

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
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NAME OF PROVIDER OR SUPPLIER WIMBLEDON SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 WIMBLEDON DRIVE #101 GREENVILLE, NC 27858
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 13, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p>RECEIVED</p> <p>MAY 15 2023</p> <p>DHSR-MH Licensure Sect</p>	
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p>	V 290	<p>V290</p> <p>In reviewing the data provided through the drill reports and interviewing the GH Manager. It was identified that the drills were being timed beginning when the drills would start and end when the residents returned to the home.</p> <p>Program Director coached program Manager and notified Program Manager's timing of the drills should begin when the drills start and end when the residents are at their assigned spot.</p> <p>QM Updated Drill Protocol to include this drill procedure as well and sent the updated protocol to all GH managers to share with staff.</p> <p>QM notify Licensing coordinator to update license to indicate two non-ambulatory residents.</p>	5/10/23

Division of Health Service Regulation

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

Leslie Flowers, Snr. QM Director

5/9/23

TITLE

(X6) DATE

Division of Health Service Regulation

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V 290	<p>Continued From page 1</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>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:</p> <p>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 ..."</p>	V 290		

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V 290	<p>Continued From page 2</p> <p>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.</p> <p>During interview on 4/13/23 client #1 stated she loved living at the facility, the staff assist her and she felt safe there.</p> <p>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.</p> <p>No interview with client #2 was conducted due to her deaf/mutism and inability to communicate.</p> <p>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,</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>but the patio exit had bars there. -Staff would use the windows to evacuate if they needed to.</p> <p>During interview on 4/13/23 the Group Home Manager 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.</p> <p>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.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

* See Attached Plan of Correction (POC)

May 3, 2023

Heather Humphrey-Greer, Licensing and Regulatory Coordinator
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Avenue Suite 211
Raleigh, NC 27612

Re: Annual & Follow Up Survey completed April 13, 2023
Wimbledon Supervised Living, 1650 Wimbledon Drive #101
MHL # 074-158
E-mail Address: heather.humphrey-greer@eastersealsucp.com

Dear Ms. Humphrey-Greer:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed April 13, 2023.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be corrected within 30 days from the exit of the survey, which is May 13, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 3, 2023
Wimbledon Supervised Living
Easter Seals UCP North Carolina & Virginia, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Gloria Locklear, Team Leader at (910) 214-0350.

Sincerely,

Latisha Grant

Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor