

PRINTED: 04/06/2020  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 000	INITIAL COMMENTS  A complaint survey was completed on April 2, 2020. The complaints were substantiated (Intakes #NC00161344, #NC00161303, #NC00161030). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



PRINTED: 04/06/2020  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 110	<p>Continued From page 2</p> <p>-Client #2 reported to her in February 2020 that Staff #6 took her food away as she was eating in her room.</p> <p>-Staff #6 had removed her food because she did not want client #2 to "make a mess" and was going to "teach her a lesson."</p> <p>-Staff #1 returned her meal to her immediately.</p> <p>Telephone interview on 3/31/2020 Staff #1 stated:</p> <p>-The Group Home Manager/ Qualified Professional (GHM/QP) had discussed at a staff meeting the need to get client #2 out of her room to eat her meals, but, she had the right to eat in her room if she made this choice. The GHM/QP coached the staff how to approach client #2 to encourage her to come out and interact with others at meal time without feeling forced.</p> <p>-There was an incident when Staff #1 served client #2 in her room and an on-coming coworker, Staff #6, went to client #2's room and removed her food as she ate. Staff #1 heard client #2 "shout" and could tell she was upset. Staff #1 returned client #2's food to her and notified the GHM/QP. Staff #1 was in another part of the home when the food was taken and did not hear any conversation between client #2 and Staff #6.</p> <p>-Staff #1 thought Staff #6 was trying to follow recent directions of the GHM/QP to encourage client #2 to come out of her room for meals. She did not think Staff #6 was trying to be punitive toward client #2.</p> <p>Telephone interview on 4/1/2020 Staff #6 stated:</p> <p>-In mid-February 2020 she arrived for her shift and client #2 was eating in her room.</p> <p>-The GHM/QP had held a meeting 1-2 days prior and informed staff that client #2 was not to eat in her room because it was causing bugs.</p> <p>-She removed client #2's food and returned it to the kitchen, where client #2 could eat.</p>	V 110		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 110	<p>Continued From page 3</p> <p>-Before she could notify the GHM/QP Staff #1 had already called him.</p> <p>-When she removed client #2's food she told the client about the meeting and staff had been told she (client #2) was not supposed to eat in her room.</p> <p>-When she removed the food client #2 started crying.</p> <p>-Staff #1 returned client #2's food to her room. Then Staff #1 was able to get client #2 to come to the kitchen and finish her meal.</p> <p>-When asked if client #2 wanted to eat in her room now would this be permitted, Staff #6 stated she did not think client #2 could eat in her room because it caused bugs. Client #2 could not help but drop food when she ate. Staff have to clean up behind her, but she did not have a problem with this.</p> <p>-The GHM/QP had discussed client rights at staff meetings. She could not recall his discussing a client's right to eat in their room.</p> <p>-Client #2 now would eat out of her room with everyone else.</p> <p>-Staff #6 had not received any disciplinary actions, like a verbal counseling or warning, for removing client #2's food. Staff #6 stated she did not do anything wrong; she was following the GHM/QP's directive. In her opinion Staff #1 should have been written up. Staff #1 had been at the meeting when the GHM/QP told staff client #2 was not to eat in her room.</p> <p>Telephone interview on 3/26/2020 the GHM/QP stated:</p> <p>-He had been made aware of an incident in February when client #2 had chosen to eat her dinner in her room and Staff #6 removed her food before she finished her meal.</p> <p>-He had to reprimand Staff #6 for this. Staff #6 did this because she wanted client #2 to eat in the</p>	V 110		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 110	Continued From page 4  dining room. The reprimand was a verbal warning. -He had no documentation of the reprimand because it was a verbal warning and these were not documented. When he gave a verbal warning he told the staff they would be written up and removed from the schedule for a few days if there was another problem. -He had covered client's rights to make their own decisions at the weekly staff meetings. He had discussed clients could make their own decisions and staff were there to support them in living their lives.	V 110		
V 115	27G .0208 Client Services  10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to	V 115		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 115	<p>Continued From page 5</p> <p>assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to make services available 24 hours a day affecting 1 of 2 clients audited (client #2) and ensure nutritious meals for 1 of 2 clients audited (client #1). The findings are:</p> <p>Finding #1: Review on 3/31/2020 of client #2's record revealed: -36 year old female admitted 10/15/19. -Diagnoses included mild intellectual and developmental disabilities, infantile cerebral palsy, paraplegic-spastic. -Individual Service Plan (ISP) dated 10/15/19 documented client #2 was her own guardian, and that it was important to her to make her own decisions. The Crisis Plan within the ISP documented "being treated like a child" may increase her stress and trigger a crisis.</p> <p>Telephone interview on 3/26/2020 client #2's care coordinator stated: -There had there been issues with client #2's wheel chair beginning around Thanksgiving, 2019. Her wheel chair would not hold a charge. -Client #2 stayed in the home (did not attend her Day Program) for a week during this time. -There were issues with the charger, then there were battery issues, and finally the repair company identified the underlying problem and it was fixed. It was no fault of the facility that it took</p>	V 115	<p>TLC has ensured that our services are available 24 hours a day and that our residents have nutritious meals and snacks. All staff will have a refresher Relias course entitled, "Overview of Safe Eating and Drinking." This course ensures eating safety and reduces 3 major dangers from occurring during meals: choking, aspiration or dysphagia.</p> <p>During our monthly staff meeting on 4/10/2020; our Qualified Professional discussed with staff as a group and individually, the importance of ensuring our clients are healthy and safe while residing in our facility 24 hours a day, seven days a week.</p> <p>Going forward, our Qualified Professional and Care Coordinator for Client #1 will meet to ensure that the current meal plan of mechanical soft, is the safest texture for her meals. We will work with the care coordinator to ensure the ISP reflects the least restrictive diet and a meal plan that is approved by a dietician or nutritional specialist. We will ensure that a team approach is in place so that client #1 can eat meals that are nutritious and safe for swallowing and digestion.</p>	6/1/2020

