

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

PRINTED: 03/03/2025
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 02/19/2025	
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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the interior of the facility was sanitary and orderly. The finding is:</p> <p>Observations during the recertification survey completed on 2/18/25-2/19/25 revealed walls throughout the facility was dirty and some areas (bedrooms, hallway, common areas) paint had peeled of the walls. Continued observation revealed several air vents (ceiling vents and two large wall vents) were rusted and heavily dusty. Further observations revealed window blinds in the living room area damaged, heavy amounts of dust and paint peeled off of a few pieces of furniture, toilet paper dispenser broken in one bathroom (no toilet paper was in the bathroom), and broken sink cabinet door.</p> <p>Subsequent observations revealed a large brown recliner in the living room area was soiled and leaning on one side. Continued observation revealed clients #4 and #5 had a large dip (sinking area) in their mattress. Further observation revealed damaged wall panel (a couple of feet wide) in the hallway had peel away from the wall leaving a huge gap.</p> <p>Interview with the Home Manager (HM) on 2/18/25 revealed she was aware of all the issues within the facility and has completed several work orders. Continued interview with the HM stated</p>			W 104			

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 104	Continued From page 1 that none of the issues she reported had been completed. Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/25 revealed he was aware of the many issues throughout the facility. Continued interview with the QIDP confirmed that work orders had been completed but the maintenance staff was behind on getting orders completed. The QIDP revealed that staff are responsible for keeping the home clean and reporting any damaged items.	W 104			
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 observation, record review and interview, the facility failed to ensure that privacy was maintained for 1 of 3 non-audit clients (#4). The finding is: During morning observations in the home on 2/19/25 revealed client #4 was observed to go the bathroom to take a shower. Continued observation revealed Staff A was inside the bathroom standing near the shower prompting client #4 to wash himself. The door to the bathroom remained opened with client #4 visible from the hallway until the qualified intellectual disabilities professional (QIDP) walked by and asked staff A to keep the door closed. Interview on 2/19/25 with the QIDP confirmed staff should have closed the door for client #4 to maintain his privacy.	W 130			

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W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 3 audit clients (Client #5) observed during medication administration. The finding is:</p> <p>Observations in the home on 2/19/25 revealed client #5 to enter the medication administration area from 7:24AM-8:04AM and Staff B to dispense the following medications: Cerovite multivitamin, Vitamin B-12, Finasteride 5mg, Docusate SOD 100mg, and Insulin Pen. Continued observation revealed client #5 to swallow all medications mixed in a cup of yogurt and to receive no further medications for the duration of the observation.</p> <p>Review on 2/19/25 of client #5's physician's orders revealed an order dated 1/15/25 to include ASA/Dipyrida CAP 25-200mg(one cap twice daily 7am and 8pm) and Fluticasone SPR 50mcg(two sprays in each nostril once daily 8am)</p> <p>Interview on 2/19/25 with the facility Nurse confirmed the physician's order was current and that Client #5 should have received the prescribed dose of ASA/Dipyrida and Fluticasone during the morning medication administration.</p>	W 368			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair,</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was provided for 1 of 3 audit clients (#6). The findings are:</p> <p>During the dinner observation on 2/18/25 revealed staff to set the table with the following place setting: divided dish, two cups with lid and handle, two straws, and regular utensils. At no point during the dinner meal did staff provide client #6 with a maroon spoon.</p> <p>During the breakfast observation on 2/19/25 revealed staff to set the table with the following place setting: divided dish, two cups with lid and handle, and regular utensils. At no point during the breakfast meal did staff provide client #6 with a maroon spoon.</p> <p>Review of the record for client #6 revealed a Nutritional Assessment dated 8/19/24 which indicated the client has the following adaptive equipment during mealtimes: maroon spoon(eating too fast and swallowing food without chewing, encourage to slow down and better chewing).</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/25 confirmed nutritional assessment was current. Continued interview with the QIDP verified staff should have provided client #6's adaptive equipment during mealtimes as prescribed.</p>	W 436			

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W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This could have affected 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Observation on 2/18/25 from 2:50PM-5:10PM revealed five clients sitting at the dining table with staff working on several activities to include coloring, alphabet activities, and stimulating handheld items. Continued observations revealed staff to have prepared dinner and prompted the clients to go wash their hands prior to returning back to the dining table for dinner. Further observation revealed clients set at the dining table and dinner was served. At no point did staff prompt clients to clean and sanitize the dining table after all activities were removed, nor did staff clean and sanitized the dining table.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/19/25 confirmed that staff should have prompted clients to clean and sanitize or the staff should have clean and sanitize the dining room table prior to serving meals.</p>	W 454			