STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G293	A. BUILDING _____ B. WING _____	C 10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 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 A complaint survey was completed on 10/2/19 for intake #NC00156357. The allegation was unsubstantiated. However, deficiencies were cited unrelated to the complaint.	W 000		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the individual program plan (IPP) was reviewed and revised as necessary. This affected 1 of 3 audit clients (#1). The finding is: Client #1's behavior support program (BSP) program was not revised. Review on 10/2/19 of client #1's individual program plan (IPP) dated 6/18/19 revealed he has target behaviors of self-injurious behaviors, aggression and elopement. Further review of client #1's IPP revealed a BSP dated 6/13/16 and revised on 6/28/19 to address these target behaviors with an objective "[Client #1] will exhibit zero behavior for 6 consecutive months." Review of his behavioral data for the past 6 months indicated that client #1 had been admitted twice for crisis stabilization, and other episodes of aggression were exhibited.	W 257		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G293	A. BUILDING _____ B. WING _____	C 10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 257	Continued From page 1 Interview on 10/2/19 with the qualified Intellectual disabilities profession (QIDP) confirmed client #1 had episodes of physical aggression and his goal was not attainable and been ongoing for 3 years. Further interview revealed the goal need to be revised.	W 257		