PRINTED: 07/30/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		TE SURVEY MPLETED	
		34G293	B. WING _		o	7/20/2018
	NAME OF PROVIDER OR SUPPLIER STONEGATE			STREET ADDRESS, CITY, STATE, 2 8609 STONEGATE DR RALEIGH, NC 27615	ŽIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION EACTION SHOULD BE TO THE APPROPRIATE EIENCY)	(X5) COMPLETION DATE
E 032	CFR(s): 483.475(c)(3) [(c) The [facility] must emergency prepared that complies with Fe and must be reviewed annually.] The commall of the following: (3) Primary and alter communicating with some	at develop and maintain an iness communication plan ederal, State and local laws id and updated at least funication plan must include mate means for the following: bal, regional, and local ment agencies. 3.475(c):] (3) Primary and communicating with the al, State, tribal, regional, and nagement agencies. not met as evidenced by: ation and interviews, the top an alternate means for facility staff, regional and uring an emergency. The develop an alternate means ith staff, regional and local an emergency. If the facility's emergency id not include information means of communication. On 7/20/18, qualified is professional (QIDP) in ephone and cell service is not aware of another way to	E	032		

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

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 036	develop and mainta preparedness training based on the emergy paragraph (a) of this paragraph (a) (1) of procedures at paragraph (a) (1) of procedures at paragraph (a) the communication section. The training be reviewed and up *[For ICF/IIDs at §4 testing. The ICF/IID an emergency preparagraph (a) assessment at paragraph (b) of this testing program multipleast annually. The requirements for even §483.470(h). *[For ESRD Facilities testing, and orientated develop and maintates preparedness training orientation program emergency plan set section, risk assess this section, policies (b) of this section, a paragraph (c) of this section, a paragraph (c) of this section)	ting. The [facility] must in an emergency ng and testing program that is gency plan set forth in a section, risk assessment at this section, policies and graph (b) of this section, and plan at paragraph (c) of this g and testing program must dated at least annually. 83.475(d):] Training and must develop and maintain aredness training and testing ed on the emergency plan set a) of this section, risk graph (a)(1) of this section, ures at paragraph (b) of this munication plan at a section. The training and set be reviewed and updated at ICF/IID must meet the acuation drills and training at es at §494.62(d):] Training, tion. The dialysis facility must in an emergency ng, testing and patient that is based on the forth in paragraph (a) of this ment at paragraph (b) of this ment at paragraph (b) of this ment at paragraph (c) of this ment at paragraph (d) of this ment at	E	036		

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E 036	Based on documer facility failed to dever preparedness (EP) The finding is: The facility failed to testing program. Review on 7/20/18 did not include any testing for the staff. During interviews of they had received so instructed to go the Army, if it occurred was unable to indice Salvation Army was housing anyone during they did not know woccurred during the hours. The staff fur tested on this informemergency prepared During interviews of they had received so instructed to go the Fire Station. The staff surface and documentation located by manager During an interview intellectual disabilitic confirmed they had	on the service of the review and interviews, the elop an emergency training and testing program. develop an EP training and of the facility's EP manual, it information on training and/or n 7/19/18, a staff revealed some training they were high school or the Salvation during the day time. The staff ate where the nearest and if it had any way of ring an emergency. However, where to go if the emergency in ight time or mid morning their revealed they were not nation nor any other indices plans. n 7/19/18, a staff revealed some training and were high school or the nearest taff stated they had practiced rill and evacuated to a nearby iver, this training information could not be confirmed nor	E 036				

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E 036	conducted any emergand testing. Additionate team had not conside emergency occurring business hours or in the second conducted and testing.	He further stated he had not lency preparedness training all interview revealed their led the fact of the during the night after	E	036			
E 037	emergency occurring during the night after business hours or in the early wee hours of the morning. EP Training Program CFR(s): 483.475(d)(1) (1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency		E	037			

