

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

PRINTED: 11/26/2024
FORM APPROVED
OMB NO. 0938-0391

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 11/19/2024	
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 263}	<p>A revisit was conducted on November 19, 2024 for all previous deficiencies cited on September 10, 2024. The following deficiencies have been corrected; W104, W240, W242, W249, W257, W288, W342, W368, W382, W391, W441, W454 and W460. The facility remained out of compliance in W263.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 3 audit clients (#1 and #6). The findings are:</p> <p>A. Review on 9/10/24 of client #1's Behavior Support Plan (BSP) dated 11/28/23 revealed an objective to display self-injurious behavior on no (0) occasions for 12 consecutive months. Additional review of the plan included the use of Geodon, Trazedone, Diazepam and Melatonin. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #1's guardian.</p> <p>Interview on 9/10/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed verbal consent had been obtained from client #1's guardian in December 2023; however, no written informed consent for the BSP was available for review.</p>			{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.

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{W 263}	<p>Continued From page 1</p> <p>B. Review on 9/10/24 of client #6's BSP dated 6/7/23 revealed an objective to display physical aggression on no (0) occasions for 12 consecutive months. Additional review of the plan included the use of Risperdal and Propranolol. Further review of the record did not indicate written informed consent for the BSP had been obtained from client #1's guardian.</p> <p>Interview on 9/10/24 with the QIDP revealed no written informed consent from client #6's guardian was available for review.</p> <p>A follow-up visit was conducted on 11/19/24.</p> <p>A. Record review on 11/19/24, client #1's BSP did not have a written informed consent from the legal guardian.</p> <p>B. Record review on 11/19/24, client #6's BSP did not have a written informed consent from the legal guardian</p> <p>Interview on 11/19/24 with the QIDP revealed she did obtain the consents for the BSP of client #1 and client #6.</p>	{W 263}			