STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G149	A. BUILDING _____ B. WING _____	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILMINGTON ROAD GROUP HOME	**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 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii) The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted audit clients (#4) had a psychological evaluation completed within 30 days of admission. The finding is: Review on 1/6/25 of client #4's record revealed he was admitted to the facility on 10/1/24. Further review indicated client #4 did not have a psychological evaluation. During an interview on 1/7/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have current/updated psychological evaluation that was completed within 30 days of admission.	W 214		
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 1 newly admitted audit client (#4) received their initial speech/language evaluation within 30 days of admission. The finding is: Review on 1/6/25 of client #4's record revealed he was admitted to the facility on 10/1/24. Further review revealed client #4 did not have a speech/language evaluation. During an interview on 1/7/25, the Qualified	W 220		

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

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W 220	Continued From page 1 Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have a speech/language evaluation.	W 220		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 1 newly admitted clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of personal hygiene. The finding is: During dinner observations in the home on 1/6/25 at 5:08pm, client #4 got up from the table. Further observations revealed client #4's mouth area was covered with food. Additional observations revealed Staff A told him to go into the bathroom and wash his face. Client #4 came out of the bathroom with the food still around his mouth area and he sat down in the living room. Further observations revealed Staff A walked through the living room and looked at client #4, but did not say anything. When the surveyor left at 6:12pm, client #4 was still sitting in the living	W 249		

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W 249	Continued From page 2 room with food covering his mouth area. During an interview on 1/7/25, Staff B stated client #4 would need both verbal and gesture prompts to wipe his mouth. Review on 1/7/25 of client #4's Adaptive Behavior Inventory (ABI) dated 10/28/24 revealed client #4 does not have any independence with wiping his mouth and wiping his mouth is a needed skill. During an interview on 1/7/25, the Qualified Intellectual Disabilities Professional (QIDP) stated client #4 would need a gesture to wipe his mouth.	W 249		