

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

PRINTED: 10/17/2019
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 10/02/2019
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 257	<p>A complaint survey was completed on 10/2/19 for intake #NC00156357. The allegation was unsubstantiated. However, deficiencies were cited unrelated to the complaint.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)</p> <p>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.</p> <p>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:</p> <p>Client #1's behavior support program (BSP) program was not revised.</p> <p>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.</p>	W 257			

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 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		