STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-158	A. BUILDING: _____ B. WING _____	R 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIMBLEDON SUPERVISED LIVING	1650 WIMBLEDON DRIVE #101 GREENVILLE, NC 27858

(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 An annual and follow up survey was completed on April 13, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290		

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V 290	Continued From page 1 (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs in the event of an emergency affecting 2 of 2 clients (#1 and #2). The findings are: Review on 4/13/23 of the facility's license issued by the Division of Health Service Regulation, expiration date 12/31/23, revealed: - "Ambulatory: A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." - ". . . Number of Ambulatory Beds Approved . . . 2 . . ."	V 290		

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V 290	Continued From page 2 Review on 4/13/23 of client #1's record revealed: -66 year old female admitted 6/24/05. Diagnoses included Intellectual/Developmental Disability, mild; Cerebral Palsy; spastic quadriplegia; osteoporosis; dysmenorrhea; scoliosis; constipation; allergic rhinitis; hypertension; gastroesophageal reflux disease; ear wax build up; and hypothyroidism -"Individual Support Plan" dated 8/1/22 included documentation of client #2's use of an electric wheelchair for mobility, a hospital bed with rails, and a Hoyer lift for transfers. During interview on 4/13/23 client #1 stated she loved living at the facility, the staff assist her and she felt safe there. Review on 4/13/23 of client #2's record revealed: -47 year old female admitted 1/6/00. -Diagnoses included Intellectual/Developmental Disability, profound; Anxiety Disorder; seizure disorder; encephalopathy; spastic diplegia; deaf/mute; legally blind; alopecia; constipation; and asthma. -"Individual Support Plan" dated 9/1/22 included documentation of client #1's use of a wheelchair for mobility, and need for staff assistance to evacuate in the event of an emergency. No interview with client #2 was conducted due to her deaf/mutism and inability to communicate. During interview on 4/13/23 staff # 2 stated: -Client #1 would need assistance sometimes to transfer from her bed to her wheelchair; she could maneuver her electric wheelchair herself. -Client # 1 could roll herself out of the facility during drills. -Both clients required verbal prompts to evacuate. -The facility had the main exit and the patio exit,	V 290		

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V 290	Continued From page 3 but the patio exit had bars there. -Staff would use the windows to evacuate if they needed to. During interview on 4/13/23 the Group Home Manager stated stated: -Both clients needed some form of assistance to evacuate the facility. -Both clients respond to verbal prompts and gestures when a drill is announced. -The facility had a sleep over staff but that person left about 2 months ago. -They are currently trying to fill the sleep over position again. During interview on 4/13/23 the Regional Director stated: -The facility had hired a sleep over staff to support the need of an additional staff in the event of an emergency. -The sleep over position had been vacant about 2 months and they are trying to fill the position. -She understood the need to keep the clients safe and to have minimum staffing to meet client needs. They are also trying to find another location. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		