

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

PRINTED: 04/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/24/2023
NAME OF PROVIDER OR SUPPLIER STONERIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit was conducted on 4/24/23 for deficiencies cited on 2/14/23. A total of four out of five deficiencies were corrected; however, one deficiency remains out of compliance. The facility remains out of compliance.	W 000			
{W 130}	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy during toileting and personal care for 1 of 6 clients (#4). The finding is: Observations in the facility during the follow up survey on 4/24/23 at 12:05 PM revealed staff to leave client #4 in the bathroom while toileting with the door remaining open. Continued observations revealed client #4 to exit the bathroom door and walk down the hall with his pants at his ankles and other peers in the hallway. Further observation revealed staff to escort client #4 back to the bathroom with his bottom and genitals exposed. Observations revealed staff to assist client #4 with returning to the bathroom to assist client in pulling up pants and washing his hands. Interview with the program manager (PM) on 4/24/23 revealed staff have been trained to respect the privacy of clients while toileting. Continued interview with the PM revealed client #4 has a new toileting program which includes preventing accidents and staff remaining in the	{W 130}			

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 130}	Continued From page 1 bathroom with the client. Staff are to assist with maintaining the client's privacy and prevent wandering around unclothed after toileting. Interview with the PM also revealed client #4 struggles with privacy concerns when toileting. Continued interview with the PM revealed staff should respect the privacy of all clients during toileting and personal care.	{W 130}			