STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G129	A. BUILDING _____ B. WING _____	08/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAKULLA I & II	**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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 2 of 6 audit clients (#2 and #3) residing in the home. The findings are: A. During observations in the home on 8/15/22 from 3:55pm until 4:03pm, client #2 entered and exited the bathroom on five separate occasions. Further observations revealed during all five occasions the bathroom door remained open while client #2 pulled down her pants and underwear and sat down on the toilet. Additional observations revealed client #2 exiting the bathroom with her pants and underwear not pulled completely up and her buttocks visible while she walked back into her bedroom. At no time was client #2 prompted by staff to shut the bathroom door for privacy. During an interview on 8/15/22, the Home Manager (HM) stated client #2 needs to be verbally prompted by staff to shut the bathroom door for privacy. Review on 8/16/22 of client #2's Adaptive Behavior Inventory (ABI) dated 3/2022 stated she has partial independence in the area of closing the bathroom door for privacy. Further review indicated the closing of the bathroom door for client #2 is a need. During an interview on 8/16/22, the Qualified Intellectual Disabilities Professional (QIDP) stated	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 130	Continued From page 1 client #2 needs verbal prompts and gestures to close the bathroom door for privacy. B. During morning observations in the home on 8/16/22 at 6:50am, Staff A administered client #3's medication in the living room. Further observations revealed there was another client sitting on the couch next to client #3 while she received her medications, At no time was client #3 given the opportunity for privacy during her medication administration. During an interview on 8/16/22, Staff A confirmed she did not allow client #3 privacy during her medication administration. During an interview on 8/16/22, the Home Manager (HM) stated client #3 should have been given privacy during her medication administration. During an interview on 8/16/22, the QIDP stated client #3 should have been given privacy during her medication administration.	W 130		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to document in the medication administration record (MAR). The finding is: During morning medication observations in the	W 189		

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W 189	Continued From page 2 home on 8/16/22 at 7:02am, Staff A signed the medication administration record (MAR) prior to a client consuming her medication. During an interview on 8/16/22, Staff A revealed she had been trained to sign the MAR prior to the clients consuming their medications. Review on 8/16/22 of a inservice dated 3/9/21 stated, "Sign for Medications after Medications are ingested by the Individual." Further review revealed Staff A was in attendance and had signed the sign in sheet for the inservice. During an interview on 8/16/22, the Home Manager (HM) stated the MAR is signed off on after the clients consume their medications. During an interview on 8/16/22, the facility's nurse revealed the MAR is signed off by staff after any clients ingests their medications.	W 189		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain a needed initial assessments for 2 newly admitted clients (#5 and #10) no later than 30 days after admission. The findings are: A. Review on 8/15/22 of client #10's Individual Program Plan (IPP) dated 3/29/22 revealed she was admitted to the facility on 3/3/22. Further	W 210		

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W 210	Continued From page 3 review of client #10's record revealed she does not have either a Speech or Psychology evaluation. During an interview on 8/16/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10 does not have either a Speech or a Psychology evaluation. B. Review on 8/15/22 of client #5's record revealed he was admitted to the facility on 4/6/22. Further review of client #5's IPP dated 11/16/21 revealed he did not have the following assessments: adaptive behavior inventory (ABI), Psychology and Speech assessments. Interview on 8/16/22 with the Behavioral Analyst revealed she could not locate a Psychology assessment since client #5's admission on 4/6/22. Interview on 8/16/22 with the Habilitation Specialist revealed client #5 had been admitted from another corporate facility and she had not completed another ABI to assess areas of self help, domestic living to include dining, dressing, bathing, meal preparation as she assumed this had been completed prior to client #5's admission on 4/6/22. Interview on 8/16/22 with the QIDP revealed she had not received Speech, Psychology or an ABI assessments from multidisciplinary team members since client #5's admission on 4/6/22.	W 210		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

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W 249	Continued From page 4 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#3 and #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 medication administration and meal preparation. The findings are: A. During morning medication administration on 8/16/22, Staff A used a spoon to feed client #3 her medications. At no time was client #3 prompted to self feed herself her medications, During an interview on 8/16/22, Staff A stated "Everybody feeds [Client #3] her medications; we have always fed her her medications." Review on 8/16/22 of client #3's Adaptive Behavior Inventory (ABI) dated 7/5/22 revealed she is totally independent to place pills in her mouth. During an interview on 8/16/22, the Home Manager (HM) stated client #3 can feed herself her medications. During an interview on 8/16/22, the Qualified	W 249		

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W 249	Continued From page 5 Intellectual Disabilities Professional (QIDP) revealed client #3 should have been given the opportunity to feed herself her medications. B. During dinner meal preparation on 8/15/22 at 5:09pm, Staff B was observed putting pieces of chicken into a food processor. At no time were any clients given the opportunity to use the food processor. During an interview on 8/15/22, Staff B revealed the chicken which was placed into the food processor was for clients #3 and #4. Review on 8/16/22 of client #3's Individual Program Plan (IPP) dated 7/19/22 stated, "I can help prepare food with assistance in the kitchen." Review on 8/16/22 of client #4's IPP dated 5/17/22 stated, "[Client #4] can assist with cooking when provided verbal prompts and gestures." During an interview on 8/15/22, the HM indicated both clients #3 and #4 should have been given the opportunity to prepare their chicken in the food processor. During an interview on 8/16/22, the QIDP confirmed both clients #3 and #4 should have been allowed to prepare their own food.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces,	W 436		

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W 436	Continued From page 6 and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure recommended equipment, specifically eyeglasses, were furnished for 1 of 6 audit clients (#10). The finding is: During observations in the home on 8/15 - 16/22, client #10 was not observed wearing her eyeglasses. Further observations revealed at no time was client #10 prompted to wear her eyeglasses. Review on 8/15/22 of client #10's Individual Program Plan (IPP) dated 3/29/22 stated, "[Client #10's] wears prescription eyeglasses...well sometimes refuse to wear her eyeglasses. Staff and [Client #10] support team will continue to encourage [Client #10] to wear her eyeglasses and remind her of the benefits of wearing her eyeglasses every day." Review on 8/15/22 of client #10's visual examination dated 4/21/11 indicated "get glasses RX filled." During an interview on 8/16/22, the Home Manager (HM) revealed client #10 should be wearing her eyeglasses all the time. Further interview stated staff are to remind client #10 to wear her eyeglasses. Additional interview revealed client #10's eyeglasses were on the desk in the medication room. During an interview on 8/16/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10 should have been prompted	W 436		

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W 436	Continued From page 7 to wear her eyeglasses.	W 436		
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 observations, record review and interviews, the facility failed to ensure client #4's diet was provided as prescribed. This affected 1 of 6 audit clients (#4). The finding is: During breakfast observations in the home on 8/16/22 at 7:39am, client #4 consumed one whole slice of toast. Further observations revealed at no time was client #4's slice of toast modified. Client #4 did not display any difficulty while eating the toast. Review on 8/16/22 of the facility's diet list dated 3/28/22 stated,"[Client #4] all foods mechanical soft/ground." Review on 8/16/22 of client #4's nutritional assessment dated 7/10/22 indicated, "...all foods mechanical ground...." During an interview on 8/16/22, the Home Manager (HM) revealed all of client #4's foods are to be mechanical soft/ground. During an interview on 8/16/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed all of client #4's food are to be mechanical soft/ground.	W 460		

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