

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

PRINTED: 11/13/2019
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 11/05/2019
NAME OF PROVIDER OR SUPPLIER WAKULLA I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 5792 & 5812 NC HWY 71 NORTH MAXTON, NC 28364	
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all staff were sufficiently trained to perform their duties effectively. The finding is:</p> <p>The medication technician (MT) was not adequately trained to perform their duties.</p> <p>During observations in Wakulla II on 11/5/19 at 6:48am, the MT opened the medication closet and retrieved three small pill cups containing pills. Immediate interview with the MT revealed the pill cups contained medications for three clients in the home who would be receiving their medications during the med pass this morning. During additional observations in the home from 6:50am - 7:10am, three clients were administered the pills from the three pill cups.</p> <p>Additional interview on 11/5/19 with the MT revealed they normally prepare client's medications prior to the med pass.</p> <p>Review of the facility's Medication Pass Observation Report form (last revised 5/1/09) revealed medications are "prepared one person at a time". Additional review of the form did not indicate medications should be dispensed prior to the medication pass.</p>	W 189	<p>W 189 Nursing will redo a Medication Review with All staff to include preparation of medications to be prepared one person at a time. Nursing will complete A Medication Observation Weekly Until situation has Resolved.</p> <p><i>DHSR - Mental Health</i> <i>NOV 25 2019</i> <i>Lic. & Cert. Section</i></p>	<i>1-4-20</i>

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

John B. ...

TITLE

Administrator 11/20/19

(X6) DATE

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 189	Continued From page 1 Interview on 11/5/19 with the Director of Nursing (DON) confirmed medications technician's are trained to retrieve medications once the clients are in the area for their participation. Additional interview indicated the pills should not have been dispensed prior to the beginning of the med pass.	W 189		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each client's Individual Program Plan (IPP) included information to support their independence. This affected 2 of 6 audit clients (#4, #10). The findings are: 1. Client #10's IPP did not include information to support his independence with preparing his food consistency. During dinner and breakfast preparation in Wakulla II on 11/4 - 11/5/19 other clients used a small food chopper to puree client #10's food while he sat in his bedroom watching television or sat at the dining room table unengaged. Interview on 11/5/19 with Staff F revealed client #10 could likely assist with preparing his food consistency using the chopper but "he's in a wheelchair." Review on 11/5/19 of client #10's IPP dated	W 240	W 240 The Dietician will inservice Staff on Client participation With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. QP will include in Client #10 PCP the ability to assist with Preparing his food consistency. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.	1-4-20

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W 240	<p>Interview on 11/5/19 with the Director of Nursing (DON) confirmed medications technician's are trained to retrieve medications once the clients are in the area for their participation. Additional interview indicated the pills should not have been dispensed prior to the beginning of the med pass.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each client's Individual Program Plan (IPP) included information to support their independence. This affected 2 of 6 audit clients (#4, #10). The findings are:</p> <p>1. Client #10's IPP did not include information to support his independence with preparing his food consistency.</p> <p>During dinner and breakfast preparation in Wakulla II on 11/4 - 11/5/19 other clients used a small food chopper to puree client #10's food while he sat in his bedroom watching television or sat at the dining room table unengaged.</p> <p>Interview on 11/5/19 with Staff F revealed client #10 could likely assist with preparing his food consistency using the chopper but "he's in a wheelchair."</p> <p>Review on 11/5/19 of client #10's IPP dated</p>	W 240	<p>W 240 The Dietician will inservice Staff on Client participation With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. QP will include in Client #10 PCP the ability to assist with Preparing his food consistency. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 240	Continued From page 2 2/5/19 revealed, "[Client #10] can help with cooking." The plan noted the client receives a pureed diet. Additional review of the plan did not include information to support client #10 with preparing his food consistency before meals. Interview on 11/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10 can assist with processing his food given hand-over-hand assistance. 2. Client #4's IPP did not include information to support her independence with wiping runny nose. During afternoon and morning observations in Wakulla I on 11/4-11/5/19, client #9 constantly made sniffing sounds from nose, to keep loose nasal mucous from dripping. Staff A, B, C and D closely interacted with her during activities and were not heard prompting client #4 to wipe or blow her nose. At one point, client #4 used the back of her right hand to wipe her nose, while assembling puzzles. Review on 11/5/19 of client #4's November 2019 physician's orders revealed that client #4 was diagnosed with allergic rhinitis. Interview on 11/5/19 with the Qualified Intellectual Development Professional (QIDP) revealed she was unaware that client #4 had a problem with sniffing due to a runny nose.	W 240	2. QP will include in Client#4 PCP that she needs prompting By staff to use facial tissue To wipe / blow her nose when she is sniffing due to a runny nose. QP will inservice all staff to Prompt all the Individuals to Use facial tissue to wipe/blow Their nose if they are sniffing Due to a runny nose. Monitoring will occur by LPN, QP and Home Manager through Direct observation for a three Month period. 1/4/2020	1-4-20
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan,	W 249		

