

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

PRINTED: 08/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-COASTAL HOUSE I AND II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1972 &amp; 1974 WEST LAKE SHORE DRIVE WILMINGTON, NC 28401</b>		
(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 153	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on review of investigations and interviews, the facility failed to report all allegations of abuse or neglect to the health care personnel registry (HCPR) within 24-Hours as required by N.C. General Statute 131E-256, which is under 131E Article 15. This potentially affected all residents of the facility. The finding is:</p> <p>Allegations of abuse and neglect was not reported to the HCPR.</p> <p>Review on 8/2/19 of the internal complaint investigation dated 7/16/19 revealed the allegations were not reported to the HCPR.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/2/19 confirmed the allegations were not reported to HCPR. She indicated she knew they would be false as a staff she terminated gave them to her in anger directly after the staff's termination. However, in due diligence she proceeded with what was a thorough investigation.</p>	W 153			

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.