

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

PRINTED: 02/12/2025
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 02/11/2025	
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 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>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 reviews and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 3 of 4 clients (#1, #5 and #6) observed receiving medications. The findings are:</p> <p>A. During observations of medication administration in the home on 2/10/25 at 4:29pm, client #6 consumed Amitiza 24 mcg along with two other medications. The client ingested his medications with water and later began consuming his meal at 5:25pm.</p> <p>Review on 2/11/25 of client #6's physician's orders (signed 1/4/25) revealed an order for Amitiza 24mcg, take one capsule by mouth twice daily with meals.</p> <p>Interview on 2/11/25 with the facility's nurse confirmed client #6's Amitiza should be taken with food.</p> <p>B. During observations of medication administration in the home on 2/10/25 at 4:40pm, client #1 self-administered two puffs of Symbicort 160/4.5 mcg along with one other medication. The client then left the area.</p> <p>Review on 2/11/25 of client #1's physician's orders (signed 1/4/25) revealed an order for Symbicort HFA inhaler 160/4.5mcg, inhale 2 puffs twice daily "rinse mouth after use" for asthma.</p>			W 368			

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 368	<p>Continued From page 1</p> <p>Interview on 2/11/25 with the facility's nurse confirmed client #1 should have rinsed his mouth after taking his Symbicort as ordered.</p> <p>C. During observations of medication administration in the home on 2/10/25 at 4:45pm, client #5 consumed one Naproxen 250mg tablet with water along with five other medications. Client #5 later began consuming his dinner meal at 5:25pm.</p> <p>Review on 2/11/25 of client #5's physician's orders (signed 1/4/25) revealed an order for Naproxen 250mg, take one tablet by mouth twice daily with food or milk.</p> <p>Interview on 2/11/25 with the facility's nurse confirmed client #5 should have taken his Naproxen with food as indicated.</p>	W 368			