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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G140	A. BUILDING ______ B. WING ______	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEM ROAD HOME	**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 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 review and interview, the facility failed to obtain an initial visual examination for 1 of 1 newly admitted audit clients (#2). The finding is: Review on 9/8/25 of client #2's record revealed he was admitted to the facility on 6/5/25. Further review client #2 had not received his initial visual examination. During an interview on 9/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 had not received his initial visual examination.	W 210		
W 216	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include physical development and health. This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 1 newly admitted clients (#2) initial physical examination was done within 30 days of admission. The finding is: Review on 9/8/25 of client #2's record revealed he was admitted to the facility on 6/5/25. Further review revealed client #2 did not have a initial physical examination. During an interview on 9/9/25, the Qualified	W 216		

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 216	Continued From page 1 Intellectual Disabilities Professional (QIDP) confirmed client #2 did not have his initial physical examination.	W 216		
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 1 newly admitted audit client (#2) received their initial speech/language evaluation within 30 days of admission. The finding is: Review on 9/8/25 of client #2's record revealed he was admitted to the facility on 6/5/25. Further review revealed client #2 did not have his initial speech/language evaluation. During an interview on 9/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 did not have his intial speech/language evaluation.	W 220		
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 1 newly admitted audit client (#2). The finding is: Review on 9/8/25 of client #2's record revealed he was admitted to the facility on 6/5/25. Further review revealed client #2 did not have a initial auditory examination.	W 221		

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W 221	Continued From page 2 During an interview on 9/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 had not received his initial auditory examination within 30 days of being admitted.	W 221		
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 1 of 6 audit clients (#1) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas behavior management. The finding is: During dinner observations in the home on 9/8/25 beginning at 6:02pm and ending at 6:50pm, client #1 was observed hitting his lower left jaw with his left hand. Further observations revealed client #1 hit himself one hundred and three times, while he ate with his right hand. Additional observations revealed Staff B was holding on client #1's left wrist while he made additional attempts to hit his left jaw with his left hand. Behinds holding client	W 249		

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W 249	Continued From page 3 #1's left wrist, they also were observed telling client #1 to stop hitting his lower left jaw. Review on 9/9/25 of client #1's Behavior Support Plan (BSP) dated 8/21/25 stated, "[Client #1] will display self-injurious behavior...over the course of placement, protective mitts were added...." Restrictive Component: Due to there severity of [Client #1] self-injurious behavior, his team and guardian support the need for protective mitts to help minimize the damage he can course when striking his face...." Further review revealed, "Protocol for Use of Protective Mitts: [Client #1] may remain in mitts for sixty consecutive minutes (1 hour), after which these must be removed. The mitts must stay off for a minimum of 5 minutes. If, after 5 minutes, [client #1] again displays self-injurious, mitts maybe re-applied for another hour". During an interview on 9/9/25, the facility's nurse confirmed client #1's mitts should have been put on to reduce the damage he can cause to his face. Further interview revealed staff should have used her hand to physically hold down client #1's left hand/wrist.	W 249		
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).	W 351		

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W 351	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a dental examination was completed within 30 days after admission for 1 of 1 newly admitted audit clients (#2). The finding is: Review on 9/8/25 client #2's record revealed he was admitted to the facility on 6/5/25. Further review revealed client #2 has not received his initial dental examination. During an interview on 9/9/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 has not received his intial dental examination.	W 351		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is: During morning medication administration in the home on 9/9/25 Staff A entered the medication room along with client #1 and the surveyor. Further observations revealed Staff A opened the medication cart. Additional observations revealed the medication cart was not locked. At 6:33am, Staff A, client #1 and the surveyor exited the medication room; Staff A did not lock the	W 382		

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W 382	Continued From page 5 medication cart. The surveyor observed the medication cart was still unlocked at 6:44am. Further observations revealed the door where the medication cart was located was left open during the entire time. During an immediate interview at 6:44am, Staff A stated the medication cart has been unlocked since 6:27am, when she revealed client #3 ran out of the medication room during his medication administration and she forgot to lock it. Further interview revealed Staff A understands the medication cart needs to be locked when medications are not being administred. When asked where the medication key was at, Staff A pulled them out of her pocket. During an interview on 9/9/25, the facility's nurse stated the medication cart should be locked at all times when medications are not being administred.	W 382		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 6 audit clients (#3 and #6). The findings are: A. During dinner observations in the home on	W 460		

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W 460	Continued From page 6	W 460		

9/8/25 client #6 began eating eating his dinner at 6:10pm. Further observations revealed client #6 did not pour any liquids in either of the two cups he had. Client #6 was observed eating a second helping of dinner. Additional observations revealed client #6 did not begin drinking until 6:34pm, when he poured juice in his cup and began to drink.

Review on 9/8/25 of the facility's diets' form, which is located in the kitchen revealed client #6 is to drink fluid between every "2 - 3 bites".

B. During dinner observations in the home on 9/8/25 client #3 began eating eating his dinner at 6:45pm. Further observations revealed client #3 did not pour any liquids in either of the two cups he had. Client #3 was observed eating a second helping of dinner. Additional observations revealed client #3 did not begin drinking until 6:54pm, when he poured water in his cup and began to drink.

During an interview on 9/9/25, Staff A confirmed client #3 is to drink fluid between every two bites of food.

Review on 9/8/25 of the facility's diets' form, which is located in the kitchen revealed client #3 is to drink fluid between every "2 bites".

During an interview on 9/9/25, the facility's nurse confirmed client #3 is to drink fluid between every two bites of food. Additional interview revealed client #6 is to drink fluid between two to three bites of food.