STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G101	A. BUILDING _____ B. WING _____	04/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLE GROVE GROUP HOME	6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409

(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 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain a social work assessment for 1 of 3 audit client (#6) no later than 30 days after admission. The finding is: Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a social work assessment. During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's social work assessment was not completed within 30 days of admission to the facility.	W 210		
W 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a needed sensorimotor assessment for 1 of 3 audit clients (#6) within 30 days of admission. The finding is:	W 218		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G101	A. BUILDING _____ B. WING _____	04/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLE GROVE GROUP HOME	6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409

(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 218	Continued From page 1 Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a occupational therapy (OT) assessment. During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's OT assessment was not completed within 30 days of admission to the facility.	W 218		
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#6) received his initial speech/language assessments within 30 days of admission. The finding is: Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a speech/language assessment. During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's speech/language assessment was not completed within 30 days of admission to the facility.	W 220		