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

PRINTED: 06/19/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G272	B. WING			C / 19/2025
NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387		13/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	TS .	W O	00		
W 130	intake #NC0023017 substantiated and r relation to the comp		W 1	30		
	Therefore, the facili treatment and care This STANDARD is Based on observat failed to ensure private.	sure the rights of all clients. ty must ensure privacy during of personal needs. s not met as evidenced by: tions and interviews, the facility vacy during care of personal dit clients (#1). The finding is:				
	6/19/25 at 7:16am, shower. Further ob shower curtain was door was also open bathroom and stepp	servations in the home on client #1 was observed in the eservations revealed the pulled back and the bathroom. Staff A then entered the bed into the shower to assist lower. At no time did Staff A door.				
W 287	Manager (HM) conf allowed to have priv		W 2	87		
	behavior must never of staff. This STANDARD is	age inappropriate client er be used for the convenience s not met as evidenced by: ions, record review and				

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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		34G272	B. WING _		06	/19/2025	
	PROVIDER OR SUPPLIER ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387			
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W 287	to manage behavior convenience of star clients (#1). The first A. During observations reveaus a blanket. During an interview client #1 sometime because he will "curevealed client #1 volients while they a run and down the holient #1 does have Further interview resleep on the couch on him at night. Review on 6/19/25 Intervention Plan (Burther interview resleep on the couch on him at night. Review on 6/19/25 Intervention Plan (Burther interview resleep on the couch on him at night. Review on 6/19/25 Intervention Plan (Burther interview resincludes required a (i.e.,and going to Inappropriate Behavior(s) to participate in essincludes required a (i.e.,and going to Inappropriate Behavior [Client #1], will you task. If he does not will repeat the instructional minutesDuring the him and attempt to request by making	ity failed to ensure techniques rs was not used for the ff. This affected 1 of 1 audit	W 28	37			

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W 287	activity. 2. If no cotaking the activity to there. Offer to do si.e., "I'll hold the barself-care kit for you." During an interview Manager (HM) reveinstructed not to allocouch in the living whether the couch in the living whether the living whether the cand went into a clos and went into a clos and toothpaste. Stawith brushing his te. During an interview client #1's personal closet due to him his Review on 6/19/25 9/30/24 indicated his Further review revewhere he cannot hapersonal items. During an interview unaware that client locked up. C. During observations reveal staff A was observations reveal.	arn upon completion of the operation after 5 minutes, try of him and prompt participation come small part of the task, th towels while you get your or shower." on 6/19/25, the Home called staff have been cow client #1 to sleep on the whenever he is having a set and removed a toothbrush aff A then assisted client #1 eth. on 6/19/25, Staff A revealed hygiene items are kept in the aving PICA. of client #1's BIP dated the has a diagnosis of PICA, alled there is no indication are access to his own on 6/19/25, the HM was #1's personal items cannot be client in the home on 6/19/25, and unlocking a cabinet under a set with the property of the set with the home on 6/19/25, and unlocking a cabinet under a set with the property of the set with	W 28	7			

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W 287	During an interview water is turned off a because client #1 w Review on 6/19/25 9/30/24 did not list a breaking the bathro	on 6/19/25, Staff A stated the and the cabinet is kept locked will break the faucet. of client #1's BIP dated strategies to address client #1	W 2	87			