STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G140	A. BUILDING _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEM ROAD HOME	**702 STEM ROAD CREEDMOOR, NC 27522**

(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 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, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#2 and #5) were afforded privacy during toileting. The findings are: A. During evening observations in the home on 8/22/23 at 3:57pm, client #2 entered a bathroom in the back hallway of the home and urinated in the toilet leaving the door wide open. During this time, two other clients were in the area. Client #2 was not prompted or assisted to close the bathroom door for privacy. During later observations in the home at 5:03pm, client #2 again entered the bathroom in the back hallway of the home and urinated in the toilet with the door wide open. Again, client #2 was not prompted or assisted to close the door for privacy. Interview on 8/22/23 with Staff C revealed client #2 needs "instructing" to close the door while using the bathroom. The staff stated, "You have to tell him" to do most tasks. Review on 8/23/23 of client #2's Adaptive Behavior Inventory (ABI) dated 6/29/22 revealed he has partial independence with closing the bathroom door for privacy. The ABI identified a need in this area. Interview on 8/23/23 with the Home Manager (HM) indicated client #2 can close the door on his own for privacy but sometimes needs reminders.	W 130		

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

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W 130	Continued From page 1 B. During morning observations in the home on 8/23/23 at 6:13am, client #5 entered a bathroom in a back hallway of the home and proceeded to urinate in the toilet with door wide open. During this time, Staff E stood nearby assisting another client. Client #5 was not prompted or assisted to close the door for privacy. Immediate interview with Staff E revealed client #5 is usually "pretty good" about closing the bathroom door while using the bathroom. Review on 8/23/23 of client #5's ABI dated 5/4/22 revealed he can independently close the bathroom door for privacy during toileting. Interview on 8/23/23 with the HM revealed client #5 can independently go to the bathroom and close the door. The HM acknowledged the client may need to be reminded at times.	W 130		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the active treatment program for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6) was coordinated, integrated and monitored as needed. The findings are: A. Review on 8/22/23 of client #4's record revealed an IPP dated 11/30/21. No current Individual Program Plan (IPP) could be located.	W 159		

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W 159	Continued From page 2 Additional review of client #1's, client #2, client #3, client #5 and client #6's records did not reveal an IPP. Interview on 8/22/23 with QIDP revealed no current program plans for any of the clients could be located. B. Review on 8/22/23 of client #3's record revealed he was admitted to the facility on 4/17/23. Additional review of the record did not include Occupational Therapy, Physical Therapy, Speech Language, Nutrition, Dental, Vision, and Audiology assessments for the client. Interview on 8/23/23 with the QIDP confirmed client #3 was in need of various assessments which had not been completed as of the date of the survey.	W 159		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments for 1 of 1 newly admitted clients (#3) were completed within 30 days after admission. The finding is: Review on 8/22/23 of client #3's record revealed he was admitted to the facility on 4/17/23. Additional review of the record did not include Occupational Therapy, Physical Therapy, Speech	W 210		

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W 210	Continued From page 3 Language, Nutrition, Dental, Vision, and Audiology assessments for the client. Interview on 8/23/23 with the facility nurse and the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 was in need of various assessments which had not been completed as of the date of the survey.	W 210		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #5's Individual Program Plan (IPP) included objectives to address his self-help/grooming needs. This affected 1 of 6 audit clients. The finding is: Review on 8/22/23 of client #5's record revealed he had completed an objective to tolerate staff brushing his teeth for 1 minute 85% of the time for 2 consecutive review periods on 5/11/23. Additional review of the client's Adaptive Behavior Inventory (ABI) dated 5/4/22 indicated he had trained on objectives to apply deodorant, brush his teeth for 2 minutes, floss his teeth, using mouthwash, dry himself, shampoo his hair, wash his body and clean his grooming kit. The ABI also identified needs in the area of grooming for assessing his appearance, styling his hair, removing facial hair, requesting supplies when needed, using mouthwash, adjusting water temperature, drying himself thoroughly and nail care. Further review of client #5's record did not	W 227		

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W 227	Continued From page 4 include current objectives to address his self-help/grooming needs. Interview on 8/23/23 with the Habilitation Specialist (HS) confirmed client #5 had completed an objective to brush his teeth; however, no new objectives in the area of grooming or self-care had been implemented. Interview on 8/23/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 continues to have needs in self-care.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 6 audit clients (#3, #4 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation and family style dining. The findings are: A. During evening observations in the home on 8/22/23 from 4:07pm - 4:40pm, Staff B prepared	W 249		