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 115	<p>Continued From page 6</p> <p>so long to get it repaired. These delays were due to the repair company response.</p> <p>Telephone interview on 2/26/2020, 3/30/2020, and 4/2/2020 the Group Home Manager/Qualified Professional (GHM/QP) stated:</p> <ul style="list-style-type: none"> <li>-There had been some battery issues starting around December 2019 with client #2's wheel chair.</li> <li>-There had been one occasion he had to give a verbal counseling to Staff #3 and a former staff because they transported client #2 to the Day Program even though the client had requested to stay at home because of her wheel chair malfunction.</li> <li>-The decision to transport her to the Day Program was made primarily by the terminated staff and Staff #3 accompanied them.</li> <li>-The reason staff took client #2 to the Day Program (when she wanted to stay home) was to attend a staff meeting.</li> </ul> <p>Finding #2: Review on 3/27/2020 and 3/31/2020 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-35 year old female admitted 5/7/09.</li> <li>-Diagnoses included severe intellectual and developmental disabilities; BPAN (Beta-Propeller Protein-Associated Neurogeneration); seizures; Anomaly Lissencephally-Bilateral Temporal Lobes; and, Chronic constipation.</li> <li>-Client #1's level of participation had decreased over the prior year and was expected to continue to decline due to her BPAN diagnosis.</li> <li>-She required a soft mechanical diet.</li> </ul> <p>Telephone interview on 3/26/2020 client #1's Day Program Director stated client #1 was on a soft mechanical diet. There were times the group home would send a nutrition bar and client #1's</p>	V 115		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 115	<p>Continued From page 7</p> <p>mother said she could not have it.</p> <p>Telephone interview on 3/27/2020 client #1's Care Coordinator stated: -The guardian had sent her a picture on 2/20/2020 of client #1's lunch sent to the Day Program from the Group Home. -In the photograph she could see chunks of meat in mashed potatoes. -Client #1 had lost a lot of weight due to her declining condition and was about 5 pounds from needing a feeding tube. -In the past client #1 loved to eat. Now with her disease progression, she would forget to chew. She was losing her sense of taste.</p> <p>Telephone interview on 4/1/2020 client #1's guardian stated: -In February 2020 there had been an issue at the Day Program regarding client #1's lunch. -She had been assured this was taken care of by the Group Home Manager/Qualified Professional (GHM/QP). -Client #1's syndrome contributed to her weight loss and she had lost 30 lbs. She now weighed 100.5 pounds and when it got low enough they would have to place a feeding tube. Client #1 had a lot of muscle problems in her throat that caused swallowing problems.</p> <p>Telephone interview on 3/26/2020 the GHM/QP stated: -There had been 1 issue with client #1's diet. -Client #1 was on a mechanical soft diet and staff sent meat loaf and mashed potatoes to her Day Program thinking they could be mashed together. -The food was prepared by the 3rd shift staff; he was not sure who the staff were that prepared the meal. -He covered this in a staff meeting and staff had</p>	V 115		



