

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095-011 34G144		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2025	
NAME OF PROVIDER OR SUPPLIER WILDCAT GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>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.</p> <p>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:</p> <p>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).</p> <p>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.</p> <p>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.</p>			W 125	<p>W 125</p> <p>The Administrator will in-service the QIDP and direct support staff regarding people supported rights to have appropriate incontinence coverings for wheelchairs. Team will monitor for appropriate protective coverings by 2x a week Interaction Assessments for 1 month. In the future the Qualified Professional will ensure all people supported have appropriate incontinenceprotective coverings by monthly assessments.</p> <p>By: August 17, 2025</p>		
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>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</p>			W 436	<p>RECEIVED</p> <p>III 07 2025</p> <p>DHSR-MH Licensure Sect</p>		

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

TITLE

(X6) DATE

Luray Rominger *IDD Administrator* *6/30/25*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER WILDCAT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 436	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>Review on 6/18/25 of client #15's occupational therapy evaluation 6/20/24 revealed client #15 wears eyeglasses.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 436	<p>W 436</p> <p>The QIDP will ensure client #15's adaptive equipment is reflected in the current PCP and in-service all staff on the aids and devices including dentures, eyeglasses, hearing and communication aids, braces and other protective devices and any documentation pertinent to these devices. Team will monitor for use with 2x a week Interaction Assessments for 1 month. In the future the QIDP will ensure appropriate use of devices thru monthly assessments.</p> <p>By: August 17, 2025</p>		