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W 249	<p>Continued From page 3</p> <p>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 observations, record reviews and interviews, the facility failed to ensure 4 of 6 audit clients (#1, #4, #7, #10) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, family style dining, adaptive equipment use, participation with medication administration, and domestic skills. The findings are:</p> <p>1. Client #7 was not involved with cooking tasks.</p> <p>During meal preparation observations in Wakulla II throughout the survey on 11/4 - 11/5/19, staff prepared food and drink items (pork loin, cabbage, tater tots, sausage, cereal, Kool-aid, milk, and water) by including placing food into pots or on pans, putting cereal in a serving dish, stirring food, making a pitcher of Kool-aid and filling pitchers with milk and water. With the exception of one client opening being assisted to open four cans on 11/4/19, no clients were observed to be prompted or assisted to participate with cooking tasks.</p> <p>Interview on 11/4/19 with Staff F revealed clients are not allowed to get close to the stove because some "are in wheelchairs". Additional interview</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>indicated client #7 can stir items. Additional interview on 11/5/19 with Staff K indicated, "[Client #7] can do everything."</p> <p>Review on 11/5/19 of client #7's IPP dated 2/21/19 revealed, "[Client #7]...enjoys learning how to cook." Additional review of the client's Adaptive Behavior Inventory (ABI) (no date) indicated given partial assistance she can prepare beverages requiring mixing, prepare foods in the microwave/oven, prepare vegetables, meat dishes, combination dishes and prepare a breakfast, lunch or dinner meal. Further review of the ABI revealed the client can bake muffins/cookies/bread independently.</p> <p>Additional review on 11/5/19 of a Mealtime Activities list from the home indicated a list of tasks clients can participate in before meals. The list included operating the microwave, stirring with hand-over-hand assistance, pouring contents of a can or package into a pot or bowl, placing bread on pans, opening cans or containers and obtaining items from the refrigerator, cabinets or drawers.</p> <p>Interview on 11/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) indicated all clients in the home are "able to participate" with meal preparation tasks. The QIDP confirmed client #7 can assist with various cooking tasks including preparing food items, pouring, stirring, and making Kool-aid.</p> <p>2. Clients (#7, #10) were not prompted or assisted to participate with the administration of their medications.</p> <p>a. During observations of medication</p>	W 249	<p>W 249</p> <p>1. The Dietician will inservice Staff on all Client participation To include Client # 7. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p> <p>2a. / b. Nursing will inservice all staff On Medication Administration to include proper techniques when giving out medications that include allowing the Individuals to be as independent as possible. QP will update Client #7 PCP to include partial assistance with self-administration of medications. Nursing will complete A Medication Observation Weekly Until situation has Resolved.</p>	1-4-20	

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W 249	<p>Continued From page 5</p> <p>administration in Wakulla II on 11/5/19 at 6:50am, the medication technician (MT) retrieved pre-poured pills from the medication closet and presented them to client #10. The client was then given a pre-poured cup of water. After client #10 ingested his medications independently, the MT disposed of the trash.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 revealed, "[Client #10] needs assistance with punching out his medications and pouring cup of water." Additional review of the client's Self-Administration of Medication assessment dated 1/1/19 indicated he can independently come to the medication area when asked, place pills in his mouth, drink water from a cup, pour from a pitcher, dispose of trash and punch pills from the pill card. The assessment also indicated the client "can read some words."</p> <p>b. During observations of medication administration in Wakulla II on 11/5/19 at 7:10am, the MT retrieved pre-poured pill from the medication closet and presented it to client #7. The client was then given a pre-poured cup of water. After client #7 ingested her medication independently, she threw away her trash.</p> <p>Review on 11/5/19 of client #7's IPP dated 2/21/19 revealed, "[Client #7] can participate in medication administration by punching out her meds, pouring her water and throwing her trash." Additional review of the client's Self-Administration of Medication assessment indicated she requires partial assistance to pour her water, place pills in her mouth, punch pills from her pill card, state the name, purpose, amount, side effects and time to take medications.</p>	W 249		

