

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/26/2023
NAME OF PROVIDER OR SUPPLIER STEM ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS	W 000			
{W 159}	<p>A revisit was conducted on 10/26/23 for deficiencies cited on 8/22 - 8/23/23. Four deficiencies were not corrected. The facility remains out of compliance.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>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:</p> <p>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.</p> <p>Additional review of client #1's, client #2, client #3, client #5 and client #6's records did not reveal an IPP.</p> <p>Interview on 8/22/23 with QIDP revealed no current program plans for any of the clients could be located.</p> <p>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.</p>	{W 159}			

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 159}	Continued From page 1 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. During a follow-up on 10/26/23, review of client #1, client #2, client #3, client #4, client #5 and client #6's records did not reveal a current IPP. Interview on 10/26/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no IPP's were available for review. Additional review on 10/26/23 of client #3's record did not reveal a Speech Language, Nutrition and Physical Therapy. Interview on 10/26/23 with the Administrator indicated he thought the missing assessments had been completed; however, the three assessments were not available for review.	{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	{W 210}			

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{W 210}	Continued From page 2 Occupational Therapy, Physical Therapy, Speech 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. During a follow-up on 10/26/23, review of client #3's record did not reveal a Speech Language, Nutrition and Physical Therapy. Interview on 10/26/23 with the Administrator indicated he thought the missing assessments had been completed; however, the three assessments were not available for review.	{W 210}		
{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	{W 249}		

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{W 249}	<p>Continued From page 3</p> <p>Individual Program Plan (IPP) in the areas of meal preparation and family style dining. The findings are:</p> <p>A. During evening observations in the home on 8/22/23 from 4:07pm - 4:40pm, Staff B prepared 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.</p> <p>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."</p> <p>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.</p> <p>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.</p> <p>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</p>	{W 249}		

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{W 249}	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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".</p> <p>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.</p> <p>Review on 8/23/23 of client #4's ABI dated 11/17/21 indicated he requires partial assistance</p>	{W 249}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2023
FORM APPROVED
OMB NO. 0938-0391

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{W 249}	Continued From page 5 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 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. During a follow-up on 10/26/23, observations of breakfast preparations (7:00am - 7:40am) in the home revealed Staff A preparing all food and drink items without any client involvement. The staff cooked turkey bacon, scrambled eggs and prepared frozen waffles. In addition, the staff also prepared a pitcher of orange juice and water. Although, all six clients were noted in the dining room or walking in/out of the kitchen, no clients were prompted or assisted to participate with preparing any breakfast items. Interview on 10/26/23 with Staff A revealed Client #4 and Client #5 are more "hands on" with helping in the kitchen. The staff added, "[Client #5] is a big help in the kitchen."	{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.	{W 260}			

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{W 260}	<p>Continued From page 6</p> <p>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:</p> <p>Review on 8/22/23 of client #4's record revealed an IPP dated 11/30/21. No current IPP could be located.</p> <p>Additional review of client #1, client #2, client #3, client #5 and client #6's records did not reveal an IPP.</p> <p>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.</p> <p>During a follow-up on 10/26/23, review of client #1, client #2, client #3, client #4, client #5 and client #6's records did not reveal a current IPP.</p> <p>Interview on 10/26/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no IPP's were available for review.</p>	{W 260}			