| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G140 | A. BUILDING _____ B. WING _____ | R 09/28/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **STEM ROAD HOME** | **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<br><br>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<br>CFR(s): 483.440(c)(7)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on reviews and interviews the facility failed to assure that copies of individual plan were made available to all releavant staff to meet the needs of each client. This affected 2 of 3 audit clients (#2 and #4). The finding is:<br><br>Clients #2 and #4 did not have current individual program plans (IPP) available to at the home.<br><br>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.<br><br>Review on 9/25/2020 of client #4's record at home revealed an IPP dated 9/27/18. The most current IPP<br>was not available for the staff at the home.<br><br>During an interview on 9/25/2020, with the | W 248 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G140 | A. BUILDING _____ B. WING _____ | R 09/28/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **STEM ROAD HOME** | **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 248 | Continued From page 1<br>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 | | |