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E 037	hospice must do all o (i) Initial training in en policies and procedur hospice employees, a services under arrang expected roles. (ii) Demonstrate staff procedures. (iii) Provide emergence least annually. (iv) Periodically review emergency preparedre employees (including special emphasis place procedures necessary others. *[For PRTFs at §441. program. The PRTF r (i) Initial training in en policies and procedur staff, individuals provia arrangement, and vol expected roles. (ii) After initial training preparedness training (iii) Demonstrate staff procedures. (iv) Maintain document preparedness training *[For PACE at §460.80 organization must do (i) Initial training in en policies and procedur staff, individuals provi	8.113(d):] (1) Training. The f the following: nergency preparedness es to all new and existing and individuals providing gement, consistent with their knowledge of emergency by preparedness training at a w and rehearse its ness plan with hospice nonemployee staff), with bed on carrying out the y to protect patients and a la4(d):] (1) Training must do all of the following: nergency preparedness es to all new and existing iding services under unteers, consistent with their last provide emergency at least annually. It knowledge of emergency that ion of all emergency grant energency gran	E 03		

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E 037	(ii) Provide emerger least annually. (iii) Demonstrate star procedures, includir what to do, where to case of an emergen (iv) Maintain docum *[For CORFs at §48 CORF must do all o (i) Provide initial train preparedness polici and existing staff, in under arrangement, with their expected (ii) Provide emerger least annually. (iii) Maintain docum (iv) Demonstrate star procedures. All new and assigned specific the CORF's emergentheir first workday. The CORF's emergentheir first workday	int with their expected roles. Incomprehenses training at a sufficient of the following: In the location and use of the training program must in the location and use of the following: In the f	EO	37			

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E 037	roles. (ii) Provide emerge least annually. (iii) Maintain docum (iv) Demonstrate st procedures. *[For CMHCs at §4 CMHC must provid preparedness policiand existing staff, in under arrangement with their expected documentation of the demonstrate staff k procedures. There are mergency prepared annually. This STANDARD is Based on interview facility failed to ass sufficiently trained of preparedness plan. Staff had not receive facility's emergency. Review on 7/20/18 reveal any training.	ncy preparedness training at mentation of the training. aff knowledge of emergency 85.920(d):] (1) Training. The e initial training in emergency ies and procedures to all new individuals providing services and volunteers, consistent roles, and maintain the training. The CMHC must nowledge of emergency after, the CMHC must provide edness training at least is not met as evidenced by: It is not met as evidenced	E	037			
	they had received s instructed to go the Army, if it occurred	on 7/19/18, a staff revealed some training they were high school or the Salvation during the day time. The staff ate where the nearest					

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Salvati housing they doccurred hours. It ested the emergence of the properties of th	ng anyone during the red during the	and if it had any way of an an emergency. However, lere to go if the emergency hight time or mid morning the revealed they were not ation nor any other mess plans. 7/19/18, a staff revealed me training and were high school or the nearest off stated they had practiced I and evacuated to a nearby er, this training information would not be confirmed nor ent. 7/20/18, a staff revealed they gular assigned drills. This pecify any emergency go they had received from the con 7/20/18, the qualified as professional (QIDP) conducted and could locate aff receiving any training is emergency preparedness entration.	W 2			

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W 249	Continued From page objectives identified in plan.	e 8 n the individual program	w:	249			
	Based on observation reviews, the facility fareceived a continuous consisting of needed identified in the individual continuous consisting of needed identified in the individual continuous consisting of the continuous co	not met as evidenced by: n, interviews and record illed to assure each client s active treatment plan interventions and services dual program plan (IPP) in s affected 1 of 3 audit client					
	Client #3's diet was not followed as written. During observation of the dinner meal in the home on 7/19/18, client #3 ate a Beef patty (frozen processed), Squash (regular canned), Lima Beans (regular canned), Whole Wheat bread, fruit cup (regular prepackaged), then drank water and juice (regular concentrated). Client #3 had seconds of Lima Beans and two glasses of juice. Client #3 obtained his food from the same serving dishes as his housemates. Client #3 was only encouraged to set the table. Client #3 was not to have any of his meal altered and none of his fluids were measured nor his fluid intake documented after his consumption.						
	orders dated 6/1/18 r HEALTHY, 2gm SOD TO 48 - 64oz PER Do During an interview o confirmed client #3's than the other clients	client #3's physician's evealed, "Diet: "HEART IUM, LIMIT FLUID INTAKE AY." n 7/20/18 the dietician diet should look different in the home. Client #3 is iet. His diet is a low sodium					

