STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G272	A. BUILDING _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST ROAD GROUP HOME	**114 GREENHOUSE LANE SOUTHERN PINES, NC 28387**

(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 complaint survey was conducted on 12/18/24 for intakes: #NC00224739, #NC00224820 and #NC00225035. The complaint was substantiated resulting in a deficiency.	W 000		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff were competent to proficiently complete their duties in relation to food safety. This had the potential to effect all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is: Observation in the home on 12/18/24 at 10:15am of perishable food items in the kitchen refrigerator revealed three packs of expired foods. There were two packs of pepperoni slices with expiration dates of 9/27/24 and 10/25/24. Also there was a pack of tortilla strips that expired on 12/2/24. Interview on 12/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed either the home manager or the QIDP were responsible for the groceries in the home. The QIDP also acknowledged there was a previous incident that client #4 was transported to school by the former home manager and in her lunch was a container of molded strawberries.	W 189		

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