

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2025
NAME OF PROVIDER OR SUPPLIER WILMINGTON HOUSE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 28 BEAUREGARD DRIVE WILMINGTON, NC 28412		
(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 on June 4, 2024. Deficiencies were 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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

TITLE

(X6) DATE

Division of Health Service Regulation
STATE FORM

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V 114	<p>Continued From page 2</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 06/04/25 of facility records from 04/01/24 - 03/30/25 revealed: -2nd quarter 04/01/24-6/30/24; no disaster drills documented on 3rd shift. -3rd quarter 07/01/24-9/30/24; no fire drills documented on 1st, 2nd, and 3rd shifts. -4th quarter 10/01/24-12/31/24; no fire or disaster drills documented on 1st and 3rd shifts.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>Interview on 06/04/25 client #1 stated: -Fire drills and disaster drills were completed every shift of every month. -They went outside for fire drills and in the bathroom for tornado drills.</p> <p>Interview on 06/04/25 the Qualified Professional stated: -Fire drills were completed once every month and disaster drills were completed once every quarter. -There were 3 shifts. -1st shift was 7am - 3pm. -2nd shift was 3pm- 11pm. -3rd shift was 11pm- 7am. -The documentation in the fire and disaster drill log was all she had at the facility.</p> <p>Interview on 06/04/25 the facility's Executive Director stated: -He would check to see if any additional fire and disaster drills had not been filed. -Moving forward, he would ensure that fire and disaster drills were completed for all shifts within each quarter.</p>	V 114		