

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2025
NAME OF PROVIDER OR SUPPLIER WILKINSON FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 635 NORTH WILKINSON DRIVE SAINT PAULS, NC 28384		
(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 A follow-up survey was completed on July 24, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 7/24/25 from approximately 9:30 am-10:00 am revealed: -The grass in the front and back yard was approximately one foot tall. -The front storm door had the glass part of the door removed/gone from the door. -The stair rails which led to the downstairs area was missing on both sides. -The stair rails leading to the upstairs area was missing on both sides. -Client #1's bedroom door had a hole on the right side approximately a foot long, the screen on the window had a tear approximately 6 inches long and the connected bathroom had approximately	{V 736}		

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

TITLE

(X6) DATE

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{V 736}	<p>Continued From page 1</p> <p>18 loose tiles on the floor that were soft to the step/touch.</p> <p>-The kitchen cabinets had an open space (where a dishwasher may have been) that exposed the plumbing under the sink at the cabinet next to it.</p> <p>-There was a refrigerator in the middle of the floor in the down stairs areas that had no door on the bottom portion of the refrigerator.</p> <p>-There was a square shaped hole in the ceiling off the laundry room approximately 4 inches.</p> <p>-Client #3's bedroom door frame was broken and not affix to the wall. There was a hole in the wall approximately the size of a melon next to the broken frame and peeled paint. There was a hole approximately 12 inches at the baseboard near the window. There was a hole approximately 4 inches next to the closet door.</p> <p>-The hall bathroom to the right was missing the latch portion of the door knob.</p> <p>-There was a brownish stain approximately 4 feet by 4 feet area on the ceiling in the hallway with parts of the paint peeling.</p> <p>-The hall bathroom to the left had a portion of the interior door frame missing, there was no door knob, clothes on the floor and used dry paper towels in the sink. There was 1 of 6 vanity lights missing and 4 of 6 was blown.</p> <p>-The vacant bedroom door frame was broken at the door knob.</p> <p>Interview on 7/24/25 staff #1 stated: -He did not know what happened to client #3 doorframe. -"I have not seen maintenance come fix anything."</p> <p>Interview on 7/24/25 the Lead Staff stated: -A work order had been submitted for all maintenance issues in the facility.</p>	{V 736}		

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{V 736}	Continued From page 2 Interview on 7/24/25 the Director/Qualified Professional stated: -Client #3's door partially detached from the frame when client #3 slammed his door a couple of week ago. -A work order had been submitted for all maintenance issues in the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 736}		
{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 interviews the facility failed to have minimum furnishings for a client bedroom which included a separate bed, bedding, pillow, bedside table and storage for personal belongings. The findings are: Observation on 7/24/25 during the facility tour	{V 774}		

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{V 774}	<p>Continued From page 3</p> <p>from approximately 9:30 am-10:00 am revealed:</p> <ul style="list-style-type: none"> -Client #3's bedroom was missing a bedside table. -The vacant bedroom was missing all furniture to include bed (except bed rails), bedding, pillow, bedside table. <p>Interview on 7/24/25 the Director/Qualified Professional stated:</p> <ul style="list-style-type: none"> -She was aware of the minimum furnishing needed for each bedroom. -I am working on getting the furniture. I have been so focused on the Type A citations." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	{V 774}			