STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-299	A. BUILDING: _____ B. WING _____	11/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKINS HOME	1517 PARKS VILLAGE ROAD ZEBULON, NC 27597

(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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow-up survey was completed on November 13, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a treatment plan annually for 2 of 2 clients (#1 and #2). The findings are: Review on 11/9/18 of client #1's record revealed: - admission date 2/21/02 - diagnoses of Intellectual and Developmental Disabilities, Diabetes, Hypertension, Non-Hodgkin's Lymphoma, Hyperlipidemia and Osteoporosis - an assessment dated 8/1/18 identifying client #1's needs as learning to read and write, completing tasks and increasing her daily living skills - no treatment plan in the record Review on 11/9/18 of client #2's record revealed: - admission date 8/17/96 - diagnoses of Mild Intellectual and Developmental Disabilities, Bipolar Disorder, Seizure Disorder, Dysthymic Disorder, Gastro Esophageal Reflux Disease, Leukopenia, Hyperlipidemia, Chronic kidney Disease, Tachycardia, Cerebral Osteoarthritis and Status/Post left Hip Replacement - an assessment dated 8/1/18 identifying client #2's needs as reducing isolation, impaired judgement, delusional and bizarre thoughts and restlessness - no treatment plan in the record During an interview on 11/9/18, the provider/owner reported: - client #1's goals included: slowing down her eating and cutting up food into small bites; decrease pacing ; assisting in choosing her own clothes; assisting with chores; assisting with purchases and slowing down her speech	V 112		

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V 112	Continued From page 2 - client #2's goals included: decreasing isolation and increasing socialization and maintaining all adult daily living skills - she used to always keep treatment plans and do progress notes but stopped last year at the suggestion of the Qualified Professional During an interview on 11/9/18, the Qualified Professional reported: - they previously had goals for the clients but as they got older and most of their needs were related to personal care they stopped writing out the goals. - since the clients were not "Innovations" clients, he did not think a plan was necessary - they also did not document the services they provided daily or document progress towards outcomes - they would immediately go back to having treatment plans and progress notes Review on 11/13/18 of "goals and strategies" sheet submitted by the Qualified Professional on 11/13/18 for clients #1 and #2 revealed specific goals and interventions related to the issues listed above. These goals and strategies were developed by the Qualified Professional after speaking to this surveyor on 11/9/18	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth;	V 113		

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V 113	Continued From page 3 (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of services	V 113		

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V 113	Continued From page 4	V 113		

provided and failed to have documentation of progress toward outcomes for 2 of 2 clients (#1 and #2). The findings are:

Review on 11/9/18 of client #1's record revealed:
- admission date 2/21/02
- diagnoses of Intellectual and Developmental Disabilities, Diabetes, Hypertension, Non-Hodgkin's Lymphoma, Hyperlipidemia and Osteoporosis
- no documentation of services provided
- no documentation of progress towards outcomes in the record

Review on 11/9/18 of client #2's record revealed:
- admission date 8/17/96
- diagnoses of Mild Intellectual and Developmental Disabilities, Bipolar Disorder, Seizure Disorder, Dysthymic Disorder, Gastro Esophageal Reflux Disease, Leukopenia, Hyperlipidemia, Chronic kidney Disease, Tachycardia, Cerebral Osteoarthritis and Status/Post left Hip Replacement
- no documentation of services provided
- no documentation of progress towards outcomes in the record

During an interview on 11/9/18, the provider/owner reported:
- client #1's goals included: slowing down her eating and cutting up food into small bites; decrease pacing ; assisting in choosing her own clothes; assisting with chores; assisting with purchases and slowing down her speech
- client #2's goals included: decreasing isolation and increasing socialization and maintaining all adult daily living skills
- she used to always keep treatment plans and do progress notes but stopped last year at the suggestion of the Qualified Professional

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V 113	Continued From page 5 During an interview on 11/9/18, the Qualified Professional reported: - they previously had goals for the clients but as they got older and most of their needs were related to personal care they stopped writing out the goals. - since the clients were not "Innovations" clients, he did not think a plan was necessary - they also did not document the services they provided daily or document progress towards outcomes - they would immediately go back to having treatment plans and progress notes	V 113		