STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-299	A. BUILDING: _____ B. WING _____	R 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKINS HOME	1517 PARKS VILLAGE ROAD ZEBULON, NC 27597

(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 follow up survey was completed on 2/22/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	{V 000}		
{V 112}	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	{V 112}		

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{V 112}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure current treatment plans were developed and implemented for 2 of 2 clients (#1, #2). The findings are: Review on 2/22/24 of client #1's record revealed: - Admitted: 2/21/02 - Diagnoses: Mental Retardation, Hypertension, Diabetes Mellitus, Hyperlipidemia, Osteoporosis, Tremors, Non-Hodgkin's Lymphoma, and Obesity - No residential treatment plan Review on 2/22/24 client #2's record revealed: - Admitted: 8/17/96 - Diagnoses: Hip Replacement, Intellectual Disability, Chronic Kidney Disease, Hyperlipidemia, Osteoporosis, Tachycardia, and Leukocytopenia - No residential treatment plan Interview on 2/22/24 the Alternative Family Living (AFL) Provider reported: - She had hired a Qualified Professional (QP) to assist her - She had spoken with the QP on updating the client's treatment plans - They were in the process of starting the treatment plans but the QP was still assessing the needs of the clients	{V 112}		

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{V 112}	Continued From page 2 Interview on 2/22/24 the QP reported: - Was in the process of starting the client's treatment plans - Confirmed that no treatment plans had been completed - She will have treatment plans completed This deficiency constitutes a re-cited deficiency.	{V 112}		
{V 113}	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;	{V 113}		

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{V 113}	Continued From page 3 (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain complete records affecting 3 of 3 clients (#1 - #3). The findings are: Review on 2/22/24 of client #1's record revealed: - Admitted: 2/21/02 - Diagnoses: Intellectual Disability, Hypertension, Diabetes Mellitus, Osteoporosis, Tremors, Non-Hodgkin's Lymphoma, and Obesity - no documentation of services provided - no documentation of progress notes Review on 2/22/24 of client #2's record revealed: - Admitted: 8/17/96 - Diagnoses: Intellectual Disability, Hip Replacement, Chronic Kidney Disease, Hyperlipidemia, Osteoporosis, Tachycardia, and Leukocytopenia - no documentation of services provided	{V 113}		

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{V 113}	Continued From page 4 - no documentation of progress notes Interview on 2/22/24 the Alternative Family Living (AFL) Provider reported: - She had hired a Qualified Professional (QP) to help her - Confirmed she had not completed progress notes because goals have not been developed yet Interview on 2/22/24 the Qualified Professional reported: - No progress notes had been completed - She had a template for the AFL Provider to use to document progress on goals once they had been developed This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 113}		