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED	
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(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLETION	
and he should not re (without being of low from processed food During an interview intellectual disabilities confirmed client #3' followed. Further in needs to meet with client #3's sodium is adequately address interview confirmed #3's fluid intake and throughout the day. INFECTION CONT CFR(s): 483.470(I)(). The facility must proton avoid sources are supported to assure a suprovided to assure a suprovided to avoid to prevent possible compotentially affected home. The findings Precautions were in health/safety and process-contamination. During medication at the home on 7/20/1	received regular canned foods w sodium) and try to stay away ods as much as possible. You on 7/20/18, the qualified ies professional (QIDP) 's diet should have been interview revealed the team the dietician to discuss how intake can be tailored to more is his needs. Additional distaff are to monitoring client individual documenting his fluid intake in the dietician to discuss how intake can be tailored to more is his needs. Additional distaff are to monitoring client individual documenting his fluid intake in the facility and transmission of infections. So not met as evidenced by: tions and interviews, the facility anitary environment was ransmission of infections and interviews, the facility anitary environment was ransmission of infections and interviews and interviews in the sare: The taken to promote client/staff revent possible in. Addinistration observations in the sart 7:11am, client #6 was				
	Continued From parand he should not a (without being of lo from processed foo During an interview intellectual disability confirmed client #3 followed. Further in needs to meet with client #3's sodium in adequately address interview confirmed with client #3's fluid intake and throughout the day INFECTION CONT CFR(s): 483.470(I) The facility must provided to assure a sprovided to assure as provided to avoid to prevent possible crapotentially affected home. The finding: Precautions were repeated by the form of 7/20/10 assisted by staff not the form of 7/20/10 assisted by staff not the form of 1/20/10 assisted by	CORRECTION IDENTIFICATION NUMBER: 34G293 ROVIDER OR SUPPLIER	A BUILDING 34G293 B. WING B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 and he should not received regular canned foods (without being of low sodium) and try to stay away from processed foods as much as possible. During an interview on 7/20/18, the qualified intellectual disabilities professional (QIDP) confirmed client #3's diet should have been followed. Further interview revealed the team needs to meet with the dietician to discuss how client #3's sodium intake can be tailored to more adequately address his needs. Additional interview confirmed staff are to monitoring client #3's fluid intake and documenting his fluid intake throughout the day. INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure a sanitary environment was provided to avoid transmission of infections and prevent possible cross-contamination. This potentially affected all clients residing in the home. The findings are: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. During medication administration observations in the home on 7/20/18 at 7:11am, client #6 was assisted by staff not wearing gloves. While not	ROUDER OR SUPPLIER TE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 and he should not received regular canned foods (without being of low sodium) and try to stay away from processed foods as much as possible. During an interview on 7/20/18, the qualified intellectual disabilities professional (QIDP) confirmed client #3's diet should have been followed. Further interview revealed the team needs to meet with the dietician to discuss how client #3's sodium intake can be tailored to more adequately address his needs. Additional interview confirmed staff are to monitoring client #3's fluid intake and documenting his fluid intake throughout the day. INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure a sanitary environment was provided to avoid transmission of infections and prevent possible cross-contamination. This potentially affected all clients residing in the home. The findings are: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. During medication administration observations in the home on 7/20/18 at 7:11am, client #6 was assisted by staff not wearing gloves. While not	

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W 454	release blood onto his not wear gloves throus ugar check and the administration. There located on the shelf a and the client #6 wern medication administration to use any gloves district mot use any gloves district medication administration. During an interview of trained to used glove with bodily fluids such buring an interview of intellectual disabilities confirmed the staff shassisting client #6 with Additional interview of the staff shassisting client #6 with Add	s glucometer. The staff did aghout client #6's blood rest of client #6's medication we were gloves in a box above the area where staff es seated during the ation. However, the staff did aring this observed ation. In 7/20/18, the medication they did not wear gloves we being exposed the client's lew confirmed they were so when coming in contact in as blood. In 7/20/18, the qualified so professional (QIDP) would have worn gloves while	W	154		