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W 249	<p>Continued From page 5</p> <p>administration in Wakulla II on 11/5/19 at 6:50am, the medication technician (MT) retrieved pre-poured pills from the medication closet and presented them to client #10. The client was then given a pre-poured cup of water. After client #10 ingested his medications independently, the MT disposed of the trash.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 revealed, "[Client #10] needs assistance with punching out his medications and pouring cup of water." Additional review of the client's Self-Administration of Medication assessment dated 1/1/19 indicated he can independently come to the medication area when asked, place pills in his mouth, drink water from a cup, pour from a pitcher, dispose of trash and punch pills from the pill card. The assessment also indicated the client "can read some words."</p> <p>b. During observations of medication administration in Wakulla II on 11/5/19 at 7:10am, the MT retrieved pre-poured pill from the medication closet and presented it to client #7. The client was then given a pre-poured cup of water. After client #7 ingested her medication independently, she threw away her trash.</p> <p>Review on 11/5/19 of client #7's IPP dated 2/21/19 revealed, "[Client #7] can participate in medication administration by punching out her meds, pouring her water and throwing her trash." Additional review of the client's Self-Administration of Medication assessment indicated she requires partial assistance to pour her water, place pills in her mouth, punch pills from her pill card, state the name, purpose, amount, side effects and time to take medications.</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>Interview on 11/5/19 with the MT revealed what was observed is how clients normally participate during the med pass.</p> <p>Additional review of the facility's Medication Pass Observation Report (last revised 5/1/09) revealed the MT should encourage participation of clients and tell the person the name and purpose of the medication.</p> <p>Interview on 11/5/19 with the facility's Director of Nursing (DON) and the QIDP confirmed clients should be assisted to participate with the administration of their medications.</p> <p>3. Client #10 was not prompted or assisted to participate in family style dining tasks at dinner.</p> <p>During dinner observations in Wakulla II on 11/4/19 at 6:10pm, Staff F prepared client #10's plate of food in the kitchen and presented it to him at the table. Client #10 was not encouraged or assisted to serve himself at the dinner meal.</p> <p>Interview on 11/4/19 with Staff F revealed they always prepare plates for clients on pureed diets. The staff indicated this was the way they were trained.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 revealed, "Staff should also allow [Client #10] to be as independent as possible and assist [Client 10] with difficult tasks that [Client #10] need assistance with." Additional review of client #10's ABI (last updated 9/19) revealed the client can independently serve himself from a bowl/platter and pass a bowl/platter.</p>	W 249	<p>3.</p> <p>The Dietician will inservice Staff on all Client participation To include Client # 7. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-420	

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W 249	<p>Continued From page 6</p> <p>Interview on 11/5/19 with the MT revealed what was observed is how clients normally participate during the med pass.</p> <p>Additional review of the facility's Medication Pass Observation Report (last revised 5/1/09) revealed the MT should encourage participation of clients and tell the person the name and purpose of the medication.</p> <p>Interview on 11/5/19 with the facility's Director of Nursing (DON) and the QIDP confirmed clients should be assisted to participate with the administration of their medications.</p> <p>3. Client #10 was not prompted or assisted to participate in family style dining tasks at dinner.</p> <p>During dinner observations in Wakulla II on 11/4/19 at 6:10pm, Staff F prepared client #10's plate of food in the kitchen and presented it to him at the table. Client #10 was not encouraged or assisted to serve himself at the dinner meal.</p> <p>Interview on 11/4/19 with Staff F revealed they always prepare plates for clients on pureed diets. The staff indicated this was the way they were trained.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 revealed, "Staff should also allow [Client #10] to be as independent as possible and assist [Client 10] with difficult tasks that [Client #10] need assistance with." Additional review of client #10's ABI (last updated 9/19) revealed the client can independently serve himself from a bowl/platter and pass a bowl/platter.</p>	W 249	<p>3.</p> <p>The Dietician will inservice Staff on all Client participation To include Client # 7. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-420	

