

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

PRINTED: 02/29/2024
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 02/28/2024 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER STONEGATE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8609 STONEGATE DR RALEIGH, NC 27615 | | |
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| W 104 | <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure all seat belts on the van were working properly. This affected 1 of 1 clients utilizing a wheelchair (#5). The finding is:</p> <p>During morning observations in the home on 2/28/24, one wheelchair seat belt on the facility van was not working properly.</p> <p>Interview on 2/28/24 with Staff A revealed the van was a loaner from another facility and their van was in the shop.</p> <p>Interview on 2/28/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed when the Physical Therapist (PT) conducts training on securing wheelchairs on the van, securing a wheelchair seat belt for the wheelchairs is a part of that training and should be utilized. Additional interview with the QIDP indicated he was not aware the seat belt was not working properly.</p> | W 104 | | | |
| W 120 | <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure outside services meet the needs of each client. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>During observations at the workshop on 2/27/24,</p> | W 120 | | | |

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 120 | Continued From page 1 client #1 did not utilize a plate riser or built up handle utensil. These items were not observed to be available for his use. Interview on 2/27/24 with Staff G revealed the only adaptive equipment client #1 uses is a built up handle utensil; however, he did not bring it with him today. The staff was not aware of any other adaptive dining equipment for client #1. Review on 2/27/24 of client #1's Individual Program Plan (IPP) dated 5/22/23 revealed at mealtimes he utilizes a plate riser and built up spoon/fork to assist him at meals. | W 120 | | | |
| W 159 | QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure client #3's Individual Program Plan (IPP) was reviewed and monitored as needed. This affected 1 of 4 audit clients. The finding is: Review on 2/28/24 of client #3's IPP dated 8/9/23 revealed an objective to assist with preparing meals in the kitchen with 70% independence and an objective to walk for 10 minutes in the home or | W 159 | | | |

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| W 159 | Continued From page 2 community with 70% completion. Additional review of monthly objective progress notes for August '23 - January '24 did not reveal any progress notes for the two objectives. Interview on 2/28/24 with the QIDP revealed he thought the objectives had been reviewed for progress; however, no progress notes could be located. | W 159 | | | |
| W 255 | PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) 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 review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) was revised after he had successfully completed objectives. This affected 1 of 4 audit clients. The finding is: Review on 2/28/24 of client #3's IPP dated 8/9/23 revealed the following objectives: 1) When given instructions consumer will be able to complete self medication with 70% independence 2) Consumer will purchase personal item from the store with 70% completion rate according to task analysis 3) When given instructions consumer will be able to bathe with 70% independence Additional review of monthly progress notes for | W 255 | | | |

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| W 255 | Continued From page 3 the objectives indicated the following: Self Medication 08/23 - 100% 09/23 - 95% 10/23 - 90% 11/23 - 100% 12/23 - 80% 01/24 - 80% Purchase item 08/23 - 95% 09/23 - 95% 10/23 - 95% 11/23 - 90% 12/23 - 70% 01/24 - 85% Bathing 08/23 - 100% 09/23 - 100% 10/23 - 100% 11/23 - 90% 12/23 - 70% 01/24 - 80% Interview on 2/28/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed only the objective criteria for client #3's objectives had been changed; however, no revisions or modifications were made to the IPP. | W 255 | | | |
| W 288 | MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) | W 288 | | | |

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| W 288 | <p>Continued From page 4</p> <p>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 reviews and interviews, the facility failed to ensure a technique to manage client behaviors was included in a formal active treatment program. This affected 2 of 4 audit clients (#3 and #6). The finding is:</p> <p>During observations in the home throughout the survey on 2/27 - 2/28/24, various staff utilized a key to unlock a large cabinet in the dining area of the home. Closer observation of the cabinet revealed various opened boxes of snack cakes, syrup, breakfast cereal and snack cups. Staff frequently retrieved items from the closet for clients to consume.</p> <p>Interview on 2/28/24 with Staff D revealed the cabinet contains food/snacks for clients in the home and is kept locked due to client #3's tendency to get snacks he should not have. Additional interview with Staff A indicated the cabinet is kept secured due to client #6's diabetes and to keep him from taking food which may affect his diabetes.</p> <p>Review on 2/27/24 of client #3's record revealed he does not have a Behavior Support Plan (BSP) to address any inappropriate behaviors, including stealing food.</p> <p>Review of client #6's BSP dated 6/7/23 revealed an objective to address noncompliance. Additional review of the plan confirmed the client has Type II Diabetes; however, the BSP did not include a technique of locking away food items.</p> | W 288 | | | |

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| W 288 | Continued From page 5 During an interview on 2/28/24, the Qualified Intellectual Disabilities Professional (QIDP) did not indicate the cabinet should be kept locked to address inappropriate behaviors of clients. | W 288 | | | |
| W 350 | DENTAL SERVICES CFR(s): 483.460(e)(3) The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure training was provided for the maintenance of client #1's oral health. This affected 1 of 4 audit clients. The finding is: Review on 2/27/24 of client #1's dental examination reports revealed the following: 4/12/23 - Gums: Normal; work on flossing; Oral Hygiene: Good 12/19/23 - Gums: Periodontal disease; Oral Hygiene: Poor Review on 2/27/24 of client #1's Individual Program Plan (IPP) dated 5/22/23 revealed an objective to brush his teeth with 70% independence. During an interview on 2/28/24, the Qualified Intellectual Disabilities Professional (QIDP) did not indicate any retraining had been completed for staff or client #1 after a decrease in his oral hygiene in December '23. | W 350 | | | |
| W 436 | SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, | W 436 | | | |

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| W 436 | <p>Continued From page 6</p> <p>and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's hearing aids were maintained in good repair. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home and at the workshop throughout the survey on 2/27 - 2/28/24, client #3 did not wear hearing aids. The client was not prompted or encouraged to wear hearing aids.</p> <p>Interview on 2/27/24 with Staff F revealed client #3 often refuses to wear his hearing aids at the workshop. The staff indicated client #3 has complained of the device being too loud and won't wear them for that reason.</p> <p>Review on 2/27/24 of client #3's Individual Program Plan (IPP) dated 8/9/23 revealed he has bilateral bone conductive hearing aids due to his hearing impairment and the aids should be worn daily.</p> <p>Interview on 2/27/24 with Staff C indicated client #3 does not like to wear his hearing aids and will often keep them in his pocket instead of his ears. Additional interview on 2/28/24 with Staff A revealed client #3 will often refuse to wear his hearing aids and has complained that his left one does not appear to be working properly.</p> <p>Interview on 2/28/24 with the Site Supervisor (SS) also indicated client #3's has complained that his</p> | W 436 | | | |

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| W 436 | Continued From page 7 hearing aids are not working properly. The SS revealed the client's mother usually makes his appointments for his hearing aids; however, she was not aware if an appointment had been made to have the aids checked. | W 436 | | | |