PRINTED: 12/03/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL065-264	B. WING		11/2	7/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
WIL MINGTON HOME 28 BEAUREGARD DRIVE								
			TON, NC 28					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
V 000	0 INITIAL COMMENTS		V 000					
	27, 2019. The comp	was completed on November plaint was substantiated 32). A deficiency was cited.						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
V 540	27F .0103 Client Ri Grooming	ghts - Health, Hygiene And	V 540					
	dignity, privacy and of personal health, Such rights shall into to the: (1) opportunit daily, or more often (2) opportunit (3) opportunit barber or a beautici (4) provision paper and soap for individual personal indigent client. Such not limited to toothp napkins, tampons, sutensil. (b) Bathtubs or sho individual privacy stock (c) Adequate toilets	Il be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited by for a shower or tub bath as needed; ty to shave at least daily; ty to obtain the services of a tan; and of linens and towels, toilet each client and other hygiene articles for each other articles include but are easte, toothbrush, sanitary shaving cream and shaving owers and toilets which ensure hall be available.						
	This Rule is not me	et as evidenced by:						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 12/03/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		MHL065-264	B. WING		11/2	7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
WILMIN	WILMINGTON HOME 28 BEAUREGARD DRIVE WILMINGTON, NC 28412						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 540	Based on record reinterviews, the facil dignity and humane hygiene and groom clients (#1). The find Review on 11/27/19-35 year-old female-Admission date of -Diagnoses of intell (severe), seizure dilissencephaly, and associated neurode Review on 11/27/19 Support Plan (ISP) -She communicate eye gazes, facial exilanguageShe required full probability cleaning, dressing, grooming needsIt was important to positive standard or regular basis. Review on 11/27/19 Check List revealed -Toenails and finge for appropriate lenger -Teeth were to be be considered on the insertion of the positive of the positive standard or regular basis.	eviews, observation and ity failed to assure the right to e care in the provision of ing care for 1 of 3 audited dings are: 9 of client #1's record revealed: 9 05/07/19. 9 ectual developmental disorder sorder, migration anomaly beta-propeller proteinegeneration (BPAN). 9 of client #1's Individual dated 6/01/19 revealed: d through sounds, laughter, expressions, and body hysical support to complete bathing, hygiene, and 9 of client #1's Personal Care d: 9 rnails were to be checked daily oth. 9 or client #1's Personal Care d: 10 of client #1's Personal Care d: 11 of client #1's Personal Care d: 12 of client #1's Personal Care d: 13 of client #1's Personal Care d: 14 of client #1's Personal Care d: 15 of client #1's Personal Care d: 16 of client #1's Personal Care d: 17 of client #1's Personal Care d: 18 of client #1's Personal Care d: 19 of client #1's Personal Care d: 19 of client #1's Personal Care d: 19 of client #1's Personal Care d: 10 of client #1's Personal Care d: 11 of client #1's Personal Care d: 12 of client #1's Personal Care d: 13 of client #1's Personal Care d: 14 of client #1's Personal Care d: 15 of client #1's Personal Care d: 16 of client #1's Personal Care d: 17 of client #1's Personal Care d: 18 of client #1's Personal Care d: 19 of client #1's Personal Care d: 19 of client #1's Personal Care d: 10 of client #1's Personal Care d: 10 of client #1's Personal Care d: 11 of client #1's Personal Care d: 12 of client #1's Personal Care d: 13 of client #1's Personal Care d: 14 of client #1's Personal Care d: 15 of client #1's Personal Care d: 16 of client #1's Personal Care d: 17 of client #1's Personal Care d: 18 of client #1's Personal Care d: 19 of client #1's Personal Care d: 19 of client #1's Personal Care d: 10 of client #1's Personal Care d: 10 of client #1's Personal Care d: 10 of client #1's Personal Care d:	V 540				

Division of Health Service Regulation

STATE FORM STATE FORM SLCU11 If continuation sheet 2 of 3

PRINTED: 12/03/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		7 BOILBING.				
		MHL065-264	B. WING		11/2	7/2019
		WII 12003-204			11/2	112019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WILMING	STON HOME		REGARD DR			
		WILMING	TON, NC 28	412		
(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 SHOUL CROSS-REFERENCED TO THE APPROF	LD BE COMPLETE	
V 540	Continued From page 2		V 540			
	front of client #1's upper teeth when she smiledFingernails were neatly trimmed but sharp to the touch.					
	Interview on 11/27/19 of Day Program Qualified Professional (QP) stated: -Client #1 occasionally arrived with food debris in					
	teethClient #1's fingernails were often trimmed well but sometimes still sharp enough to scratch herselfClient #1 had not eaten prior to surveyor observation and had arrived to program with food debris on lips and teeth.					
	Interview on 11/27/19 staff #2 stated: -She had worked at facility for approximately 5 months.					
	for client #2 and clie -Hygiene requireme combing hair, shavi	ents included brushing teeth, ng face, applying deodorant to suring fingernails/ toenails				
	stated: -He had been with f -Staff responsibilities with clients included showering, clipping shaving, washing had dressing appropriat -A Personal Care C implemented to ens	heck List had been sure staff completed proper				
	hygiene care for clie -He would address	ent #1. hygiene concerns with staff.				

6899

Division of Health Service Regulation STATE FORM

3LCU11 If continuation sheet 3 of 3