PRINTED: 04/06/2020  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 115	Continued From page 8 been instructed to put all of client #1's food through the food processor.	V 115		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming  10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tubbath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure the the client's right to dignity and humane care in the provision of health, hygiene and grooming for 1 of 2 clients audited (client #1). The findings are:	V 540	TLC will ensure that the client's right to dignity and humane care in the provision of health, hygiene and grooming takes place as directed for all residents entrusted in our care.	5/2/2020

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 540	Continued From page 9  Review on 3/27/2020 and 3/31/2020 of client #1's record revealed: -35 year old female admitted 5/7/09. -Diagnoses included severe intellectual and developmental disabilities; BPAN (Beta-Propeller Protein-Associated Neurodegeneration); seizures; Anomaly Lissencephally-Bilateral Temporal Lobes; and, Chronic constipation. -She had developed pressure ulcers over her sacrum that required home health nursing care. -Client #1's Daily Turn Schedule documented she was to be turned every 2 hours while in her bed and wound status to be updated with every turn. The Log had a column to document if the client's diaper was wet or dry.  Review on 3/27/2020 of client #1's Individual Service Plan (ISP) dated 6/1/19 revealed: -Client #1's level of participation had decreased over the prior year and was expected to continue to decline due to her BPAN diagnosis. - Full support was required for all daily hygiene tasks. -She was incontinent; required close monitoring for yeast growing between her fingers due to contractures; and required a soft mechanical diet. -Diligence was needed when brushing her teeth at the group home twice daily, using her electric toothbrush. -She would usually shower in the morning and sponge bath in the evening do address incontinence issues. -Finger nails needed to be trimmed close; fingernails needed to be "rounded." -A bib/apron was necessary to wipe her mouth and prevent soiled clothing from overactive salivary glands.	V 540	During our monthly staff meeting on 4/10/2020; our Qualified Professional discussed with staff as a group and individually, the daily schedule of hygiene and grooming for all residents. Once the day program resumes services, staff will utilize a checklist to ensure that each resident was dropped off with clothing, appropriate to the weather and temperature; brushing of teeth and combing of hair; and appropriately changed in accordance to the Daily Turn schedule. Each week, this log will be reviewed by the Qualified Professional to ensure that the staff has documented if the client was wet or dry during every two hours scheduled turn. If this is not documented, staff will have this addressed during their monthly supervision with Qualified Professional.  Going forward, the Qualified Professional will work with the Care Coordinator and medical professionals to ensure that any wounds or bed sores that may develop are addressed immediately to ensure healing happens quickly. TLC will also work with the Day Program (which is not a TLC owned entity) to ensure that they are satisfied with the hygiene and grooming of the client upon arrival as we will ensure during pickup that these things are in place as well.  We will continue to work with the entire team including the parent and guardian to ensure that all services are in accordance to her ISP and any updates that may be needed are implemented timely.	5/2/2020

