

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2025
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WICKHAM ROAD FACILITY

**258 WICKHAM ROAD
SHILOH, NC 27974**

(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 An annual and follow up survey was completed 1/16/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 4. The survey sample consisted of 2 current clients and 1 former client.	V 000		1
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure minimum furnishings for client bedrooms that included a bed, bedding, pillow, bedside table, and storage for personal belongings. The findings are: Observation on 1/14/25 at approximately 9:30am	V 774	RECEIVED FEB 04 2025 DHSR-MH Licensure Sect To be in compliance with rules, Life, Inc. will employ the following: Work order submitted by Qualified Professional to have bedroom furniture replaced in the vacant room. Agency will replace furnishings in the event a bedroom is vacated and the furniture is removed.	1/30/2025

Division of Health Service Regulation

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

TITLE

(X6) DATE

Deborah J. ... Bt QP11

Program Manager

1/30/2025

STATE FORM

6399

7HCC11

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/16/2025
NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974		
(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 774	<p>Continued From page 1</p> <p>revealed the following:</p> <ul style="list-style-type: none"> - one completely empty bedroom with no dresser or bed - one bedroom that did not have a bedframe or mattress <p>Interview on 1/14/25 the Habilitation Coordinator stated:</p> <ul style="list-style-type: none"> - the last client took all of her bedroom furniture with her when she moved out and that was why the bedroom was empty - the last client took her bed with her when she moved out and that was why the bed was missing from the bedroom <p>Interview on 1/16/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - the last clients took the bedroom furniture with them when they moved - the facility didn't have enough storage space to store bedroom furniture when clients brought their own bedroom furniture - they would buy new furniture if a new client moved in - the facility didn't know that they needed to keep client bedrooms furnished 	V 774	<p>RECEIVED</p> <p>FEB 04 2025</p> <p>DHSR-MH Licensure Sect</p>		

Form: Work Order Routine

ID: #00011212

Requesting bedroom furniture for vacant room

Location: Wickham Rd. Camden

Assignee: Facility Maintenance

Creator: [REDACTED]

Remediator: Facility Maintenance

Approver: Unit Managers

Created: Jan 30, 2025

Due: Feb 13, 2025

To fill out this form, you must first reassign it to yourself. [Grab this task](#)

1. Description

1.1 Classification (Select ALL that apply):

Select all that apply:

- ☐ Appliances
- ☐ Carpentry
- ☐ Electrical
- ☐ Flooring
- ☒ Furniture
- ☐ HVAC
- ☐ Painting
- ☐ Plumbing
- ☐ Yard
- ☐ Building Exterior
- ☐ Window
- ☐ Vehicle
- ☐ Other

Requesting bedroom furniture for vacant bedroom to include a full size bed.
Also need additional bed for vacant room that has furniture but no bed and bedframe.

1.2 Location in Facility (bathroom, bedroom, closet, hallway or classroom please add location in the comment section):

- ☐ Kitchen
- ☐ Dining
- ☐ Bathroom
- ☒ Bedroom
- ☐ Living Area
- ☐ Classroom/Activity
- ☐ Staff Area
- ☐ Staff Bathroom
- ☐ Closet
- ☐ Wash Room
- ☐ Hallway
- ☐ Exterior
- ☐ Vehicle

Add comment (optional)

1.3 Additional Description of issue: (optional)

Attach file (optional)

Choose File

No file chosen

1.4 Pictures or supporting documents: (optional)

Choose file

Browse

1.5 Has this work order been reported recently (Work Order has been completed)? If so, select ALL that apply.

Select all that apply:

- ☒ No
- ☐ Within a week
- ☐ Within two weeks
- ☐ Within a month
- ☐ Within last 90 days
- ☐ This issue has had multiple WO's in the last 90 days

Add comment (optional)

