Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065129	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WAVE	3255 BURNT MILL DRIVE SUITE 5 WILMINGTON, NC 28403

(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 June 23, 2023. The complaint was substantiated (intake #NC00203315). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities. This facility has a current census of 26. The survey sample consisted of audits of 1 former client.	V 000		
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 assist in supervision of the children.	V 115	V115 27G.0208 Client Services This rule is not met as evidenced by: Based on record review and interviews The facility failed to ensure activities were Suitable for interests and treatment/habilitation Needs of the clients served for 1 of 1 former client (FC #27). **Plan of Correction** RHA DSA/QP will ensure activities are suitable For the interest and treatment/habilitation needs of Each client. QP will ensure a goal is documented in Consumer ISP and DSA will complete documentation on The activities. Monitoring of this process will be the responsibility of the QP/Administrator and will take place at least Quarterly/ As needed. Completion Date 7/24/23	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Meriah O'Brien Meriah — Administrator

DHSR - Mental Health
JUL 26 2023
Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065129	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WAVE	3255 BURNT MILL DRIVE SUITE 5 WILMINGTON, NC 28403

(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 1	V 115		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure activities were suitable for interests and treatment/habilitation needs of the clients served for 1 of 1 former client (FC #27) audited. The findings are:

Review on 6/22/23 of FC #27's record revealed:
-36 year old female.
-Admitted on 2/17/20.
-Discharged on 4/12/23.
-Diagnoses of Intellectual Disability, Moderate, Autism Spectrum Disorder and Obsessive Compulsive Disorder.

Interview on 6/23/23 FC #27 stated:
-Staff #14 took her to the laundry mat and left her in the car.
-Staff #14 took the hamper full of clothes in the laundry mat and came back out.
-Staff #14 took her to go make her (staff) car payment.
-She went to the hotel with staff #14 while staff took a shower.
-She went to staff #14's home
-She met staff #14's boyfriend at his mother's house.

Interview on 6/22/23 staff #14 revealed:
-She worked as a direct care staff and provided one to one services.
-She worked with FC #27 on her short range

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065129	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WAVE	3255 BURNT MILL DRIVE SUITE 5 WILMINGTON, NC 28403

(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 2	V 115		

goals.
-She had taken FC #27 to the laundry mat to wash mop heads and rags. FC #27 had not assisted in the task. FC #27 was not left in the car. After she placed the items in the washing machine they left to run errands then returned to place items in the dryer.
-She took FC #27 to the grocery store because she (staff) needed to pick up some personal items.
-She took FC #27 to the hotel was she(staff) was temporarily living to take a quick shower after she (staff) had an accident on her clothes.
-FC #27 was present in the car with her when she went to her boyfriend's home to drop off an item.
-During the month of March, she kept FC #27 at her personnel home while she was sick at the caretaker's request. She sent the caretaker pictures of FC #27 laying on her couch.

Interview on 6/22/23 the Qualified Professional stated:
-Staff #14's responsibilities included working on goals and doing community based activities that family wanted for FC #27 such as going to the aquarium, exercises and going to the YMCA.
-She found out staff #14 took FC #27 to the hotel after she had an accident on herself.
-Staff #14 was not supposed to do personal errands while working with FC #27.

Interview on 6/22/23 and 6/23/23 the Administrator stated:
-Staff #14 was assigned as FC #27's one on one staff.
-Under appendix K flexibility staff were able to work with clients in the community.
-Staff completed grid sheet progress notes but comments were not required.
-Staff #14 went to the laundry mat to wash the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065129	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WAVE	3255 BURNT MILL DRIVE SUITE 5 WILMINGTON, NC 28403

(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 3 facility's items.	V 115		