

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

PRINTED: 02/10/2021
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 02/09/2021
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 187	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(3)</p> <p>Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:</p> <p>(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;</p> <p>(ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4;</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>During an interview on 2/8/21, the HM stated the third shift staff had left the home "around 4:40am."</p> <p>During an interview on 2/8/21, the QIDP revealed</p>	W 187	<p>W 187</p> <p>This deficiency will be corrected by the following actions:</p> <p>A. The Site Supervisor will ensure to schedule staffing to meet the needs of the home to include the proper staff/resident ratio on each shift.</p> <p>B. The Area Supervisor and Clinical Supervisor will monitor and ensure that this is being done by reviewing the weekly staffing schedule in advance of each week to identify any additional staffing needs.</p>	4/20/2021	

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 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 occasions. 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 189 This deficiency will be corrected by the following actions: A. The Site Supervisor and The Clinical Super will train/ in-service staff on performing their duties competently which will include addressing the individuals that we serve, unless otherwise specified in their ISP. This training will be ongoing. B. The Site Supervisor and The Clinical Supervisor will monitor and document that this is occurring one time a week.	4/20/2021
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	<p>Continued From page 2</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 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:</p> <p>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.</p> <p>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."</p> <p>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,</p> <p>During an interview on 2/9/21, the program</p>	W 249	<p>W 249</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> / A. All ISP's will be reviewed and revised as needed to ensure that all objectives are met. B. Community and Home Life Assessment will be reviewed and updated for accuracy. C. All current goal will be assessed, modified, or updated, or discontinued to meet the areas identified in the assessments. D. All people served will be afforded the opportunity to be as independent as possible E. The Clinical Supervisor and the Site Supervisor will be responsible for in-servicing and update staff on active treatment and client engagement in all activities in and out of the home. F. The Site Supervisor will monitor and document weekly that this is occurring. G. A member of the Administrative team will monitor this monthly at least once a month during the site review process. 	4/20/2021	

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W 249	Continued From page 3	W 249			
W 340	<p>manager revealed client #3 should punch his own pills for his own independence.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 340	<p>W 340</p> <p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. The nurse will be responsible for providing staff with a training/ in-service to ensure that employees as sufficiently trained on the COVID 19 protocols that have been put in place. B. The Area Supervisor and the Site Supervisor will be responsible for ensuring that this training is completed and techniques learned are implemented. C. The Area Supervisor, Clinical Supervisor and the Site Supervisor will be responsible for monitoring and documenting at least once a week that this is occurring. 	4/20/2021	

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W 340	Continued From page 4 someone who has confirmed or presumed COVID-19 (Coronavirus) within the last 14 days?"	W 340			
W 368	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." 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 368 This deficiency will be corrected by the following actions: A. The nurse will assess all orders B. The Physician orders will be reviewed for accuracy C. All staff will be in-serviced on the medication procedure and following the guidelines for administering medications as directed (i.e. with food). D. The nurse will monitor and document that the is occurring at least once a month. E. The Site Supervisor and Clinical Supervisor will monitor and document that this is occurring at least once a week.	4/20/2021	
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 disabilities professional (QIDP) confirmed staff know not to leave medications unattended.	W 382	W 382 This deficiency will be corrected by the following actions: A. The nurse will be responsible for providing the staff with an in-service on the storage of medications and medication being locked up at all time, except when medications are being prepared to administer. B. The nurse will monitor and document on this monthly. C. The Site Supervisor and Clinical Supervisor will document that this is occurring at least once a week.	4/20/2021	