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 540	Continued From page 10  Review on 3/31/2020 of client #1's February 2020 Daily Turn Schedule from 1/31/2020 - 2/19/2020 revealed: -Documentation of turning every 2 hours was not consistent. Examples were as follows: -1/31/2020 at 9:50 pm client was turned to the right; wound status, "open." The next entry was on 2/1/2020 at 7 am, turned to her left and wound status was "open." -2/2/2020 staff documented they turned client #1 at 4:10 am, and positioned on her right side. The next entry was 2/2/2020 at 7 am, positioned on her left side. In both entries the clients wound status was "open," and her diaper had been "wet." -2/3/2020 staff documented they turned client #1 at 2 am and positioned on her left side. The next entry was 2/3/2020 at 5:05 am, positioned on her right side. In both entries the clients wound status was "open" and her diaper had been "wet." -2/3/2020 staff documented they turned client #1 at 9:10 am positioned on her right side. The next entry was 2/4/2020 at 7:58 am. It was noted the client had been on her back. In both entries the clients wound status was "open." -2/4/2020 staff documented they turned client #1 at 9:35 am positioned on her right side. The next entry was 2/5/2020 at 7:30 am; positioned on her left side. In both entries the clients wound status was "open." -2/5/2020 staff documented they turned client #1 at 7:30 am positioned on her left side. The next entry was 2/7/2020 at 7:20 am; positioned on her right. In both entries the clients wound status was "open." -Wound status documented, "closed" from 2/13/2020 through 2/19/2020.  Telephone Interview on 3/31/2020 client #1's Guardian stated:	V 540		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 540	<p>Continued From page 11</p> <p>-There had been recurring hygiene issues. Client #1 was sent to the Day Program and her teeth looked like they had not been brushed. She had emphasized this and felt there was a lack of follow through.</p> <p>-Overall she felt she had to "ask" or things did not get done. An example was an observation she made in February of client #1's outer ear. It was extremely dirty.</p> <p>-She went to the home within the past 2 months to give client #1 a haircut. She arrived around 10 am and observed poor hygiene.</p> <p>-Client #1 is totally non-ambulatory. She had developed 3 bedsores since July 2019 and the facility staff had not been the ones to identify any of the 3. She could not understand this given the staff had to do diaper changes. The bedsores were over her sacrum, a few inches above her rectum.</p> <p>-The 2nd bedsore had been found at the Day Program, and the 3rd was identified during a family visit at the facility when she was turned/changed. On that occasion the family found client #1 wearing dirty pajamas and a very old wet diaper.</p> <p>-Client #1 was on an every 2 hour turn schedule. Staff were to follow this schedule during the night. It was not a concern that her sleep would be interrupted. Client had medications that helped her sleep and she took naps in the daytime.</p> <p>Telephone Interview on 3/27/2020 client #1's Care Coordinator stated:</p> <p>-She received pictures from client #1's family frequently documenting poor oral hygiene. She had not seen anything herself.</p> <p>-She would get pictures from the family showing client #1 had "crustiness" in her eyes, and food around her mouth.</p> <p>-She had received pictures from client #1's family</p>	V 540		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 540	<p>Continued From page 12</p> <p>of her fingernails. With her BPAN progression, 1 hand is particularly clinched. She had not seen poor nail hygiene herself.</p> <p>-In the pictures she received from family she could see what the family was concerned about. She had been able to see evidence food on her clothing, jagged fingernails, crusts in her eyes.</p> <p>-On 2/20/20 pictures were sent by the family that were taken at the Day Program. In the photos she could see some build up of something on her teeth, and it looked like her teeth needed to be brushed. She could also see a crust on the side of one of client #1's eyes.</p> <p>Telephone Interview on 3/26/2020 client #1's Day Program Director stated:</p> <p>-Client #1 typically arrived at the Day Program around 10:30 am.</p> <p>-Over the past few months client #1's care had greatly improved.</p> <p>-There had been times she may have crusts in her eyes or a film on her teeth. Client #1's eyes water; she cannot say if this precipitates the crustiness.</p> <p>-She had not seen food on her clothing when she arrived. Client #1's diaper was dry.</p> <p>-Client #1 had a body odor like someone who wore a diaper; not like body odor from poor hygiene.</p> <p>-Client #1 had a history of bedsores on her sacrum and had nursing visits for wound care. She noted a small area of breakdown not long ago and called the Group Home Manager/ Qualified Professional (GHM/QP). He had client #1 seen right away. The area was less than 1 inch in size. She thought this happened after the last DHSR survey (11/27/19). Nursing visits resumed and the area healed right away.</p> <p>Telephone Interview on 3/26/2020 the GHM/QP</p>	V 540		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 BEAUREGARD DRIVE WILMINGTON, NC 28412</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) COMPLETE DATE
V 540	<p>Continued From page 13</p> <p>stated:</p> <ul style="list-style-type: none"> <li>-He had received a complaint from client #1's mother that her finger nails had not been cut properly. Her nails had been cut short, which is what the mother wanted, but the staff had cut them "square," not rounded. He was not sure if the mother had been this specific about how she wanted client #1's nails cut. Client #1 had not scratched herself.</li> <li>-When client #1's mother had complained, he went to see the client. The client did not have an odor.</li> <li>-He had been told by the Day Program staff that client #1's eyes water and she accumulates "crustiness." Her gums also bleed easily throughout the day and she required ongoing mouth and eye care. Her bleeding gums may be due to medications she took, but he was not sure.</li> <li>-Client #1 wore diapers. Client #1's mother dropped in on a Saturday in February 2020 and said her diaper had not been changed. We had a log in place for staff to document diaper changes/checks every 2 hours. The staff had documented they had changed her diaper 1 hour prior to mother's arrival on the client's Daily Turn Schedule.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 540		



