

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>02/07/2023</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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients were afforded privacy during personal care. This affected 3 of 4 audit clients (#2, #10 and #11). The findings are:</p> <p>A. During observations in the home on 2/6/23 at 3:50pm, client #11 was observed toileting with the door open.</p> <p>Review on 2/7/23 of client #11's individual program plan (IPP) dated 3/29/22 revealed that client #11 requires constant supervision while in the bathroom to provide safety, sanitation and privacy.</p> <p>Interview on 2/7/23 with the facility director confirmed that when client #11 is in the bathroom he requires supervision for privacy and safety.</p> <p>B. During observations in the home on 2/7/23 at 6:17am, client #10 was in the bathroom with staff A being assisted to shower. Staff B went into the bathroom and left the door open when she exited the bathroom. At 6:19am staff A pushed the door halfway closed. However, client #10 was still visible in the shower from the hallway.</p> <p>Review on 2/7/23 of client #10's IPP dated 10/11/22 revealed that client #10 does not perform activities of daily living efficiently and requires staff assistance.</p>	W 130			

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.

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W 130	<p>Continued From page 1</p> <p>Interview on 2/7/23 with the facility director revealed that when client #2 is toileting, staff should be in the bathroom with her with the door closed, or sit outside the bathroom with the door closed. The facility director also confirmed that when client #10 is showering staff must assist her and should be in the bathroom with the door closed.</p> <p>C. During observations in the home on 2/7/23 at 6:30am, client #2 was observed in the bathroom, completely unclothed from the waist down sitting on the toilet. Staff B was in the bathroom with her. The door was open.</p> <p>Observations on 2/7/23 at 6:35am revealed client #2 in another bathroom undressed and staff B was assisting her with showering.</p> <p>Further observations on 2/7/23 at 6:55 am revealed client #2 in her bedroom with staff A assisting in getting her dressed with the door slightly opened and client was still visible from hallway</p> <p>Review on 2/7/23 of client #2's IPP dated 2/15/22 revealed client #2 requires staff assistance in toileting and showering.</p> <p>Interview on 2/7/23 with the facility director revealed that anytime a client is in the bathroom or in their bedroom for personal care, the door should be closed for privacy. If the client is unable to close the door, staff should close it or offer verbal prompts to close it. If the client is able to close the door and does not, staff should close the door. The facility director confirmed that staff should close the door when assisting client's with showering, toileting and getting dressed.</p>	W 130			

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

PRINTED: 02/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

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W 454	<p><b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure needed cleaning was completed in the facility's bathroom area. The finding is:</p> <p>During observations in the facility on 2/7/23 at 6:35am revealed one of the hallway bathrooms were observed to have fecal matter on the toilet seat. Client's continued to go in and out of the bathroom to perform hygiene and use the toilet.</p> <p>Interview on 2/7/23 with the facility director revealed staff are responsible for maintain sanitary conditions between each client's use of the bathrooms. The facility director confirmed that staff should have ensured the bathroom was clean at all times.</p>	W 454			