

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER WEBSTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 103 LITTLE SAVANNAH RD WEBSTER, NC 28788		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>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 and interview, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 4 audited clients (#3). The finding is:</p> <p>Observation in the group home on 3/10/26 at 6:50 AM revealed two staff (D, E) present in the home with six clients. Continued observation revealed the bathroom door to be open and client #3 showering, utilizing his shower chair. Further observation at 6:52 AM revealed Staff D to prompt client #1 to enter the bathroom with him and sit on the toilet while Staff D assisted client #3 with showering. Additional observation at 6:59 AM revealed Staff D to briefly exit the bathroom to client #3's room, prompt client #1 to "stay right there," and return to the bathroom with client #3's personal items. Subsequent observation at 7:07 AM revealed Staff D to allow client #1 to enter client #3's bedroom while Staff D was supporting client #3 with getting dressed.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/10/26 confirmed staff failed to provide client #3 with privacy during care of personal needs. Continued interview confirmed staff should not allow other clients to be present when providing support for personal needs.</p>	W 130			

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.