1 | For citataions W149, please refer to pages 5. | | |
| | Abuse and Neglect paincidents of abuse or i | ne facility policy regarding age C.4.5 revealed "Any neglect are to be reported ediately, and according to | | | | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---------------------------|---|--|--|----------|-------------------------------|--|
| | ĺ | 34G293 | B. WING | | | C 04/09/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | | <u> </u> | STREET ADDRESS, CITY, STATE, ZIP CODE | <u> </u> | 0-1/00/2010 | |
| | | | | 8609 STONEGATE DR | | | |
| STONEGA | (TE | | | RALEIGH, NC 27615 | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID. | PROVIDER'S PLAN OF CORRI | ECTION | (X5) | |
| PREFIX YAG | | Y MUSY BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | | COMPLÉTION DATE | |
| W 149 | Continued From page | 8 | W 14 | 49 | | | |
| | prescribed procedure | s." Sexual Abuse is defined | | | | | |
| | | rovocative advances, such | | | | | |
| | | ı, sexual contact , sexual | | | | | |
| | intercourse, etc. Enco | | | | | | |
| | | sensual sexual activity. | | | | | |
| | | ing a person to be in any | | | | | |
| | | participate in sexual activity | | | | | |
| | for the gratification of | staff or other persons." | | · | | | |
| | Intenziew on 4/9/18 wi | ith the Qualified Intellectual | | | | | |
| | | nal (QIDP) revealed he was | | | | | |
| | | s involving former client #4 | | | | | |
| į | | e given to the Residential | | | | | |
| | | 18. He stated he was also | | | | | |
| | unaware of allegations | | | | | | |
| | entering the bedroom | areas of clients #1, #2. He | | | | | |
| ļ | was also unaware the | door alarms over the | | | | | |
| | bedroom doors of clie | ent #2 and former client #4 | | | | | |
| | had been de-activated | | | For citalaions W149, please refer to | | | |
| | | olicy regarding Abuse and | | pages 5. | | | |
| } | neglect is current and | should be implemented. | | | | | |
| | Interview on 4/9/18 wi | th the Operations Manager | | | | | |
| | revealed all allegation | | | | | | |
| | | igated. She stated the | | | | | |
| | facility policy regarding | g abuse is current and | ' | | | | |
| | should be followed. | | | | | , | |
| | The facility penlected | to thoroughly investigate | | | | | |
| | | abuse to client #2 by former | | | | | |
| | _ | ement staff were made | | | | | |
| | | tions. The facility also did | | | | | |
| | | gate the possibility former | | | | | |
| | | the bedroom door alarms. | | | | | |
| | Direct care staff also f | ailed to report to | | | | | |
| | management incidence | | | | | | |
| | | areas of clients #1 and #2. | | | | | |
|] | The failure of manage | | | | | | |
| | identify, investigate the | ese allegations resulted in | | | | | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|---------------------|-----|---|--|----------------------------|
| | | 34G293 | B. WNG | | | | C 09/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 860 | REET ADDRESS, CITY, STATE, ZIP CODE 09 STONEGATE DR ALEIGH, NC 27615 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION) | ID PREFII TAG | (| PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| W 149 | their facility policies for abuse not being considered facility policies for abuse not being considered facility may 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 thought a second facility of the facility must have violations of client to clients (#1, #2) by form Management failed to callegations of client to clients (#1, #2) by form Management failed to allegations of client to Review on 4/6/18 of can individual program Further review of his mand has diagnoses of Disabilities and Schize type). The IPP indicate adjudicated incompete the person appointed Additional review of his privacy goal implement issues with maintainin of others at this time." Review on 4/6/18 of forevealed an IPP dated his record revealed here. | or reporting and investigating istently implemented. These is facility's systemic failure to indated services of client into residing in the facility. OF CLIENTS If evidence that all alleged have investigated. If evidence that all alleged have investigation of client abuse involving inclient abuse involving inclient #4. The finding is: Ithoroughly investigate client sexual abuse. Itient #2's record revealed plan (IPP) dated 5/18/17, ecord revealed he is verbal Moderate Intellectual ophrenia (Undifferentiated and client #2 had been ent and had a guardian of to act on his behalf, is IPP revealed "Will have a lated as needed. He has no g his privacy or the privacy or the privacy or the privacy or the revenue of | W | | For citalaione W149, please refer to page 5. This