

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/28/2020
NAME OF PROVIDER OR SUPPLIER STEM ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 702 STEM ROAD CREEDMOOR, NC 27522		
(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 000	INITIAL COMMENTS A revisit was conducted on 9/28/2020, for all previous deficiencies cited on 1/14/2020 All deficiencies have been corrected, and a new noncompliance was found. The facility is still out compliance.	W 000			
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure that copies of individual plan were made available to all relevant staff to meet the needs of each client. This affected 2 of 3 audit clients (#2 and #4). The finding is: Clients #2 and #4 did not have current individual program plans (IPP) available to at the home. Review on 9/25/2020 of client #2's record at home revealed an individual program plan (IPP) dated 10/11/18. The most current IPP was not available for the staff at the home. Review on 9/25/2020 of client #4's record at home revealed an IPP dated 9/27/18. The most current IPP was not available for the staff at the home. During an interview on 9/25/2020, with the	W 248			

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 248	Continued From page 1 Qualified Intellectual Disabilities Professional (QIDP)(via phone) and home management confirmed client #2 and #4 did not current IPP at home since the charts are kept in the office.	W 248			