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W 249	<p>Continued From page 7</p> <p>Interview on 11/5/19 with the QIDP confirmed client #10 can participate with serving himself given assistance. The QIDP acknowledged clients on a pureed diet can also participate in family style dining tasks.</p> <p>4. Clients (#1, #10) were not prompted or assisted to clear their dishes after meals.</p> <p>During mealtime observations in Wakulla II throughout the survey on 11/4 - 11/5/19, client #1 and client #10 were not encouraged to clear their own dishes after dinner and breakfast.</p> <p>Interview on 11/5/19 with Staff F revealed client #1 and client #10 can assist with clearing their dishes after meals.</p> <p>Review on 11/5/19 of client #1's ABI (last updated 4/19) revealed she can independently remove dishes and utensils from the table.</p> <p>Review on 11/5/19 of client #10's ABI (last updated 9/19) indicated he can independently remove dishes and utensils from the table.</p> <p>Additional review of a Mealtime Activities list for the home revealed a list of activities clients should be encouraged to perform after meals. The list included, "removing their place setting from the table and carrying it into the kitchen, use a dishpan if they have trouble carrying."</p> <p>Interview on 11/5/19 with the QIDP confirmed clients (#1, #10) can clear their dishes from the table after meals with the use of a bin which should be located in the kitchen.</p> <p>5. Client #10's adaptive mat was not utilized at</p>	W 249	<p>4.</p> <p>The Dietician will inservice Staff on all Client participation To include Client #1, #10. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 249	<p>Continued From page 7</p> <p>Interview on 11/5/19 with the QIDP confirmed client #10 can participate with serving himself given assistance. The QIDP acknowledged clients on a pureed diet can also participate in family style dining tasks.</p> <p>4. Clients (#1, #10) were not prompted or assisted to clear their dishes after meals.</p> <p>During mealtime observations in Wakulla II throughout the survey on 11/4 - 11/5/19, client #1 and client #10 were not encouraged to clear their own dishes after dinner and breakfast.</p> <p>Interview on 11/5/19 with Staff F revealed client #1 and client #10 can assist with clearing their dishes after meals.</p> <p>Review on 11/5/19 of client #1's ABI (last updated 4/19) revealed she can independently remove dishes and utensils from the table.</p> <p>Review on 11/5/19 of client #10's ABI (last updated 9/19) indicated he can independently remove dishes and utensils from the table.</p> <p>Additional review of a Mealtime Activities list for the home revealed a list of activities clients should be encouraged to perform after meals. The list included, "removing their place setting from the table and carrying it into the kitchen, use a dishpan if they have trouble carrying."</p> <p>Interview on 11/5/19 with the QIDP confirmed clients (#1, #10) can clear their dishes from the table after meals with the use of a bin which should be located in the kitchen.</p> <p>5. Client #10's adaptive mat was not utilized at</p>	W 249	<p>4.</p> <p>The Dietician will inservice Staff on all Client participation To include Client #1, #10. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 249	<p>Continued From page 8 breakfast and lunch.</p> <p>During breakfast observations in Wakulla II on 11/4/19 at 7:45am and at the day program for lunch on 11/5/19 at 11:00am, client #10 did not utilize a non-skid mat at the meal.</p> <p>Interview on 11/5/19 with Staff M revealed the non-skid mat may not have been used at breakfast due to being dirty from the night before. Additional interview indicated they could not be sure if client #10 uses a non-skid mat at the day program.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 and his current physician's orders dated 11/1/19 - 2/1/20 indicated the client should use a dycem mat or non-skid mat at meals.</p> <p>Interview on 11/5/19 with the QIDP confirmed client #10 should use a non-skid mat under his plate at meals.</p> <p>6. Client #7 was provided with unnecessary adaptive dining equipment at meals.</p> <p>During dinner and breakfast observations in Wakulla II on 11/4 - 11/5/19 at 6:10pm and 7:45am, respectively, client #7 consumed her food with a non-skid mat positioned underneath her plate. Additional observations at the breakfast meal on 11/5/19 revealed the client also used a deep dish sectioned plate while consuming her meal.</p> <p>Interview on 11/5/19 with Staff M revealed client #7 normally uses a non-skid mat at meals. Additional interview indicated she uses a regular plate.</p>	W 249	<p>5. Nursing will review and Inservice staff on all Adaptive equipment to Include non-skid mat During mealtimes to include Client #10. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 249	<p>Continued From page 8 breakfast and lunch.</p> <p>During breakfast observations in Wakulla II on 11/4/19 at 7:45am and at the day program for lunch on 11/5/19 at 11:00am, client #10 did not utilize a non-skid mat at the meal.</p> <p>Interview on 11/5/19 with Staff M revealed the non-skid mat may not have been used at breakfast due to being dirty from the night before. Additional interview indicated they could not be sure if client #10 uses a non-skid mat at the day program.</p> <p>Review on 11/5/19 of client #10's IPP dated 2/5/19 and his current physician's orders dated 11/1/19 - 2/1/20 indicated the client should use a dycem mat or non-skid mat at meals.</p> <p>Interview on 11/5/19 with the QIDP confirmed client #10 should use a non-skid mat under his plate at meals.</p> <p>6. Client #7 was provided with unnecessary adaptive dining equipment at meals.</p> <p>During dinner and breakfast observations in Wakulla II on 11/4 - 11/5/19 at 6:10pm and 7:45am, respectively, client #7 consumed her food with a non-skid mat positioned underneath her plate. Additional observations at the breakfast meal on 11/5/19 revealed the client also used a deep dish sectioned plate while consuming her meal.</p> <p>Interview on 11/5/19 with Staff M revealed client #7 normally uses a non-skid mat at meals. Additional interview indicated she uses a regular plate.</p>	W 249	<p>5. Nursing will review and Inservice staff on all Adaptive equipment to Include non-skid mat During mealtimes to include Client #10. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 249	<p>Continued From page 9</p> <p>Review on 11/5/19 of client #7's IPP dated 2/21/19 did not identify the use of or need for any adaptive dining equipment at meals.</p> <p>Interview on 11/5/19 with the QIDP confirmed client #7 does not use any adaptive dining equipment at meals.</p> <p>7. Client #4 was not encouraged to utilize all of her meal preparation and table setting skills at two meals.</p> <p>During meal preparation observations in Wakulla I throughout the survey on 11/4 - 11/5/19, Staff A prepared food and drink items (pork loin, cabbage, tater tots, rolls, margarine, sausage, cereal, toast, grape juice, ice tea, milk, and water), including placing food in pots and pans, stirring food, transferring hot foods into serving bowls, slicing the pork loin, putting cereal in serving dishes, making pitchers of juice and tea, and filling pitchers with milk and water. With the exception on 11/4/19 of client #4 opening five cans of cabbage, following directions to turn off the stove and getting physical assistance from Staff A to place plastic wrap over bowls of food. At each meal, client #4 was given napkins to place on the table, was brought plates by Staff A to set at each place setting and was asked to take over wiping off the table after Staff A started the task. Staff B brought glasses to the table and set them, without any client participating. In most instances, client #4 would either stand or sit in the kitchen and watch Staff A do the majority of the meal preparation for both meals.</p> <p>Review on 11/5/19 of client #4's IPP dated 12/18/18 revealed that client #4 volunteered at</p>	W 249	<p>6. Nursing will review and inservice staff on all Adaptive equipment to Include non-skid mat During mealtimes. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p> <p>7. The Dietician will inservice Staff on all Client participation To include Client #1, #10, #4. With meal preparation, clean Up, family style dining and Affording and encouraging Client participation. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	<p>1-4-20</p> <p>1-4-20</p>

