

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

PRINTED: 04/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/06/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>STONERIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 UNION HEIGHTS BOULEVARD</b> <b>SALISBURY, NC 28144</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 104	<p>A complaint survey was completed on 4/6/2022 for intake #NC00186257. Deficiencies were cited.</p> <p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews during the complaint survey, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the interior and exterior of the facility was sanitary and orderly. The finding is:</p> <p>Observations in the group home on 4/6/22 revealed the exterior to the group home to have trash and debris on the ground. Continued observations revealed the three city issued trash receptacles to overflow with spillage on the ground.</p> <p>Subsequent observations in the group home revealed bathroom #1 to smell like urine. Continued observations revealed bathroom #2 to have an odor and a dried dark brown unknown substance on the floor around the exterior of the toilet. Observations also revealed the toilet to have dried feces and a black ring around the inside of the toilet. Further observations revealed client #5's room to be in disarray with the closet empty and all of the client's clothing on the floor. Additional observations revealed client #1's room to have a brown dried substance on the left side of the mattress and box spring and particles of dried food surrounding the bed frame.</p>	W 104			

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 104	<p>Continued From page 1</p> <p>Observations revealed client #3's room to have a large piece of the floorboard broken and missing approximately 14" in diameter. Observations also revealed the laundry room to have soiled linens lying on the floor and smell like urine.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 4/6/22 revealed that she was uncertain why the facility was unsanitary and in disarray. Continued interview with the QIDP revealed that staff on all shifts have cleaning responsibilities in which they are responsible.</p> <p>Interview with program manager (PM) on 4/6/22 revealed that staff have not done the best job at ensuring the client's rooms are clean. Continued interview with the PM revealed that it is the staff's responsibility to work with the clients to teach and model a sanitary and orderly facility.</p>	W 104			