

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:  <b>34G293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STONEGATE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8609 STONEGATE DR RALEIGH, NC 27615</b>
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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 000	INITIAL COMMENTS	W 000		
W 257	<p>PROGRAM MONITORING &amp; 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	<p>This deficiency will be corrected by the following actions:</p> <p>A. The Clinical Supervisor will coordinate with the psychological consultant to revise the BSP of client #1. This revision will focus on ensuring goals which address targeted behaviors are attainable. B. The Clinical Supervisor will coordinate with the psychological consultant to ensure all required signatures are present on the revised BSP. C. The Clinical Supervisor will coordinate with the psychological consultant to ensure that the human rights committee reviews the BSP for client #1. D. The Clinical Supervisor will train all Direct Support Professionals (DSP) on the revised BSP for client #1. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home. E. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. F. The Home Manager will monitor Direct Support Professionals 2x/week for adherence to the BSP guidelines of client #1. G. The Clinical Supervisor will monitor Direct Support Professionals 1x/week for adherence to the BSP guidelines of client #1.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>NOV 04 2019</b> DHSR-MH Licensure Sect</p>	11/22/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Manager	(X6) DATE 10/25/19
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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.

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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		
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October 28, 2019

Wambui Karanu, BSN. RN  
Nurse Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

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

Dear Ms. Karanu,

Thank you for your time and the feedback given during the survey you completed on October 2, 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 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