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W 249	Continued From page 10 Meals on Wheels and meal prepped with assistance. Client #4 could make beverages and set the table. Additional review of the client's ABI dated 11/13/18 indicated that client #4 had total independence, recognize foods and could prepare a sandwich, salad, frozen foods, fresh vegetables and meats in microwave and oven. Further review of the ABI revealed the client can bake muffins/cookies/bread independently. Additional review on 11/5/19 of a Mealtime Activities list from the home indicated a list of tasks clients can participate in before meals. The list included operating the microwave, stirring with hand-over-hand assistance, pouring contents of a can or package into a pot or bowl, placing bread on pans, opening cans or containers and obtaining items from the refrigerator, cabinets or drawers. Interview on 11/4/19 with Staff A revealed that client # 4 liked to assist with meal preparation and was usually staff's helper. Interview on 11/5/19 with the QIDP indicated all clients in the home have been trained and were able to participate in the cooking process.	W 249		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	W 342	W 342 Nursing will inservice staff On how to report changes in All Individuals medical Conditions. Monitoring will occur bi-weekly Through direct observation By Nursing, QP and Home Manager.	1-4-20

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W 249	Continued From page 10 Meals on Wheels and meal prepped with assistance. Client #4 could make beverages and set the table. Additional review of the client's ABI dated 11/13/18 indicated that client #4 had total independence, recognize foods and could prepare a sandwich, salad, frozen foods, fresh vegetables and meats in microwave and oven. Further review of the ABI revealed the client can bake muffins/cookies/bread independently. Additional review on 11/5/19 of a Mealtime Activities list from the home indicated a list of tasks clients can participate in before meals. The list included operating the microwave, stirring with hand-over-hand assistance, pouring contents of a can or package into a pot or bowl, placing bread on pans, opening cans or containers and obtaining items from the refrigerator, cabinets or drawers. Interview on 11/4/19 with Staff A revealed that client # 4 liked to assist with meal preparation and was usually staff's helper. Interview on 11/5/19 with the QIDP indicated all clients in the home have been trained and were able to participate in the cooking process.	W 249		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	W 342	W 342 Nursing will inservice staff On how to report changes in All Individuals medical Conditions. Monitoring will occur bi-weekly Through direct observation By Nursing, QP and Home Manager.	1-4-20

