

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 02/28/2023
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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 2 of 3 audit clients (#5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of food preparation and self-help skills. The findings are:</p> <p>A. During afternoon observations in the home on 2/27/23 at 11:52am, Staff F prepared bologna and cheese sandwiches in the kitchen without any client participation. No clients were prompted or encouraged to participate with making the sandwiches.</p> <p>During morning observations in the home on 2/28/23 at 7:35am, Staff E cut up apples at the counter in the kitchen without any client participation. Later, at 8:08am, Staff E made a pot of coffee for client #5 and several other clients and a cup of hot tea using the microwave for client #6. No clients were prompted or encouraged to participate with these tasks.</p> <p>Interview on 2/27/23 with Staff F revealed some</p>	W 249			

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 249	Continued From page 1 of the clients can make their own sandwiches given assistance. Interview on 2/28/23 with Staff E indicated clients can assist with cutting up food items, making sandwiches, and drinks. Additional interview with Staff E noted when clients have assisted with making coffee in the past, they would get coffee grounds everywhere. Review on 2/28/23 of client #5's Community Home Life Assessment (CHLA) dated 7/25/22 revealed he requires physical assistance to make his lunch, make foods without cooking, use a microwave and coffee maker. The CHLA noted the client cannot independently use a knife. Review on 2/28/23 of client #6's CHLA dated 6/2/22 noted he can independently make his lunch, use a microwave and a knife. Interview on 2/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients in the home can assist with various food preparation tasks in the kitchen. B. During 2 of 3 mealtime observations in the home on 2/27 - 2/28/23, staff cleared client #5's dishes after meals without his involvement. The client was not prompted or encouraged to assist with clearing his dishes. Review on 2/28/23 of client #5's CHLA dated 7/25/22 revealed he requires a verbal cue to take his dirty dishes to the kitchen. Interview on 2/28/23 with the QIDP confirmed client #5 can clear his dishes after meals.	W 249			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)	W 255			

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W 255	<p>Continued From page 2</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 3 audit clients (#5 and #6) was revised after they completed identified objectives. The findings are:</p> <p>A. Review on 2/27/23 of client #5's Behavior Support Plan (BSP) dated 8/2/22 revealed an objective to exhibit 0 episodes of failure to cooperate per month for 12 consecutive months. Additional review of client #5's behavior progress notes revealed from February 2021 - January 2023, the client exhibited zero documented behaviors of failure to cooperate for at least 23 months.</p> <p>B. Review on 2/27/23 of client #6's BSP dated 6/6/22 revealed an objective to exhibit 0 episodes of noncompliance per month for 12 consecutive months. Additional review of client #6's behavior progress notes and the behavior data book revealed from February 2021 - February 27, 2023, the client exhibited zero documented behaviors for 24 months.</p> <p>During an interview on 2/28/23, the QIDP acknowledged the behavior plan objectives for client #5 and client #6 need to be reviewed for completion after numerous months with no documented behaviors.</p>	W 255			

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W 288 W 288	Continued From page 3 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure a technique to address client #6's inappropriate behavior was included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is: During morning observations in the home at 8:35am, client #6 entered the office and retrieved a cell phone from a top shelf of a desk in the room. The client made the comment, "Call mom at 8:30" and left the room with the phone. Immediate interview with Staff C revealed the phone belonged to client #6 and after his mom indicated the client was calling her too much, they began putting the phone in the office. Review on 2/27/23 of client #6's record did not reveal an active treatment program to address inappropriate use of his cell phone or a technique of removing the phone from his possession into the office. Interview on 2/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #6's phone was being kept in the office to keep it from getting broken. The QIDP acknowledged the client does have a problem with calling his mother too much which could also be the reason his phone is located in the office. Additional interview confirmed there was no formal active treatment	W 288 W 288			

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W 288	Continued From page 4	W 288			
W 312	<p>program to include the technique of placing client #6's cell phone in the office.</p> <p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #6 was considered for a reduction and/or elimination of medications used to control behaviors after a significant decrease in the behaviors was identified. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 2/27/23 of client #6's Behavior Support Plan (BSP) dated 6/6/22 revealed an objective to exhibit 0 episodes of noncompliance per month for 12 consecutive months. Additional review of the plan also incorporated the use of Ativan, Haldol, Cogentin and Prozac to address his behaviors. The client's physician's orders dated January 2023 included orders for Cogentin .5 mg (twice daily), Prozac 80mg (nightly), Prozac 60mg (mornings), Haldol 5mg (1/2 tab twice daily) and Ativan 1mg (three times daily). Further review of client #'s behavior progress notes and the behavior data book revealed from February 2021 - February 27, 2023, the client exhibited zero documented behaviors for 24 months. Review of the record did not indicate client #6 had been considered for a reduction and/or elimination of his behavior medications.</p> <p>Interview on 2/28/23 with Staff C indicated client</p>	W 312			

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W 312	Continued From page 5 #6 has the least amount of behaviors out of all of the clients in the home. During an interview on 2/28/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 continues to ingest various medications to address behaviors with no changes having been considered. Additional interview indicated there may be an issue with documentation of the client's inappropriate behaviors which needs to be addressed.	W 312			
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, interview and record review, the facility failed to ensure staff were sufficiently trained to implement COVID-19 visitation protocols. The finding is: Upon arrival to the home on 2/27/23 at 9:10am and on 2/28/23 at 6:00am, the surveyor's temperature was taken; however, no COVID-19 screening form was completed. Review on 2/28/23 of the facility's COVID-19 visitor screening form revealed the visitor's temperature should be taken and three COVID-19 screening questions should be asked. Interview on 2/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all	W 340			

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W 340	Continued From page 6 visitors to the home should be screened for COVID-19 including having their temperature taken and completion of a COVID-19 screening form.	W 340			