739 Chappell Drive, Raleigh, NC 27606 | Telephone (919) 832-3909 | Fax (919) 755-7421 | nctlc.org

## STAFF SUPERVISION PLAN

SECTION I: EMPLOYEE INFORMATION	
Employee Name: <span style="background-color: black; color: black;">[REDACTED]</span>	Hire Date: <u>12/9/2019</u>
Supervision Plan for Period of <u>12/9/2019 to 12/9/2020</u>	Expected Date For Plan Implementation: <u>04/10/2020</u>
Employee's Position: <u>Direct Service Professional</u>	Services to be Provided By Employee: <u>Residential Treatment</u>
Supervisor's Name: <u>Jamal Rolle</u>	Supervisor's Credentials: <u>Qualified Professional</u>
Does this employee supervise staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, indicate the number of staffs supervised by this employee: _____	If employee supervises staff, list positions/ services supervised:  Positions:  Services:

SECTION II: SUPERVISION PLAN/PROFESSIONAL DEVELOPMENT GOALS
Specify frequency of supervision and professional development goals in this section. Goals should be reviewed during supervision to determine progress, needed revisions, etc. Goals should be reviewed and updated as needed.
METHOD(S): <input checked="" type="checkbox"/> individual supervision <input checked="" type="checkbox"/> group supervision <input type="checkbox"/> phone supervision <input type="checkbox"/> Other: _____
Supervision will be conducted for <u>one year</u> unless otherwise specified.  <input type="checkbox"/> Other: _____
<b>NOTE: SUPERVISION WILL BE DOCUMENTED WITH A SUPERVISION NOTE.</b>

## Staff Supervision Plan

<b>SECTION III: PROFESSIONAL DEVELOPMENT GOALS</b>	
<b>GOAL(S)</b> (What needs to be achieved?)	<b>TARGET DATE</b> (Must be within plan year)
<b>Technical Knowledge:</b> The employee understands and can discuss concepts and information that relate to the services and supports being provided by TLCDD. He/she understands the indicators of developmental delay, intellectual disability and co-occurring disorders. They understand the basic philosophy of person-centered planning and why it is preferred as an operational philosophy.	
Supervisor will provide supervisee with support and guidance to enhance the understanding of safety planning with client's diagnosed with I/DD.	12/09/2020
Supervisee understands, absorbs, retains and correctly applies information, instructions, policies, procedures, and approved practices to complete job assignments.	12/09/2020
<b>Cultural Awareness:</b> The employee understands the various cultures, genders, socioeconomic influences, and religious beliefs of the individuals served at TLCDD. The employee advocates for those individual beliefs throughout the planning and service delivery process. The employee respects cultural differences and provides services and supports that fit with an individual's preferences.	
Supervisor will provide supervisee with support and guidance regarding cultural awareness and the importance of engaging with clients in a manner that respects their individual customs and practices.	1/01/2021
<b>Analytical Skills:</b> The ability to gather information on the individual's skills, capabilities, gifts, behaviors, preferences, and needs for use in the development of the individual's service plan. The employee can evaluate situations in order to accurately evaluate situations and make an appropriate judgment regarding the action to be taken. The paraprofessional demonstrates the ability to gather information about the individual to contribute to the assessment process.	
Supervisor will ensure that supervisee understands how to arrive at sound conclusions based on good reasoning even with the most difficult situations/problems.	12/09/2020
<b>Decision Making:</b> The employee demonstrates the ability to identify a crisis, defuse the situation, intervene appropriately and contact necessary supports. Demonstrates the ability to balance support for the individual's stated choices against the core responsibilities. Can use information from different sources, specific to the individual, in order to present a complete "picture" of the situation/event and uses the information to make appropriate and timely decisions and/or referrals.	
Supervisee will be able to cope appropriately with crisis situations, work pressure, and decisions made by supervisors to support the clients/residents served.	12/09/2020
Supervisee will demonstrate proper judgement and decision-making skills in all areas	12/09/2020
<b>Interpersonal Skills:</b> Develops the ability to establish and maintain relationships with individuals, their families, their friends, co-workers, and others that support the individuals associated with TLCDD. This includes the ability to interact effectively with individuals and groups within the community.	
Supervisee will handle work pressures effectively and efficiently; maintain appropriate relationships with resident families, stakeholders, and all other individuals associated with the care and treatment of the resident.	12/09/2020