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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	
W 342	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to train staff to recognize and report new symptoms of possible health ailments, for further assessment by nurse. This effected 1 of 6 clients (#4). The findings is:</p> <p>Staff failed to report new signs and symptoms of a health condition to the nurse.</p> <p>During afternoon observations in Wakulla I on 11/4/19 from 3:15 pm until 6:30 pm, client #4 had a runny nose and repeatedly sniffed, in an attempt to keep loose clear nasal mucous from dripping. At one point, client #4 had to use the back of her hand, to wipe her nose. Staff A, B and C were working in the home with client #4, and assisted her with meal prep, coloring, puzzles and setting/clearing the table and never inquired why client #4 had a runny nose. The nurse was contacted by phone by Staff B, who did not relay any concerns about client #4 having a runny nose. The nurse arrived at the home near the 6:00 pm meal time. None of the staff present, were observed to report client #4's allergy symptoms to the nurse.</p> <p>Review on 11/5/19 of client #4's November 2019 physician's ordered revealed that client #4 was diagnosed with allergic rhinitis and took Flonase spray and Zyrtec daily for allergies.</p> <p>Interview on 11/5/19 with the nurse revealed that she was unaware that client #4 had a runny nose.</p> <p>Interview on 11/5/19 with the Qualified Intellectual Development Professional (QIDP) revealed that</p>	W 342			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 342	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to train staff to recognize and report new symptoms of possible health ailments, for further assessment by nurse. This effected 1 of 6 clients (#4). The findings is:</p> <p>Staff failed to report new signs and symptoms of a health condition to the nurse.</p> <p>During afternoon observations in Wakulla I on 11/4/19 from 3:15 pm until 6:30 pm, client #4 had a runny nose and repeatedly sniffed, in an attempt to keep loose clear nasal mucous from dripping. At one point, client #4 had to use the back of her hand, to wipe her nose. Staff A, B and C were working in the home with client #4, and assisted her with meal prep, coloring, puzzles and setting/clearing the table and never inquired why client #4 had a runny nose. The nurse was contacted by phone by Staff B, who did not relay any concerns about client #4 having a runny nose. The nurse arrived at the home near the 6:00 pm meal time. None of the staff present, were observed to report client #4's allergy symptoms to the nurse.</p> <p>Review on 11/5/19 of client #4's November 2019 physician's ordered revealed that client #4 was diagnosed with allergic rhinitis and took Flonase spray and Zyrtec daily for allergies.</p> <p>Interview on 11/5/19 with the nurse revealed that she was unaware that client #4 had a runny nose.</p> <p>Interview on 11/5/19 with the Qualified Intellectual Development Professional (QIDP) revealed that</p>	W 342			

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W 342	Continued From page 12 she expected for staff to notify the nurse if they were aware that client #4 had a runny nose.	W 342		
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were administered without error. This effected 1 of 3 clients (#3) observed receiving medications in Wakulla I. The findings is:</p> <p>Client #3's Miralax medication was not administered as ordered.</p> <p>During observations at the Wakulla I home on 11/4/19 between 3:27 pm and 3:43 pm, Staff B was responsible for giving medications to client #3. Client #3 was given her pills first, Lorazepam 1 mg and Quetiapine 50 mg. Client #3 was not observed receiving any other medications at this time.</p> <p>Review on 11/5/19 of client #3's physician's orders dated 11/1/19 - 2/1/20 revealed that she was scheduled to take 17 gm of Miralax in 6-8 oz of water to assist with constipation, every evening at 4 pm. The medication administration record (MAR) for 11/4/19 was reviewed and revealed that Staff B had signed off that all 4 pm medications were given.</p> <p>Interview on 11/5/19 with the Qualified Intellectual</p>	W 369	<p>W 369 Nursing will inservice staff on Medication Administration to Include staff will sign for Medications after medications Are ingested by the individuals</p> <p>Nursing will complete A Medication Observation Weekly Until situation has Resolved.</p>	1-4-20

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W 342	Continued From page 12 she expected for staff to notify the nurse if they were aware that client #4 had a runny nose.	W 342		
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were administered without error. This effected 1 of 3 clients (#3) observed receiving medications in Wakulla I. The findings is:</p> <p>Client #3's Miralax medication was not administered as ordered.</p> <p>During observations at the Wakulla I home on 11/4/19 between 3:27 pm and 3:43 pm, Staff B was responsible for giving medications to client #3. Client #3 was given her pills first, Lorazepam 1 mg and Quetiapine 50 mg. Client #3 was not observed receiving any other medications at this time.</p> <p>Review on 11/5/19 of client #3's physician's orders dated 11/1/19 - 2/1/20 revealed that she was scheduled to take 17 gm of Miralax in 6-8 oz of water to assist with constipation, every evening at 4 pm. The medication administration record (MAR) for 11/4/19 was reviewed and revealed that Staff B had signed off that all 4 pm medications were given.</p> <p>Interview on 11/5/19 with the Qualified Intellectual</p>	W 369	<p>W 369 Nursing will inservice staff on Medication Administration to Include staff will sign for Medications after medications Are ingested by the individuals</p> <p>Nursing will complete A Medication Observation Weekly Until situation has Resolved.</p>	1-4-20

