STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G296	A. BUILDING _____ B. WING _____	C 04/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONERIDGE	222 UNION HEIGHTS BOULEVARD SALISBURY, NC 28144

(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 complaint survey was completed on 4/6/2022 for intake #NC00186257. Deficiencies were cited.	W 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) 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: 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. 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.	W 104		

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
W 104	Continued From page 1 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. 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. 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.	W 104		