

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/17/2023
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NAME OF PROVIDER OR SUPPLIER WADDELL	STREET ADDRESS, CITY, STATE, ZIP CODE 1323 REYNOLDA ROAD WINSTON SALEM, NC 27104
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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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 8/17/23. The complaint was unsubstantiated (intake #NC00205111). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Interview on 8/17/23 with the Residential Home Manager revealed: -Shifts included 7 days on and 7 days off; -Shifts began and ended on Wednesdays at 3:00pm; -2 fire and 2 disaster drills were required to be completed quarterly based on shifts; -Aware that fire and disaster drills were required to be completed quarterly for each shift because the facility was cited during the last annual for failing to complete fire and disaster drills as required; -Fire and disaster drills had not been completed as required from 7/1/22 - 6/30/23.</p> <p>Review on 8/17/23 of the facility's fire drill log from 7/1/22 - 6/30/23 revealed: -One of two fire drills were not completed during the quarter of 7/1/22 - 9/30/22; -No fire drills were completed during the quarters of 10/1/22 - 12/31/22 and 4/1/23 - 6/30/23.</p> <p>Review on 8/17/23 of the facility's disaster drill log from 7/1/22 - 6/30/23 revealed no disaster drills were completed during the quarters of 7/1/22 - 9/30/22 and 10/1/22 - 12/31/22.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		