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W 369	Continued From page 13 Disabilities Professional (QIDP) relayed that when giving medications to clients, all medications ordered should be given, before starting a new administration with another client.	W 369		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #1 received his specialized and modified diet as ordered. This affected 1 of 6 audit clients. The finding is: Client #1 did not receive her modified diet as ordered. During dinner observations in Wakulla II on 11/4/19 at 6:10pm, staff assisted client #1 to grind up her pork loin and tater tots in a small chopper. Once finished, the food was a finely chopped/ground consistency. Interview on 11/5/19 with Staff M revealed client #1 receives a chopped food consistency with food cut in "dime size" pieces. The staff indicated her food should be cut with a knife and fork and does not need to be put in a chopper. Review on 11/5/19 of client #1's physician's orders dated 11/1/19 - 2/1/20 revealed she receives a diabetic, low sodium, 1/4 inch food consistency diet.	W 460	W 460 Dietician will review And train staff on All clients current Diets to include Client #1. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.	1420

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W 369	Continued From page 13	W 369		
W 460	<p>Disabilities Professional (QIDP) relayed that when giving medications to clients, all medications ordered should be given, before starting a new administration with another client.</p> <p>FOOD AND NUTRITION SERVICES 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: Based on observation, record review and interview, the facility failed to ensure client #1 received his specialized and modified diet as ordered. This affected 1 of 6 audit clients. The finding is:</p> <p>Client #1 did not receive her modified diet as ordered.</p> <p>During dinner observations in Wakulla II on 11/4/19 at 6:10pm, staff assisted client #1 to grind up her pork loin and tater tots in a small chopper. Once finished, the food was a finely chopped/ground consistency.</p> <p>Interview on 11/5/19 with Staff M revealed client #1 receives a chopped food consistency with food cut in "dime size" pieces. The staff indicated her food should be cut with a knife and fork and does not need to be put in a chopper.</p> <p>Review on 11/5/19 of client #1's physician's orders dated 11/1/19 - 2/1/20 revealed she receives a diabetic, low sodium, 1/4 inch food consistency diet.</p>	W 460	<p>W 460 Dietician will review And train staff on All clients current Diets to include Client #1. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1420

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W 460	Continued From page 14	W 460		
W 482	<p>Interview on 11/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should receive her food in 1/4 inch pieces as indicated on her physician's orders.</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(1)</p> <p>The facility must serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, facility failed to ensure that 1 of 6 audit client (#9) was served a meal outside of the bedroom. The finding is:</p> <p>Staff failed to prompt client #9 to eat outside of bedroom during dinner.</p> <p>During the afternoon observations on 11/4/19 from 3:15 pm to 6:30 pm at Wakulla I, client #9 spent the majority of her time in her bedroom with the door closed, unless outdoors smoking a cigarette. Once Staff A finished preparing dinner, she spooned the meal on a plate, gathered drinks and along with Staff B, the meal was carried to the door of client #9's bedroom while other clients were gathered at the dining room table, waiting for the serving dishes to be placed on the table. Staff A and B announced to client #9 that they had her dinner plate and asked her to step out of her room. Client #9 complied, leaving the room, while staff put the plate and glasses in the room. Client #9 was told to turn on the light, when she</p>	W 482	<p>W 482 Behavior Analyst will Inservice staff on Client #9 current Behavior Support Plan Include her choices of Eating places during Mealtimes. All BSP will Be inserviced by Behavior Analyst. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 460	Continued From page 14	W 460		
W 482	<p>Interview on 11/5/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should receive her food in 1/4 inch pieces as indicated on her physician's orders.</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(1)</p> <p>The facility must serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, facility failed to ensure that 1 of 6 audit client (#9) was served a meal outside of the bedroom. The finding is:</p> <p>Staff failed to prompt client #9 to eat outside of bedroom during dinner.</p> <p>During the afternoon observations on 11/4/19 from 3:15 pm to 6:30 pm at Wakulla I, client #9 spent the majority of her time in her bedroom with the door closed, unless outdoors smoking a cigarette. Once Staff A finished preparing dinner, she spooned the meal on a plate, gathered drinks and along with Staff B, the meal was carried to the door of client #9's bedroom while other clients were gathered at the dining room table, waiting for the serving dishes to be placed on the table. Staff A and B announced to client #9 that they had her dinner plate and asked her to step out of her room. Client #9 complied, leaving the room, while staff put the plate and glasses in the room. Client #9 was told to turn on the light, when she</p>	W 482	<p>W 482 Behavior Analyst will Inservice staff on Client #9 current Behavior Support Plan Include her choices of Eating places during Mealtimes. All BSP will Be inserviced by Behavior Analyst. Weekly mealtime assessments will be conducted by a clinical team member until situation has resolved.</p>	1-4-20

