STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G033	A. BUILDING _____ B. WING _____	R 02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHRIDGE ROAD	301 SOUTHRIDGE RD JAMESTOWN, NC 27282

(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 revisit was conducted on 2/9/23 for deficiencies cited on 12/7/22. One out of two deficiencies were corrected; however, one deficiency remains out of compliance. The facility remains out of compliance.	W 000		
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that updated, written informed consent of the legal guardian and human rights committee (HRC) was secured for exterior door alarms for 5 of 5 clients (#1, #2, #3, #4 and #5). The finding is: Observations in the group home during the survey period from 12/6/22 - 12/7/22 revealed exterior door alarms to ring upon staff and clients entering and exiting the facility. Review of client records on 12/7/22 for clients #1, #2, #3, #4 and #5 revealed expired consents from the legal guardians and HRC dated 8/10/21 for human rights limitations relative to door alarms. Review of the documentation did not reveal updated written informed consent from the HRC and legal guardians relative to the exterior door alarms. Interview with the home manager (HM) and qualified intellectual disabilities professional (QIDP) revealed that current human rights	{W 263}		

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
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{W 263}	Continued From page 1 consent limitation forms for clients #1, #2, #3, #4 and #5 could not be located during the survey. Continued interview with the HM and QIDP verified HRC limitation consent forms for all clients should be updated and signed by the HRC and legal guardian annually.	{W 263}		