

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

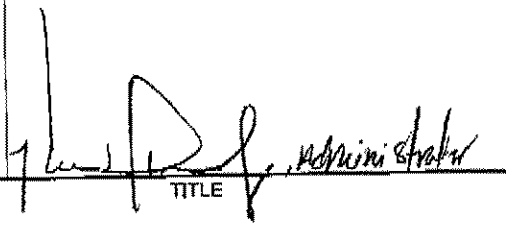
PRINTED: 12/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 12/09/2020
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NAME OF PROVIDER OR SUPPLIER  STEM ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 702 STEM ROAD CREEDMOOR, NC 27522
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(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
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{W 000}	<p><b>INITIAL COMMENTS</b></p> <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 000}	<p>The QP will in-service all staff on affording privacy to all people supported. Monitoring will be through 2 interaction assessments per week for the next 30 days by Clinical Staff to ensure individuals need are meet in the area of privacy and then on a routine basis. In the future the Qualified Professional will ensure training for staff that include privacy to address client needs.</p>	2/9/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	 TITLE	(X8) DATE 01/01/21
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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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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>
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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}		