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W 482	<p>Continued From page 15</p> <p>came back in the room, after staff left. Client #9 pulled a chair directly in front of the television in her room and was seen eating her meal. Minutes into the meal, at 5:58 pm, repeated coughing could be heard from client #9's bedroom. Staff A left the dining room table to go check on client #9, telling her to slow down eating.</p> <p>The following morning, 11/5/19 at 7:30 am, client #9 was directed by Staff C to fix her plate early and went to the enclosed porch to eat, where she could still be monitored by staff, through the opened mini blinds. Staff C checked on client #9 toward the end of her meal.</p> <p>Review on 11/5/19 of client #9's Individual Program Plan (IPP) dated 3/12/19, revealed that she needed to be allowed to have her own personal space and preferred to eat her meals outside on the porch or in the classroom. She needed to be monitored to ensure that she ate the proper foods in the allotted amounts. An additional review of client #9's Behavior Support Plan (BSP) dated 7/24/19 had prevention techniques to respond to client #9's desire to not eat at the same table as others. At the group home, client #9 would be allowed to eat on patio and also allowed to eat at different times than her peers if elected to do so.</p> <p>Interview with Staff A on 11/4/19 revealed that client #9 had "bad" anxiety and didn't want to eat in front of others. Staff give her a choice where she wants to eat and allows her to choose the porch, in her room or before or after the others eat.</p> <p>Interview with the Qualified Intellectual Development Professional (QIDP) on 11/5/19</p>	W 482		

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W 482	<p>Continued From page 15</p> <p>came back in the room, after staff left. Client #9 pulled a chair directly in front of the television in her room and was seen eating her meal. Minutes into the meal, at 5:58 pm, repeated coughing could be heard from client #9's bedroom. Staff A left the dining room table to go check on client #9, telling her to slow down eating.</p> <p>The following morning, 11/5/19 at 7:30 am, client #9 was directed by Staff C to fix her plate early and went to the enclosed porch to eat, where she could still be monitored by staff, through the opened mini blinds. Staff C checked on client #9 toward the end of her meal.</p> <p>Review on 11/5/19 of client #9's Individual Program Plan (IPP) dated 3/12/19, revealed that she needed to be allowed to have her own personal space and preferred to eat her meals outside on the porch or in the classroom. She needed to be monitored to ensure that she ate the proper foods in the allotted amounts. An additional review of client #9's Behavior Support Plan (BSP) dated 7/24/19 had prevention techniques to respond to client #9's desire to not eat at the same table as others. At the group home, client #9 would be allowed to eat on patio and also allowed to eat at different times than her peers if elected to do so.</p> <p>Interview with Staff A on 11/4/19 revealed that client #9 had "bad" anxiety and didn't want to eat in front of others. Staff give her a choice where she wants to eat and allows her to choose the porch, in her room or before or after the others eat.</p> <p>Interview with the Qualified Intellectual Development Professional (QIDP) on 11/5/19</p>	W 482			

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W 482	Continued From page 16 revealed that she had never seen client #9 eat a meal in her bedroom and that no staff had been trained to allow clients to eat in their bedrooms. QIDP stated that client #9 needed to be monitored when she ate. In order to allow client #9 the privacy she desired, she had been permitted to eat on the patio, classroom or eat her meal before or after the other clients.	W 482			

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November 22, 2019

Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

NOV 25 2019

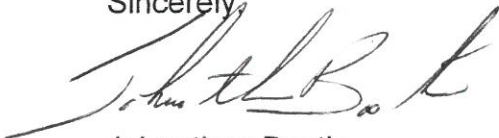
Lic. & Cert. Section

Re: Wakulla I & II 5792 & 5812 NC HWY 71 N, Maxton, NC 28364

Mrs. Williams:

Enclosed is a copy of the Plan of Correction of the survey that was conducted at the Wakulla I & II 5792 & 5812 NC HWY 71 N, Maxton, NC 28364
If there are any questions, please feel free to call Johnathan Bostic or Deloris Monroe, QP at (910) 844-9664.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Bostic". The signature is fluid and cursive, with the first name "Johnathan" written in a smaller, more legible script than the last name "Bostic".

Johnathan Bostic,
Administrator