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W 249	Continued From page 5 yams, green beans, and chopped barbeque pork in the kitchen without any client involvement. During this time, client #3 and client #5 periodically entered/exited the kitchen area but were not prompted or encouraged to assist with any food preparation tasks. Interview on 8/22/23 with Staff B revealed a client who used to live in the home did most of the assisting in the kitchen. When asked what other clients can help with cooking tasks, the staff stated, "We try but we can't get them in here." Review on 8/23/23 of client #3's Adaptive Behavior Inventory (ABI) (no date) revealed needs in the area of identifying foods, preparing beverages, preparing a salad, sandwich or salad, preparing foods in the oven/microwave, baking, and planning/preparing meals. Review on 8/23/23 of client #4's ABI dated 11/17/21 revealed he requires partial assistance to identify meats and select foods from food groups. Additional review of the ABI also identified needs in the area of identifying foods, preparing beverages, preparing a salad, sandwich or salad, preparing foods in the oven/microwave, baking, and planning/preparing meals. Review on 8/23/23 of client #5's ABI dated 5/4/22 revealed he requires partial assistance to identify foods and kitchen equipment, select foods from food groups, prepare beverages/sandwiches/salads, prepare frozen/canned/fresh foods, prepare combination dishes, baking and plan/preparing meals. The ABI also indicated the client has needs in all areas of meal preparation.	W 249		

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W 249	Continued From page 6 Interview on 8/23/23 with the Home Manager (HM) indicated a chore chart is utilized in the home and each client is assigned kitchen tasks including food preparation. The HM indicated all of the clients can perform cooking tasks including pouring, stirring or using the microwave. B. During dinner observations in the home on 8/23/23 at 4:35pm, Staff C and Staff D placed food items onto each client's plate from serving bowls and poured their drinks as the clients sat waiting at the table. No clients were assisted or encouraged to serve themselves or pour their own drinks. Immediate interview with Staff C and Staff D revealed this is how they were trained to work with clients during the meal. Additional interview with Staff B revealed they try to get the clients to help but client #5 is the only one who can assist. The staff noted the other clients would "have food everywhere". Review on 8/23/23 of client #3's ABI (no date) revealed he can pour from a small pitcher and serve himself from a bowl/platter independently. The ABI indicated he requires partial assistance to pass the bowl/platter and ask for the bowl/platter to be passed. Review on 8/23/23 of client #4's ABI dated 11/17/21 indicated he requires partial assistance to pour from a small pitcher, serve himself from a bowl/pitcher and pass a bowl/pitcher. Review on 8/23/23 of client #5's ABI dated 5/4/22 noted he can independently pour from a small pitcher, serve himself from a bowl/platter, pass a	W 249		

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W 249	Continued From page 7 bowl/pitcher and ask for a bowl/pitcher to be passed. Interview on 8/23/23 with the HM revealed clients in the home participate in family style dining usually during lunch and dinner. Additional interview confirmed all of the clients can pour, serve themselves and pass items given assistance.	W 249		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6) was revised at least annually. The findings are: Review on 8/22/23 of client #4's record revealed an IPP dated 11/30/21. No current IPP could be located. Additional review of client #1, client #2, client #3, client #5 and client #6's records did not reveal an IPP. Interview on 8/22/23 with the Facility Administrator revealed he thought the previous Qualified Intellectual Disabilities Professional (QIDP) had completed the program plans for each client; however, no current plans could be located.	W 260		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263		

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W 263	Continued From page 8 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 record reviews and interview, the facility failed to ensure written informed guardian consent was obtained for 2 of 6 audit clients (#4 and #5). The findings are: A. Review on 8/22/23 of client #4's Behavior Support Plan (BSP) dated 7/15/21 revealed an objective to exhibit 0 incidents of self-injury, property damage and physical aggression for 6 consecutive months and to average 7 hours of sleep/night/month for 12 consecutive months. Additional review of the plan included the use of Propranolol, Seroquel, Risperdal and Benadryl. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #4's guardian. B. Review on 8/22/23 of client #5's BSP dated 8/24/22 revealed an objective to exhibit 5 or fewer combined episodes of property damage, elopement, verbal threats, self-injury and physical aggression. Additional review of the plan identified the use of Depakote, Geodon, Clonazepam, Quillichew, Luvox, Abilify and Melatonin. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #5's guardian. Interview on 8/23/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no written informed consent had been obtained for behavior plans.	W 263		

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W 312	Continued From page 9	W 312		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications to address client #4's inappropriate behaviors were included in his Behavior Support Plan (BSP). This affected 1 of 6 audit clients. The finding is: Review on 8/22/23 of client #4's Behavior Support Plan (BSP) dated 7/15/21 revealed an objective to exhibit 0 incidents of self-injury, property damage and physical aggression for 6 consecutive months and to average 7 hours of sleep/night/month for 12 consecutive months. Additional review of the plan included the use of Propranolol, Seroquel, Risperdal and Benadryl. Further review of client #4's current physician's orders revealed orders for Invega 1.5mg, 1 tablet twice daily "for behaviors" and Banophen 25mg, 1 capsule every night at bedtime "for sleep". Interview on 8/23/23 with the Qualified Intellectual Disabilites Professional (QIDP) confirmed the BSP was current and the Invega and Banophen were not included in the plan.	W 312		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health	W 340		

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W 340	Continued From page 10	W 340		

measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.
This STANDARD is not met as evidenced by:
Based on observations, document review and interviews, the facility failed to ensure all staff were trained to ensure proper medication administration techniques were implemented. This affected 1 of 2 clients (#4 and #5) observed receiving medications. The findings are:

A. During observations of medication administration in the home on 8/23/23 at 6:52am, client #4 refused to take his Lactulose medication. After the client refused, the Medication Technician (MT) stated. "You don't want to take it?" and threw the liquid medication in a nearby trash can. Client #4 was not offered the Lactulose again and the nurse was not contacted regarding the client's refusal.

