

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

PRINTED: 03/11/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G233</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEBSTER GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>103 LITTLE SAVANNAH RD WEBSTER, NC 28788</b>
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(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
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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> 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>	W 130	<p>All group home staff will complete a refresher training with the QIDP on the importance of privacy and how to ensure it is protected for each resident. Evidence of training will be documented on an inservice training form (see attachment A).</p> <p>The group home manager and QIDP will monitor to ensure staff are assisting all residents in protecting their privacy. Monitoring times will be varied, with documentation of observations at least twice a week for 60 days. Evidence of monitoring will be documented on a tracking form (see attachment B).</p>	<p>4/10/2026</p> <p>5/15/2026</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Christi H...</i>	TITLE  <b>Executive Director</b>	(X6) DATE  <b>3-12-2026</b>
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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.