

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G173	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/28/2026
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NAME OF PROVIDER OR SUPPLIER SCI-COASTAL HOUSE I AND II	STREET ADDRESS, CITY, STATE, ZIP CODE 1972 & 1974 WEST LAKE SHORE DRIVE , WILMINGTON, North Carolina, 28401
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W0245	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(6)(iv)</p> <p>The individual program plan must identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify a schedule for the use of each support.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure the Individual Program Plan (IPP) specified a schedule for the use of mechanical supports. The affected 1 of 7 audit clients (#5). The finding is:</p> <p>During observations in House I on 4/27/26 from 3:45pm through approximately 6pm, client #5 was not observed wearing a splint.</p> <p>Further observations in House I on 4/28/26 at 7:00am, client #5 was observed with a right wrist splint on.</p> <p>Review on 4/27/26 of client #5's Individual Program Plan dated 7/15/25 listed adaptive equipment as follows: "manual wheelchair, dentures, eyeglasses, splint, transport container and shower chair".</p> <p>Review on 4/28/26 of client #5's Occupational Therapy (OT) Evaluation dated 1/8/22 information for the facility to order an extra wrist extension splint and instructions for the facility to contact OT once received for video observation of the client wearing the splint.</p> <p>Interview on 4/28/26 with staff D revealed she was unsure of the guidelines for client #5's wrist splint but that she believes he wears it every day on 1st shift but doesn't know the guidelines of when to apply or take the splint off.</p> <p>Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) confirmed that client #5 does not have guidelines in place for the use of the right wrist splint.</p>	W0245		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0249	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 2 of 7 audit clients (#5 and #12) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of behavioral supports and use of hearing aids. The findings are:</p> <p>A. Observation in House II on 4/27/26 between 3:45pm-5:30pm, client #12 hit herself in the head approximately 30 times and bit her hand 15 times. Staff E continuously asked client #12 to calm down and attempted to redirect client #12 to a different activity.</p> <p>Review on 4/28/26 of client #12's Behavior Support Plan dated 11/20/25 revealed target behavior as agitation. There was no target behavior listed as self-injurious.</p> <p>Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) confirmed that when client #12 slaps herself in the face/head and bites herself on the hand should be considered self-injurious behaviors.</p> <p>B. During observations in the House I throughout 4/27/26, client #5 was observed ambulating by using a wheelchair and wearing glasses. Further observations on 4/28/26, client #5 was observed wearing a right wrist splint.</p> <p>Review on 4/28/26 of client #5's Individual Program Plan (IPP) dated 7/15/25 listed adaptive equipment as follows: manual wheelchair, dentures, eyeglasses, splint, transport container and shower chair.</p> <p>Review on 4/28/26 of client #5's Occupational Therapy (OT) evaluation dated 1/8/22 revealed client #5 has hearing aids, dentures, eyeglasses, splint and should be using prevention monitors in wheelchair,</p>	W0249		

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W0249	Continued from page 2 bed and recliner to alert staff when he is attempting to get up since he is a fall risk. Interview on 4/28/26 with the director revealed client #5 refuses to wear his hearing aids and splint. The director confirmed prevention monitors should be in the client's wheelchair, bed and recliner. The director also confirmed that the monitors were not being used. Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) confirmed client #5 should be wearing a right wrist splint and hearing aids. The QIDP revealed that client #5 refuses to wear them. The QIDP also confirmed client #5 does not have any formal objectives in place to encourage the use of hearing aids and splint.	W0249		
W0252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is NOT MET as evidenced by: Based on record review, observations and interview the facility failed to ensure data relevant to accomplishment of the criteria specified in client individual program plan objectives were documented in measurable terms for 1 of 7 audit clients. (#12) The finding is: Observation in house II on 4/27/26 between 3:45pm-5:30pm, client #12 hit herself in the head approximately 30 times and bite her hand 15 times. Staff E continuously asked client #12 to calm down and attempted to redirect client #12 to a different activity. Review on 4/28/26 of client #12's Behavior Support Plan dated 11/20/25 revealed target behavior as agitation. Further review revealed 1 documented episode from 3/1/26 -4/27/26 of agitation. Additional review revealed no documented episodes of self-injurious behaviors. Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) confirmed all behaviors should be documented. Client #12's does hit herself in the head several times a day and that should be documented.	W0252		

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W0287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record reviews, and interviews, the facility failed to ensure techniques to manage inappropriate client behavior was not used for the convenience of staff. This affected audit clients (#3, #4, #5, #8, #11, #12). The finding is:</p> <p>During evening observation on 4/27/26 in House I, at 4:13pm, Staff A announced to the clients and staff that he was locking the kitchen door. The door remained locked for 50 minutes. No clients had access to the kitchen at that time.</p> <p>Record review on 4/28/26 of all clients in House I (#3, #4, #5, #8, #11, #12), Behavior Support Plans (BSPs) revealed no mention of locking the kitchen door for any reason.</p> <p>Interview with the Director on 4/28/26 revealed that staff A should not have locked the kitchen door.</p>	W0287		
W0454	<p>INFECTON CONTROL</p> <p>CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to eliminate opportunities for cross-contamination of infections. This affected all the clients in House I (#3, #4, #5, #8, #11, #12). The finding is:</p> <p>During evening observations on 4/27/26 in House I, at 3:45pm, staff A left tater tots on a cooking sheet on top of the kitchen counter. At 4:13pm, Staff A moved the tater tots into a turned-off oven and closed the kitchen door. At 4:50 pm, Staff A returned to the kitchen to cook the tater tots. During the period from 3:45pm to 4:50pm, Staff A never covered the tater tots.</p> <p>Interview on 4/28/26 with the Director revealed that Staff A should not have prepared the tater tots so early.</p>	W0454		