standard will be corrected by the following actions: A. All clinical and managerial staff will be provinvestigalive training. Training will include, be limited to, proper reporting procedures, investigative requirements (i.e. HCPR reporting guardian notifications, etc.), timeframes, etc. B. Qualified Professional will provide training to consumers regarding their individual rights, types of abuse/ neglect, and who to report to consumers regarding privacy. C. Qualified Professional will provide training the regarding the purpose and proper implemed documentation of bed checks. E. Residential Manager and Qualified Professional monitor and document adherence all correct measures daily for a month. Afterwards, the each provide on-going monintoring 3x/week F. Program Manager will monitor and docume adherence to all corrective measures weekl month. Afterwards, Program Manager will pon-going monitoring bi-weekty. | ided but will not ding, o all various o. n to all to all staff chtalion fonal will tive y will ly. ont | 5/24/18 |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| S'ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|---------------------|---|-----------------|----------------------------|
| | | 34G293 | B. WING | | C 04/09/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | *************************************** | | STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615 | 1 04 | 00/2010 |
| (X4) ID PREFIX YAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX YAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W 154 | Control Disorder, Epis Pervasive Developme review of this IPP reve plan 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 is Department and former on 3/27/18. Unterview on 4/9/18 with Disabilities Profession client #4 was hospitalities Profession client #4 was hospitalitie re admitted to the findischarged. Alternative pursued by the hospitalities was alternative pursued by the hospitalities and #1 in the were taken from severe clients #2 and #1 in the were taken from severe clients #1, #2 and #4 reviewing the statement determined these allegunsubstantiated as clied during the time frame 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 sevents took place. | ractivity Disorder, Impulse sodic Mood Disorder, intal Disorder. Further saled a behavior support address target behaviors of and Property Destruction. Inote by staff revealed shysically aggressive bited suicidal ideations on taff contacted the Police er client #4 was hospitalized the Qualified Intellectual al (QIDP) confirmed former zed and probably would not acility when he is a placement is being al. In investigation dated ect care staff reported to it client #2 reported to him appropriately touched a genital area. Statements all staff in the facility and were interviewed. After into the investigative team gations were ent #4 was hospitalized client #2 alleged that these the Residential Manager for this investigation dated | W 154 | Please refer to page 10. | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/ŞUPPLIER/ÇLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|-----|---------------------------------------|-------------------------------|---------|
| | | 34G293 | B. WING | | | ı | C |
| NAME OF P | ROVIDER OR SUPPLIER | 440,00 | 1 | , | STREET ADDRESS, CITY, STATE, ZIP CODE | 04/ | 09/2018 |
| | | | | ı | 5509 STONEGATE DR | | |
| STONEGA | TE | | | 1 | RALEIGH, NC 27615 | | |
| (X4) ID PREFIX TAG | X (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | | | (X5) COMPLETION DATE | |
| W 154 | 154 Continued From page 11 staff to be certain the door alarms above former | | w. | 154 | | | |
| | client #2 and client #4 operational. She explacare staff to report any that was inappropriate week in March 2018 (direct care staff report former client #4 had in She stated former clie on 3/27/18 and the tim to direct care staff did chose not to investiga Interview on 4/6/18 at client #2 revealed form inappropriately touche with his mouth about the former client #4 came shut the door, pulled chis genital area with his behind him. When ask his roommate (who is 2 direct care staff workstated, "No." It should crying during this intervomited into a trash cawas being interviewed witnessed by the vocahim as a Qualified Pro- | esined that she told direct y interaction between clients of She stated during the last uncertain of specific date) a sed to her client #2 told him nappropriately touched him. In the frame client #2 provided not seem possible, so she to these allegations. The vocational center with the reclient #4 had ed him in the genital area two weeks ago. He stated into his bedroom at night, down his pants and kissed is mouth. He stated former bedroom, shutting the door seed if this was witnessed by not interviewable) or by the king in the facility, he is be noted client #2 was view and afterwards he an in the room where he is. This interview was also stional staff who works with fessional (QP). | | | Please refer to page 10. | | |
