

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

PRINTED: 09/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2018
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NAME OF PROVIDER OR SUPPLIER WAKULLA I & II	STREET ADDRESS, CITY, STATE, ZIP CODE 5792 & 5812 NC HWY 71 NORTH MAXTON, NC 28364
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(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
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W 249	<p>PROGRAM IMPLEMENTATION 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: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the areas of eyeglasses and dentures. This affected 1 of 4 audit clients (#3). The findings are:</p> <p>1. Client #3 was not prompted to wear her eyeglasses.</p> <p>During evening observations in the home on 9/10/18 from 4:30pm until 6:45pm, client #3 was not prompted to wear her eyeglasses. Further observations revealed two pair of eyeglasses were sitting on top on the dresser in client #3's bedroom. During observations client #3 was observed sitting in the living room coloring in her coloring book. Further observations revealed client #3 was given a verbal and gesture prompts to turn on oven in preparations for dinner.</p> <p>During an interview on 9/11/18, staff revealed client #3 should wear her eyeglasses "at all</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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W 249	<p>Continued From page 1</p> <p>times." Further interview revealed staff are to verbally prompt client #3 to wear her eyeglasses.</p> <p>Review on 9/10/18 of client #3's IPP dated 6/5/18 stated, "...Staff will continue to remind [Client #3] of the importance of wearing her eyeglasses... [Client #3] has corrective lenses but will usually refuse to wear them."</p> <p>Review on 9/11/18 of client #3's visual examination dated 8/23/18 indicated, "Ocular history: GLASSES."</p> <p>During an interview on 9/11/18, the qualified intellectual disabilities professional (QIDP) confirmed client #3 should be prompted to wear her eyeglasses.</p> <p>2. Client #3 was not prompted to wear her dentures.</p> <p>During evening observations in the home on 9/10/18 from 4:30pm until 6:45pm, client #3 was not prompted to wear her dentures. Additional observations revealed client #3 was missing her four front upper teeth and several lower molars. Further observations revealed while client #3 was eating her dinner staff verbally prompting her to slow down her rate of eating four times.</p> <p>During an interview on 9/11/18, staff revealed client #3 needs to be prompted to wear her dentures; even though she will refuse.</p> <p>Review on 9/10/18 of client #3's IPP dated 6/15/18 revealed, "[Client #3] will also refuse to wear her dentures...[Client #3] has been trained on proper wear of her dentures...[Client #3] has been properly fitted for her dentures...."</p>	W 249			

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W 249	Continued From page 2	W 249			
W 382	<p>During an interview on 9/11/18, the QIDP confirmed client #3 should be prompted to wear her dentures.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised by the medication technician.</p> <p>During morning medication administration observations in the home on 9/11/18 at 8:18am, the medication technician exited a clients' bedroom to return the pill bubble packs to the medication room. Further observations revealed the clients' bottles of Miralax and Lactulose were left out on the portable table in the clients bedroom; the surveyor and the client remained in the bedroom.</p> <p>During an immediate interview, the medication technician confirmed the medications should not have been left unattended. The medication technician indicated she had training to ensure that all medications are to be kept locked up, except when being administered.</p> <p>During an interview on 9/11/18, the facility nurse</p>	W 382			

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W 382	Continued From page 3 confirmed all medications should be secured all times when not being administered.	W 382			