During later observations in the home at 6:59am, the MT took client #4 to the bathroom to brush his teeth using his prescribed toothpaste, Denta 5000 Plus. As the MT attempted to brush his teeth, the client repeatedly pushed her hand away from his mouth. The MT was only able to brush the client's extreme front teeth for approximately 2 seconds as client continued to step backwards and push her hand away. The MT did not attempt to try and brush client #4's teeth again and the nurse was not notified of the client's refusal.

Interview on 8/23/23 with the Home Manager (HM) indicated the MT should go back and try to give medications again later after a client refuses it and notify the nurse.

Review on 8/23/23 of the facility's Nursing

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W 340	Continued From page 11 Policy's and Procedures Manual (revised October 2018) revealed under Refusal of Medications and Treatments, "Continue offering the medication every 15 minutes until the one hour window of administration is past. The Med Tech/nurse should then notify the supervising nurse for instructions." Interview on 8/23/23 with the facility nurse revealed she had not been notified regarding client #4's refusal of his Lactulose or his prescription toothpaste. The nurse confirmed a nurse should be notified per facility policy. B. During observations of medication administration in the home on 8/23/23 at 6:25am and 6:52am, the MT assisted two clients to dispense their medications. As each medication was dispensed from the pill pack, the MT initialed the Medication Administration Record (MAR). Afterwards, the clients ingested their medications. Interview on 8/23/23 with the MT revealed she normally signs the MAR while dispensing medications during the medication pass. Review on 8/23/23 of the facility's Nursing Policy's and Procedures Manual (revised October 2018) did not indicate when the MT should sign the MAR. Interview won 8/23/23 with the facility nurse indicated the manual may not indicate when the MT should sign the MAR since implementation of the electronic MAR; however, while using the paper MAR, the MT should wait for clients to ingest their medications before signing the MAR.	W 340		
W 352	COMPREHENSIVE DENTAL DIAGNOSTIC	W 352		

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W 352	Continued From page 12 SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4 received a comprehensive dental examination at least annually. This affected 1 of 6 audit clients. The finding is: Review on 8/22/23 of client #4's record revealed his last comprehensive dental examination was completed on 6/22/22. The dental report noted a follow-up appointment was scheduled for 12/21/22. Additional review of the record did not reveal a current dental examination. Interview on 8/23/23 with the facility's nurse indicated no current dental examination report could be located for client #4.	W 352		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, document review and interview, the facility failed ensure all drugs remained locked except when being prepared for administration. The finding is: During observations of medication administration in the home on 8/23/23 from 6:34am - 6:41am, from 6:49am - 6:51am, at 6:51am and at 6:57am,	W 382		

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W 382	Continued From page 13 the Medication Technician (MT) left the medication administration area. During these times, the cabinet containing medications and the door to the medication area was left unlocked and open. The keys to the medication cabinet were also left on a desk in the medication room. Interview on 8/23/23 with the MT indicated she had been trained to keep the medication cabinet locked when not dispensing medications. Review on 8/23/23 of the facility's Nursing Policy's and Procedures Manual (last revised October 2018) revealed, "Compartments containing medications are locked when not in use...Compartments include, but are not limited to drawers, cabinets, rooms..." Interview on 8/23/23 with the Home Manager (HM) confirmed medication technicians have been trained to ensure medications are kept locked if they leave the area.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations of medication administration in the home on 8/23/23 from 6:34am - 6:41am, from 6:49am - 6:51am, at 6:51am and at 6:57am, the Medication Technician (MT) left the medication administration area. During these	W 383		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G140	A. BUILDING _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEM ROAD HOME	702 STEM ROAD CREEDMOOR, NC 27522

(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 383	Continued From page 14 times, the cabinet containing medications and the door to the medication area was left unlocked and open. The keys to the medication cabinet were also left on a desk in the medication room while the MT was out of the area on these occasions. Interview on 8/23/23 with the MT confirmed the keys to the medication cabinet were left accessible. The MT indicated she had forgotten to pick them up due to "a lot going on" that morning. Review on 8/23/23 of the facility's Nursing Policy's and Procedures Manual (last revised October 2018) noted, "Medication keys will be kept on the person of the nurse or Med Tech while the group home or vocational center is occupied." Interview on 8/23/23 with the Home Manager (HM) confirmed medication technicians are trained to keep the keys to the medication area on them.	W 383		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 8/22/23 of facility fire drills (August '22 - July '23) revealed 3rd shift drills were conducted at 12:33am, 1:05am, 1:33am and 12:12am. The fire drills were not varied throughout the shift.	W 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G140	A. BUILDING _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEM ROAD HOME	**702 STEM ROAD CREEDMOOR, NC 27522**

(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 441	Continued From page 15 Interview on 8/23/23 with the Home Manager (HM) staff have specific times to conduct fire drills over the year. The HM indicated the staff "try to" spread the drills over a shift.	W 441		