| | | on 4/6/18 with client #5 and opriate touching by other #1 and #3 were not | | | | | |
| | hospital revealed he h | th former client #4 at the ad no knowledge of any clients bedrooms without | | | | | |

CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A, BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|---|--|-------------------------------|---------|
| | | 34G293 B. WNG | | | C 04/09/2018 | | |
| NAME OF PROVIDER OR SUPPLIER STONEGATE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615 | | | | 55/2010 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| W 154 | their consent. He state clients #1 and #2's be had come to his bedre come and play a vide client #2 sat on his be video game. He denie clients in the facility. He without was will therapist at the hospit therapist at the hospit therapist at the hospit former client with the seed former client bedroom and on one bedroom door. He did inappropriate interacti former client #4 and touch his face and not reported to manage when he was working hallway bathroom assundressing when former client #4 questioned to the stated with the door alarms or client #1 and sometime during the moted when she came that the door alarms or client #2 and former client #2 and former client #2 and former client #4. | ed he had never entered drooms. He stated client #2 com after he invited him to be game with him. He stated d and watched him play a state of dever touching any of the de asked this surveyor, went into their bedrooms?" messed by former client #4's al. Ith staff #A revealed he had not #4 going into client #2's occasion, he had shut the not report this on to management staff. Ith staff #B revealed he had go into client #1's bedroom d ears. He stated this was rement staff. He also stated in March, he was in the isting client #1 with er client #4 walked into the when former client #4 in the bathroom with client lickly exited the hallway if not report this to 1 4/9/18 with the Residential was not told by direct care 4 entering the bedroom client #2. She stated nonth of March 2018 she into her shift in the facility wer the bedroom doors of | W 1 | Please refer to page 10. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING_ | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|--|----|-------------------------------|--|
| | | | - | | | С | |
| | | 34G293 | B. WNG _ | | 04 | 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) | | | PROVIDER'S PLAN OF CORRECTIC ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION OAYE | |
| W 154 | Continued From page 13 | | W 1 | 54 | | | |
| | 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 | | | Please refer to page 10, | | | |
| | unaware of allegations entering the bedroom was also unaware the bedroom doors of clie had been de-activated revealed the facility poneglect is current and Interview on 4/9/18 wirevealed all allegation immediately be investifacility policy regarding should be followed. | areas of clients #1, #2. He door alarms over the ent #2 and former client #4 d. Additional interview clicy regarding Abuse and should be implemented. th the Operations Manager s of abuse should igated. She stated the g abuse is current and | | | | | |
| | | buse to client #2 by former ement staff were made | | | | | |

PRINTED: 04/13/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | | |
|---|---|---|--|-----------------|--|--|----------------------------|--|--|
| 34G293 | | B. WNG | | C 04/09/2018 | | | | | |
| NAME OF PROVIDER OR SUPPLIER | | | | ļ. | TREET ADDRESS, CITY, STATE, ZIP CODE | | 0012010 | | |
| STONEGATE | | | | | 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 PREFII TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACYION SHOULD SI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | | |
| W 154 | aware of these allega to investigate the pos disabled the bedroom ensure direct care sta former client #4 enter clients #1 and #2. The staff at the facility to of these allegations and policy reporting and in their systemic failur | tions. The facility also failed sibility former client #4 had a door alarms and failed to aff reported to management ing the bedroom areas of a failure of management detect, identify, investigate follow their own facility nvestigating abuse resulted to ensure statutorily failed to the | W | 154 | Please refer to page 10. | | | | |