

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

PRINTED: 12/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>STEM ROAD HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>702 STEM ROAD</b> <b>CREEDMOOR, NC 27522</b>		
(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	{W 000}			
W 130	<p>A revisit was conducted on 12/9/2020, for all previous deficiencies cited on 9/28/2020 . Some deficiencies have not been corrected, and a new noncompliance was found. The facility is still out compliance.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients were afforded privacy during personal time. This affected all the clients residing in the home The finding is:</p> <p>During observations in the home on 12/9/2020 at approximately 11:00am, Staff A was doing a check up on the clients. she opened all the clients' rooms without knocking as she opened the doors.</p> <p>Interview on 12/9/20 with staff A revealed that anytime clients are in their bedroom for personal time, the door should be knocked before entering. She further added she was avoiding waking the clients up.</p> <p>Interview on 12/9/20 with the home manager revealed that anytime a client is in the in the bedroom the staff should knock at the door before entering.</p>	W 130			

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 130  {W 248}	Continued From page 1 Interview on 12/9/2020 (via phone) with the qualified intellectual disabilities professional (QIDP) revealed that when all clients are in their bedrooms, staff should knock the door before opening the door.  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:  Review on 12/09//2020 of client #2's record at home revealed a behavior support plan (IPP) dated 8/18/19. The most current BSP was not available for the staff at the home.  Review on 12/0/2020 of client #3's record at home revealed a BSP dated 3/20/18. The most current IPP was not available for the staff at the home.  During an interview on 12/9/2020, with the Qualified Intellectual Disabilities Professional (QIDP)(via phone) and home management confirmed client #2 and #4 did not have a current BSP at home since the charts are kept in the	W 130  {W 248}			

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{W 248}	Continued From page 2 office. The most current ones were dated 4/24/2020 and 4/20/2020 and are located in the main office.	{W 248}			