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W0455	<p>INFECTION CONTROL</p> <p>CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interview the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 2 of 7 audit clients (#1 and #9). The finding is:</p> <p>Observation on 4/27/26 at 5:00pm in House II revealed, client #9 on 4/27-28/26. On 4/27/26 at dinner at 5:00pm client #9 attempted to scoop a spoon of tater tots out of the serving bowl holding the extra tater tots onto the spoon with her bare hand allowing the tater tots she touched to fall back into the serving dish.</p> <p>Observation on 4/28/26 at 7:15am revealed, client #1 picked up an english muffin with her hand when redirect by staff to use the utensils, utensils. Client #1 picked up the utensils and then picked up a different muffin, allowing another client to eat the muffin she had already touched with her hand.</p> <p>Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) confirmed clients should not touch the food that remains in the serving dishes for the other clients to consume.</p>	W0455		
W0460	<p>FOOD AND NUTRITION SERVICES</p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure that 4 of 7 audit clients (#4, #5, #7, and #8) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in House I on 4/27/26 at approximately 5:30pm, client #4 was observed eating dinner. Client #4 received a whole turkey burger on bun, tater tots and fruit.</p>	W0460		

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W0460	<p>Continued from page 5</p> <p>Further observations in House I on 4/28/26 at approximately 8:05am, client #4 is observed eating breakfast. Client #4 received, 4 ounces of prune juice, yogurt and an english muffin that was cut into quarters.</p> <p>Review on 4/28/26 of client #4's nutritional evaluation dated 2/14/26 revealed client #4's diet is Heart Healthy 1800 calorie, cut diet (sandwiches and pizza sliced into quarters, double portions, 4 ounces of prune juice with breakfast and encourage one glass of water before meals and snacks.</p> <p>Review on 4/28/26 of client #4's physician orders dated 3/1/26 revealed an order for Heart Healthy 1800 calorie, single portions.</p> <p>Review on 4/28/26 of the diet list displayed in the kitchen revealed client #4's diet as Heart Healthy 1800 calorie, no concentrated sweets (NCS), sandwich/bread/pizza cut into quarters.</p> <p>Interview on 4/28/26 with the qualified intellectual disabilities professional (QIDP) revealed that after any update to nutritional evaluations, diets should be changed on physician's orders, and the physician orders is what the facility uses to determine a client's diet. The QIDP confirmed that physician orders had not been updated to meet the most current recommendations and staff are trained are trained by the list located in the kitchen. The QIDP confirmed client #4 should not have received a whole turkey burger and should have been given double portions as well as been offered a glass of water prior to beginning each meal.</p> <p>B. During observations in House I on 4/27/26 at approximately 5:30pm, client #5 was observed eating dinner. Client #5 received a turkey burger on bun, tater tots and fruit.</p> <p>Review on 4/28/26 of client #5's nutritional evaluation dated 7/1/25 revealed client #5's diet is Heart Healthy 1800 calorie, no concentrated sweets (NCS).</p> <p>Review on 4/28/26 of client #5's physician orders dated 3/1/26 revealed an order for Heart Healthy, NCS, 1800 calorie, cut meats.</p> <p>Review on 4/28/26 of the diet list displayed in the kitchen revealed client #5's diet as Heart Healthy, NCS, 1800 calorie, cut meats.</p> <p>Interview on 4/28/26 with the QIDP revealed client</p>	W0460		

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<p>W0460</p>	<p>Continued from page 6 #5 should have cut meats and should not have received a turkey burger whole.</p> <p>C. Observations in House I on 4/27/26 during dinner at 5:30 pm, client #8 was served whole turkey burgers with a bun and tater tots. Further observations in the morning on 4/28/26 at 8:18am, client #8 was served an english muffin and oatmeal. Neither the bun nor the english muffin was whole wheat.</p> <p>Record review on 4/28/26 of client's #8 physician orders dated 3/2/26 revealed prescribed diet as no bread, whole wheat bread preferred.</p> <p>Interview on 4/28/26 with the Director revealed that client #8 should have received whole wheat bread.</p> <p>D. Observations in the home on 4/27/26 during dinner at 5:15pm client #7 was served a whole turkey burger with a bun, lettuce and tomato, and tater tots. Staff E cut the turkey burger with bun into 4 pieces.</p> <p>Record review on 4/28/26 of client #7's nutritional evaluation dated 10/29/25 revealed prescribed diet as chopped 1800 calorie. Additional record review revealed no diet listed on her physician orders dated 3/1/26.</p> <p>Interview on 4/28/26 with the habilitation specialist confirmed client #7 should have received a chopped diet.</p> <p>Interview on 4/28/26 with the QIDP confirmed client #7 should have received a chopped diet.</p>	<p>W0460</p>		