

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

PRINTED: 01/29/2020
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 R 01/17/2020
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 000	INITIAL COMMENTS	W 000			
{W 249}	<p>A revisit was conducted on 1/17/20 for all previous deficiencies cited on 11/14/19. Some deficiencies have been corrected, however W 249 and W 342 remain out of compliance. There was no new noncompliance was found.</p> <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 observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of management of allergies symptoms. The findings are:</p> <p>Client #4 did not employ sanitary measures to wipe her nose.</p> <p>During observations on 1/17/20 in the home from 6:50 am until 8:30 am, client #4 had a runny nose and would repeatedly use her hands or her shirt, to wipe her nose, without any verbal prompts from staff to get a tissue. Client #4 continued to</p>	{W 249}			

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

TITLE

(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 249}	Continued From page 1 inappropriately wipe her nose, while engaged in meal preparation and table setting for breakfast. Staff G would prompt client #4 to sanitize her hands, but did not offer a tissue to wipe nose. During observations on 1/17/20 at 8:40 am of client #4 receiving her medications, she continued to have sniffles and a runny eye. Staff C was administering the medication and used a tissue to wipe client #4's eye and laid the extra tissues on the table. Client #4 without prompting, picked up the extra tissues and blew her nose. Review on 1/5/20 of client #4's January 2020 physician's ordered revealed that client #4 was diagnosed with allergic rhinitis and took Flonase spray and Cetirizine for allergies. An additional review on 1/17/20 of client #4's individual program plan (IPP) 11/4/19 revealed a new goal for prompting by staff to use facial tissues to wipe/blow nose due to allergies, sniffing and runny nose. During an interview with the qualified intellectual disabilities profession on 1/17/20 she commented that staff were trained on 12/10/19 on how to assist client #4 with wiping her nose.	{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	{W 342}			

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{W 342}	<p>Continued From page 2 meet the health needs of the clients.</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 morning observations in Wakulla I on 1/17/20 from 6:50 am until 9:00 am, client #4 had noticeable drainage from her right eye, with minor gound in corner of eye.</p> <p>Review on 1/17/20 of client #4's medical chart, revealed no new physician orders to treat eye drainage.</p> <p>Interview on 1/17/20 with Staff F revealed that she was unaware of the drainage from client #4's right eye. Staff E suggested the drainage might be from allergies after looking at the eye.</p> <p>Interview on 1/17/20 with Staff C revealed that she had not noticed any drainage from client #4's right eye. She commented that client #4 might have a cold, causing the drainage.</p> <p>Interview on 1/17/20 with the nurse revealed that she was unaware that client #4 had a drainage from her right eye. The nurse further stated that she accompanied client #4 to the emergency department last night for a heart condition, and she did not see any drainage.</p>	{W 342}			

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{W 342}	Continued From page 3 Interview on 1/17/20 with the Qualified Intellectual Development Professional (QIDP) revealed that staff had been trained on 12/10/19 on how to report changes in medical conditions and contacting the nurse.	{W 342}		