STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G144	A. BUILDING _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILDCAT GROUP HOME	208 WILDCAT ROAD DEEP GAP, NC 28618

(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 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure clients (#4, #13 and #15) had the right to be treated with dignity regarding the use of incontinence padding. The finding is: During observations in the home on 6/17/25 from 4:00pm to 6:00pm, clients #4, #13 and #15 were observed sitting on incontinence pads in the living room recliners (#4 and #13) and their personal wheelchair (#15). Interview on 6/18/25 with Staff A revealed the incontinence pads are used to protect the furniture and seat of the wheelchair due to toileting accidents. Interview on 6/18/25 with the qualified intellectual disabilities professional (QIDP) revealed the incontinence pads are used to protect the furniture and seat of the wheelchair due to toileting accidents. The QIDP confirmed this is a dignity issue for the clients.	W 125		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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	W 436		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G144	A. BUILDING _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILDCAT GROUP HOME	208 WILDCAT ROAD DEEP GAP, NC 28618

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W 436	Continued From page 1 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #15 was taught to use and make informed choices about the use of her foot booties and eyeglasses. This affected 1 of 5 audit clients. The finding is: During observations in the home throughout the survey on 6/17/25 - 6/18/25, client #15 was observed to not wear eyeglasses. Additionally, observations revealed client #15 to not have on foot booties during observations in the home on 6/17/25. Review on 6/18/25 of client #15's occupational therapy evaluation 6/20/24 revealed client #15 wears eyeglasses. Review on 6/18/25 of client #15's physical therapy evaluation dated 3/19/25 revealed client #15 wears soft booties on both feet. Interview on 6/18/25 with client #15 revealed she is supposed to wear her foot booties day and night. Continued interview with client #15 revealed the foot booties help prevent her feet from developing blood blisters. Interview on 6/18/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #15 is supposed to wear soft booties on both feet at all times, and should be wearing eyeglasses. Continued interview with the QIDP revealed client #15 will refuse the soft booties and eyeglasses, but confirmed staff should periodically prompt client #15 to wear them.	W 436		