## Staff Supervision Plan

<b>Communication Skills:</b> The employee demonstrates the ability to effectively formulate and articulate ideas in both verbal and written forms respectfully. The employee can use effective, sensitive communication skills to build both rapport and channels of communication by recognizing and adapting to the range of the consumer's communication styles. The employee builds trust and productive relationships with people he/she supports. He or she demonstrates the ability to use Person Centered language in written and oral communication.	
Supervisee will demonstrate the ability to cooperate, communicate and work well with co-workers, supervisors, stakeholders and consumer families.	12/09/2020
<b>Clinical Skills:</b> The ability to successfully assess, evaluate and provide individuals with services, supports and resources appropriate to the identified strengths, preferences, needs and conditions. He or she demonstrates the ability to focus on teaching replacement behaviors and skills as an alternative to the problem behavior, instead of trying to "get rid of challenging behaviors."	
Supervisee will use the resident's strengths, abilities, preferences and needs to ensure treatment is rendered as directed in their individual support plan.	12/09/2020
<b>Crisis Prevention and Intervention Skills:</b> The employee identifies risk and behaviors that can lead to a crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.	
Supervisee will utilize the skills learned in NCI preventative measures classes and ensure annual compliance with this training requirement to prevent and/or intervene in crisis situations with the resident and others.	12/09/2020


Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV: SIGNATURES**

I agree to attend/provide the above supervision as part of my employment at Tammy Lynn Center. This plan will be reviewed and renewed when changes are warranted.		
EMPLOYEE NAME AND CREDENTIAL(S) (PRINT)	EMPLOYEE NAME AND CREDENTIAL(S) (SIGN)	DATE
	See attendance log	4/10/2020
SUPERVISOR NAME AND CREDENTIAL(S) (PRINT)	SUPERVISOR NAME AND CREDENTIAL(S) (SIGN)	DATE
Jamal Rolle, QP	See attendance log	4/10/2020



founded as Tammy Lynn Center

739 Chappell Drive, Raleigh, NC 27606 | Telephone (919) 832-3909 | Fax (919) 832-8475 | nctlc.org

**ADMINISTRATION**  
**FAX TRANSMITTAL**

**TO:** NC DHHS - DHSR **FAX:** 919-715-8078

**RE:** POC for Complaint Survey completed April 2, 2020

**FROM:** Lakisha P. Green, QA/QI Manager

**DATE:** April 17, 2020

**NUMBER OF PAGES INCLUDING COVER SHEET:** 18

**COMMENTS:** Wilmington Home, 28 Beauregard Drive, Wilmington, NC  
MHL# 065-264

Additional information for v110 deficiency tag

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE:**  
This facsimile is confidential and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the person responsible for delivering this facsimile to the intended recipient, be advised that you have received this facsimile in error and that any use, dissemination, forwarding, printing, or copying of this information is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone, and destroy the erroneously delivered information immediately.



Igniting Hope. Embracing Possibility.

April 17, 2020

Mental Health Licensure/Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718  
Phone: (919) 855-3795  
Fax: (919) 715-8078

Re: Compliant Survey completed April 2, 2020

- (a) Wilmington Home, 28 Beaugard Drive, Wilmington, NC 28412 – MHL#065-264
- (b) Intake# NC00161030, #NC00161303, #NC00161344

To Whom It May Concern:

Enclosed please find the Plan of Correction for TLC Operations, Inc. d/b/a Tammy Lynn Center for our Wilmington home.

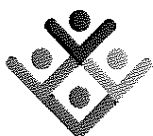
We appreciate your efforts to ensure our Center is doing everything possible to provide the best services and support possible to the individuals we serve and their families.

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink that reads "Lakisha Perry-Green". The signature is written in a cursive, flowing style.

Lakisha Perry-Green. BS, MPA, MBA  
QA/QI Manager  
Phone: (919) 755-2664  
Email: lperrygreen@nctlc.org



nctlc.org

919.832.3909 | info@nctlc.org | 739 Chappell Drive, Raleigh, North Carolina 27606