

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

PRINTED: 05/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/04/2023
NAME OF PROVIDER OR SUPPLIER WILMINGTON ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 WILMINGTON ROAD FAYETTEVILLE, NC 28304		
(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 000	INITIAL COMMENTS	W 000			
W 227	<p>A complaint survey was completed on 5/4/23 for intake #NC00201105. The complaint was not substantiated; however, one unrelated deficiency was cited.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) identified specific objectives needed to meet the client's needs. This affected one audit client. The finding is:</p> <p>Review on 5/4/23 of an IRIS report dated 4/13/23 revealed, "On the night of 4/13/23 [Client #6] stated she heard gunshots outside her window and someone was trying to come get her..." Additional review of client #6's IPP dated 11/27/22 included a note dated 4/28/23 which indicated, "During [Client #6's] hospital visit 4/13 she admitted to hospital staff she fabricated about hearing gunshots and being kidnapped...[Client #6] has a history of fabrication and admitted to 'sometimes telling stories' on staff during the 2018 Personal Outcomes Interview. All fabrications will be documented."</p> <p>Interviews on 5/4/23 with Staff A and Staff B confirmed client #6 has been known to fabricate stories and they usually know when what she is saying is not true.</p>	W 227			

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 227	Continued From page 1 Additional review of client #6's Behavior Support Plan (BSP) dated 10/5/22 revealed an objective to decrease the frequency of defined target behaviors to 1 or fewer incidents 10 out of 12 consecutive months. Further review of the BSP identified target behaviors of severe disruption and inappropriate toileting. The BSP did not include any information regarding the client's tendency to fabricate things. Interview on 5/4/23 with the Qualified Intellectual Disabilities Professional (QIDP) and the Administrator confirmed client #6 has a history of fabricating stories and this used to be addressed as a part of her BSP; however, it has apparently been removed from the plan. The QIDP and Administrator acknowledged client #6's history of fabrication ways to address it needs to be included in her BSP.	W 227		