

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

PRINTED: 02/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/09/2023
NAME OF PROVIDER OR SUPPLIER SOUTHRIDGE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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

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.

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

PRINTED: 02/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/09/2023
NAME OF PROVIDER OR SUPPLIER SOUTHRIDGE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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}			