

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

PRINTED: 05/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILHELM PLACE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>630 WILHELM PLACE CONCORD, NC 28026</b>	
(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 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#2). The finding is:</p> <p>Afternoon observations on 5/20/24 at 5:30 PM revealed client #2 to sit at the dining table and participate in the dinner meal. Continued observation revealed client #2 to eat independently using a sectional plate, shirt protector, regular utensils and a cup with a straw. Further observation revealed client #2 to eat independently as his plate would slide to right. Additional observations revealed client #2 to eat with his left hand while holding the plate with his right hand to prevent it from continuing to slide to the right. At no point during the observation did staff place a dycem mat under the plate to prevent the plate from sliding.</p> <p>Morning observations on 5/21/24 at 7:30 AM revealed client #2 to sit at the dining table and participate in the breakfast meal. Continued observation revealed client #2 to eat independently with his left hand while holding the plate with his right hand to prevent it from continuing to slide to the right. At no point during the observation did staff place a dycem mat under the plate to prevent the plate from sliding.</p>	W 436		

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 436	Continued From page 1 Review of the record for client #2 on 5/21/24 revealed a plan of care (POC) dated 6/16/23 which indicated that client #2 would like to increase his overall level of independence. Continued review of the POC revealed that client #2 should use a regular plate and regular utensils during mealtimes. Review of the record for client #2 revealed an occupational therapy (OT) assessment dated 12/13/23. Review of the 12/13/23 OT assessment did not reveal a dycem mat that client #2 should use at mealtimes.  Interview with the home manager (HM) on 5/21/24 revealed that client #2 eats well independently. Continued interview with the HM revealed client #2 has not had a dycem mat to improve his level of independence during mealtimes. Interview with the HM and QA/QI Manager revealed that client #2 could benefit from using a dycem mat to assist with improving his level of independence during mealtimes.	W 436			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)  and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at various times throughout the shift, including deep sleep hours. The finding is:  Facility documentation review was completed on 5/20/24 of the facility's fire drills conducted from 6/2023 through 5/2024. Continued review of the facility fire drills did not include varied times to include deep sleep timeframes. Review of the facility's fire drills revealed the following:	W 441			

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W 441	Continued From page 2 - 3rd shift fire drills were conducted on 6/22/23 (6:40AM), 9/25/23 (6:37AM), 12/13/23 (6:32AM), and 6/29/24 (5:58AM).  Interview on 5/21/24 with the Home Manager (HM) and QA/QI Manager verified the fire drills were not conducted at varied times throughout 3rd shift. Continued interview with the QA/QI Manager and Home Manager revealed that fire drills should be conducted at various times to include deep sleep timeframes.	W 441			