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 _____	02/09/2021

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 187	DIRECT CARE STAFF CFR(s): 483.430(d)(3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients: (i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2; (ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4; (iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4. This STANDARD is not met as evidenced by: Based on observations and interview with staff, the facility failed to assure adequate staff-to-client ratios were met. The finding is: During morning observations in the home on 2/8/21 at 9:55am, the home manager (HM) was alone in the home with 6 clients. Further observations revealed all 6 clients where up and dressed. Further observations revealed the HM was alone with the 6 clients until 11:36am when the qualified intellectual disabilities professional (QIDP) came into the home. During an interview on 2/8/21, the HM stated the third shift staff had left the home "around 4:40am." During an interview on 2/8/21, the QIDP revealed	W 187		

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

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W 187	Continued From page 1 two staff are the minimum when all 6 clients are up and dressed.	W 187		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to call clients by their given names. The finding is: During observations in the home on 2/8/21 at 5:38pm, Staff C called a client "Boo" on three separate occassions. During observations in the home on 2/9/21 at 6:39am, Staff D called a client "baby" five separate times and "my love" four separate times. During an interview on 2/9/21, Staff D revealed she was calling the clients "baby" and "my love" to get them to do things during meal preparations. Further interview revealed Staff D was just trying to show her gratitude towards the clients. During an interview on 2/9/21, the program manager stated, "I don't believe it's appropriate" for staff to be calling the clients anything else but their names.	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 2 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the area of medication administration. The finding is: During morning medication administration in the home on 2/9/21 at 6:45am, the surveyor walked into the medication room and observed client #3's medications were already in a medication cup. During immediate interview, Staff B stated she had pre-punched client #3's medications into the medication cup. Further interview revealed "some years ago [Client #3's name] got into the medications and took a handful and then ended up in the hospital; so from now on all his medications are punched out by staff." Review on 2/9/21 of client #3's community/home life assessment dated 12/8/20 revealed he can independently obtain his medication basket and punches his won medications into a cup, During an interview on 2/9/21, the program	W 249		

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W 249	Continued From page 3 manager revealed client #3 should punch his own pills for his own independence.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking the temperature and asking required questions in regards to COVID-19 protocol. This potentially effected all the clients in the home. The finding is: During morning observations in the home on 2/9/21 at 5:28am, the surveyor entered the home. Further observations revealed Staff B who opened the door did not take the temperature of the surveyor. Review on 2/9/21 of the facility's home visitor screening tool stated, "Fever greater than or equal to 100.0 F (37.8 C), and one or more of the following: muscle aches, shortness of breath, sore throat, new of changed cough, chills, headache, loss of taste or smell (new onset in the past 14 days)? (Note, we will be taking your temperature prior to your visit today). Have you traveled internationally or on a cruise ship within the last 14 days? Have you or anyone in your household had close (within 6 feet) contact with	W 340		

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W 340	Continued From page 4 someone who has confirmed or presumed COVID-19 (Coronavirus) within the last 14 days?" During an interview on 2/9/21, the program manager stated to due safety measures during COVID-19, "anybody from the outside should have their temperature taken."	W 340		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#6) observed receiving medications. The finding is: During medication administration in the home on 2/8/21 at 4:54pm, client #6 consumed Amitiza with a cup of water. At no time was client #6 offered any food to eat. Review on 2/9/21 of client #6's physician orders signed 1/27/21 stated, "Amitiza 24 MCG Take 1 capsule (24 MCG) by mouth...with a meal." During an interview on 2/9/21, the program manager confirmed client #6 should have had something to eat when he consumed his Amitiza capsule.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382		

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W 382	Continued From page 5 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: During observations in the home on 2/8/21, Staff A picked up the water pitcher and noticed it was frozen. Further observations revealed Staff A walking out of the medication room, going into the kitchen to get another pitcher of water. Additional observations revealed Staff A left the medications for client #6 out on the desk, while the surveyor was in the room. During an interview on 2/8/21, Staff A confirmed he had been trained not to leave the medications unattended. Review on 2/9/21 of the medication room revealed a noticed on the medication closet which states, "STONEGATE Medication closet ENSURE THIS PLACE IS LOCKED WHENEVER NOT IN USE." During an interview on 2/9/21, the qualified intellectual disabilites professional (QIDP) confirmed staff know not to leave medications unattended.	W 382		