

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G293 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/27/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER STONEGATE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| W 000 | INITIAL COMMENTS | W 000 | | | |
| W 249 | <p>A complaint survey was completed on 3/27/19. Intake #NC00149944.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record verification and interview the facility failed to assure a behavior support plan (BSP) for client #1 was implemented to address inappropriate behaviors. The finding is:</p> <p>Client #1 did not have a formal BSP to address behaviors.</p> <p>Review on 3/27/19 of the client's IPP revealed client #1 will engage in eloping/walking away to calm down. There was no formal Behavior Support Plan (BSP).</p> <p>Interview on 3/27/19 with the House Manager revealed client #1 had an incident where he walking away from the facility but staff were able to follow him. Since, they've implemented 1:1 supervision and alarms on his doors and windows. They have also met as a team to discuss behaviors. However, he does not have a</p> | W 249 | | | |

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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| W 249 | Continued From page 1 formal BSP. The facility had been trying to obtain a copy of the BSP from the Psychologist since client #1's admission in July 2018 however they still have not received it. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 did not have a formal Behavioral Support Plan. Interview on 3/27/19 with the Chief Executive Officer (CEO) confirmed he was aware of client #1's wandering behaviors at admission. Client #1 did not have a formal Behavioral Support Plan. The Psychologist completed her assessment for client #1 but they still have not received it. He's made several attempts to obtain the BSP. He confirmed a BSP should have been implemented. | W 249 | | | |
| W 289 | MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observation, interview and record verification the facility failed to assure the use of systematic interventions to manage client #1's inappropriate behaviors were incorporated into the client's individual program plan (IPP). Use of systematic interventions were not incorporated into client #1's IPP. | W 289 | | | |

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| W 289 | Continued From page 2 Review on 3/27/19 of the client's IPP revealed client #1 will engage in eloping/walking away to calm down. There was no formal Behavior Support Plan (BSP). Interview on 3/27/19 with the House Manager revealed client #1 has had incident of walking away from the facility but staff were able to follow him. Since, they've implemented 1:1 supervision and alarms on his doors and windows. It was her idea to implement the interventions but she believed the Psychologist was made aware of the strategies implemented. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed systematic interventions to manage behaviors needed to be addressed in the BSP. Interview on 3/27/19 with the Chief Executive Officer (CEO) confirmed he was aware of client #1's wandering behaviors at admission. Client #1 did not have a formal Behavioral Support Plan. The Psychologist completed her assessment for client #1 but they still have not received it. He's made several attempts to obtain the BSP. He confirmed a BSP should address interventions to manage behaviors. | W 289 | | | |
| W 312 | DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. | W 312 | | | |

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| W 312 | Continued From page 3 This STANDARD is not met as evidenced by: Based on interview and record verification the facility failed to assure drugs used for control of inappropriate behaviors for 1 of 1 audited client (#1) were only used as an integral part of the client's individual program plan (IPP) that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. The finding is: Medications used to control client #1's inappropriate behaviors were not an integral part of a behavior support plan to justify the need and use. Review on 3/27/19 of client #1's record revealed a drug regimen which included Quetiapine 100mg, Quetiapine 400mg, Rexulti 4mg and Melatonin 5mg for sleep. Further review on 3/27/19 of the client's IPP revealed client #1 will engage in eloping/walking away to calm down. There was no formal Behavior Support Plan (BSP) implemented. Interview on 3/27/19 with the House Manager revealed client #1 receives medications to address behaviors. He does not have a formal BSP. The facility had been trying to obtain a copy of the BSP since client #1's admission in July 2018 however they still have not received it. Interview on 3/27/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 did not have a formal Behavioral Support Plan. Interview on 3/27/19 with the Chief Executive | W 312 | | | |

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| W 312 | Continued From page 4 Officer (CEO) confirmed client #1 did not have a formal Behavioral Support Plan. He's called the Psychologist several times to obtain a copy of the BSP however they still have not received it. He confirmed client #1's medications should be addressed in the BSP. | W 312 | | | |