Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-115	B. WING		02/1	7/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
WADDELL 1323 REYNOLDA ROAD WINSTON SALEM, NC 27104							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
V 114	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An Annual Survey was completed on February 17, 2022. A deficiency was cited.  This facility is licensed for the following service category:  - 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities  The survey sample consisted of audits of 3 current clients, 0 former clients, and 0 deceased clients.  27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.  (d) Each facility shall have basic first aid supplies accessible for use.		V 114				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				) DATE SURVEY COMPLETED	
		MHL034-115	B. WING		02/17/2022		
				STATE, ZIP CODE	•		
WADDEI	WADDELL 1323 REYNOLDA ROAD						
			SALEM, NO				
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	ON SHOULD BE COMPLETE DATE		
V 114	Continued From page 1		V 114				
	staff failed to ensur	and record review, the facility e emergency drills that rgencies, were held at least					
	Review on 2-16-22 of the Emergency Drill logs revealed:  In the first quarter there was no:  3rd shift disaster drill  In the second quarter there was no:  2nd shift fire drill  3rd shift disaster drill  3rd shift disaster drill  In the third quarter there was no:  3rd shift fire drill  2nd shift disaster drill  In the third quarter there was no:  3rd shift disaster drill  3rd shift disaster drill  In the fourth quarter there was no:  2nd shift fire drill  3rd shift fire drill  3rd shift fire drill  3rd shift disaster drill						
		2 with client #1 revealed: a why we ' ve been doing :he past"					
	- fewer drills ha	2 with client #2 revealed: d been held in the facility se of covid or something"					
	- there have be	2 with staff #1 revealed: en fewer drills he reason is due to staffing					

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY MPLETED	
		MHL034-115	B. WING		02/1	17/2022	
NAME OF PROVIDER OR SUPPLIER  WADDELL  STREET ADDRESS, CITY, STATE, ZIP CODE  1323 REYNOLDA ROAD  WINSTON SALEM, NC 27104							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 114	Interview on 2-17-2 Director/Qualified P	2 with the Residential rofessional revealed: s without consistent "Live-In"	V 114				

6899

Division of Health Service Regulation STATE FORM