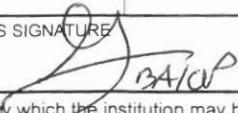


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
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NAME OF PROVIDER OR SUPPLIER STONEGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615
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(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
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W 249	<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 observations, record reviews and interviews, the facility failed to assure interactions with staff supported the active treatment program specifically the medication administration guidelines of 1 of 4 audit clients (#3). The finding is:</p> <p>Client #3's medication guidelines were not consistently implemented as written.</p> <p>During the medication administration pass on 7/23/19 at 7am, client #3 came into the medication room, then staff A took his medication box out and set it on the desk. Client #3 then assisted with punching medications by independently holding the packets and pressing the pills out.</p> <p>Interview with Staff A on 7/23/19 after the observation, revealed client #3 can come in and punch his medications as far as she knows because "nobody has told me any different" and this allows him to be more independent at medication administration.</p>	W 249	<p>This deficiency will be corrected by the following actions:</p> <p>A. Clinical Supervisor and/or Home Manager will train direct support professionals on the goals/objectives of all consumer ISP's to ensure their goals/objectives are being worked on as written. The training will also stress the importance of encouraging the consumers to be as independent as possible when working on their goals/objectives.</p> <p>B. Direct support professionals will document their training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>C. Clinical Supervisor will monitor direct support professionals 2x/week.</p> <p>D. Home Manager will monitor direct support professionals 3x/week.</p> <p>E. Program Manager will monitor this process 1x/month through review of observation forms completed by the Home Manager and/or Clinical Supervisor.</p> <p style="text-align: center;">DHSR - Mental Health AUG 21 2019 Lic. & Cert. Section</p>	9/27/2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Manager	(X6) DATE 8/15/19
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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.

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

PRINTED: 08/01/2019
FORM APPROVAL
OMB NO. 0938-02

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 07/23/2019
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NAME OF PROVIDER OR SUPPLIER STONEGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615
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(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 249	<p>Continued From page 1</p> <p>Review of client #3's IPP dated 12/7/18 revealed that he had medication administration guidelines from the previous year 12/7/17 which were still to be carried out. These guidelines indicated that the medication box for client #3 should be taken out and placed on the desk prior to him entering the room. The guidelines also noted that client #3 should "...at NO TIME have a blister pack with medications still in tact, in his hands (i.e [Client #3's] own medication pack and/or any other consumer's....)"</p> <p>Interview with management on 7/23/19 confirmed that client #3's medication administration guidelines are current and that he should not be allowed to hold medications and participate in medication punching due to previous behaviors of taking medications he should not take even with staff present.</p>	W 249	Please see Page 1.	

August 14, 2019

Joy Afford, QIDP/SW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 21 2019

Lic. & Cert. Section

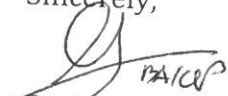
Re: Plan of Correction for Recertification Survey
8609 Stonegate Drive, Raleigh, NC 27615
Provider Number: 34G293
MHL Number: MHL-092-137

Dear Mrs. Afford,

Thank you for your time and the feedback given during the survey you completed on July 23, 2019. 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 find the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,


Gary J. Ricci II, BA/QP
Program Manager, CANC

Enclosures